

DIRECT BUSINESS PROFILE UPDATE FORM

1. Customer Information*

Product Company Name		Account/Contract Number	
Product Type (Select one):		Product Name	
<input type="checkbox"/> 529 Plan			
<input type="checkbox"/> Mutual Fund**			
<input type="checkbox"/> VA/VUL/VL			
<input type="checkbox"/> Plan Business			
		Registration Type	

*Any changes to name or address information must be updated directly with the company at which the account is directly held.

**Mutual Fund Direct Accounts must be in a firm-approved registration type.

Owner Full Name/Entity Name/Trust Name			Social Security/Taxpayer ID #		
Legal Address Line 1 (No P.O. Boxes or equivalent)			Address Line 2		
City		State/Province	Zip/Postal Code	Country	
Mailing Address			<input type="checkbox"/> Same as Legal Address		
Mailing Address Line 1			Address Line 2		
City		State/Province	Zip/Postal Code	Country	
Date of Birth	Marital Status		# of Dependents		
Daytime Phone			Evening Phone		
Provide Customer Identification Program ("CIP") information below OR check "Known FTS Customer" and provide corresponding FTS account number.					
Type of ID		ID Number		State/Country of ID Issuance	
ID Issuance Date		ID Expiration Date		<input type="checkbox"/> Known FTS Customer Account #	
Entity CIP (if applicable)	Type of Document		State/Country of Issuance	Person Authorizing Account	
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed			Income Source if Retired/Not Employed		
Employer Name			Type of Business/Occupation		
Mailing Address Line 1			Address Line 2		
City		State/Province	Zip/Postal Code	Country	

Joint Owner Full Name/Trustee (if applicable)		Social Security/Taxpayer ID #	
Legal Address Line 1 (No P.O. Boxes or equivalent)		Address Line 2	
City	State/Province	Zip/Postal Code	Country
Mailing Address		<input type="checkbox"/> Same as Legal Address	
Mailing Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country
Date of Birth	Marital Status	# of Dependents	
Daytime Phone		Evening Phone	
Provide Customer Identification Program ("CIP") information below OR check "Known FTS Customer" and provide corresponding FTS account number.			
Type of ID	ID Number	State/Country of ID Issuance	
ID Issuance Date	ID Expiration Date	<input type="checkbox"/> Known FTS Customer Account #	
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed		Income Source if Retired/Not Employed	
Employer Name		Type of Business/Occupation	
Mailing Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

<input type="checkbox"/> No <input type="checkbox"/> Yes	Do any of the applicants meet the definition of a High Risk Customer? If answered "Yes", complete the DDARA paperwork and send it to the CDD email inbox for prior approval.
<input type="checkbox"/> No <input type="checkbox"/> Yes	Are you or the joint applicant a control person, which includes an individual with significant responsibility for managing the legal entity customer (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer)?
<input type="checkbox"/> No <input type="checkbox"/> Yes	Are you or the joint applicant an entity owner, which includes an individual who directly or indirectly, through any contract, arrangement understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity customer (e.g., a natural person that owns 25 percent or more of the shares of a corporation)?

2. Customer Profile Information

Financial Position			
Annual Income <i>From all sources</i> <input type="checkbox"/> Under \$25,000* <input type="checkbox"/> \$25,000 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> Over \$100,000 \$ _____	Estimated Net Worth <i>Excluding primary residence</i> <input type="checkbox"/> Under \$50,000* <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> Over \$500,000 List amount (*required if less than \$50,000) \$ _____	Investable/Liquid Assets <i>Including cash and securities</i> <input type="checkbox"/> Under \$50,000* <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> Over \$500,000 List amount (*required if less than \$50,000) \$ _____	Federal Tax Bracket <input type="checkbox"/> 0% - 15% <input type="checkbox"/> 21% - 27½% <input type="checkbox"/> Over 27½%
Annual Expenses <i>Recurring</i> <input type="checkbox"/> Under \$50,000 <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> \$100,001 - \$250,000 <input type="checkbox"/> \$250,001 - \$500,000 <input type="checkbox"/> Over \$500,000	Special Expenses <i>Future and non-recurring</i> <input type="checkbox"/> Under \$50,000 <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> \$100,001 - \$250,000 <input type="checkbox"/> Over \$250,000 <input type="checkbox"/> N/A – 529 Plan	Timeframe <i>Required for Special Expenses</i> <input type="checkbox"/> Within 2 years <input type="checkbox"/> 3 – 5 years <input type="checkbox"/> 6 – 10 years <input type="checkbox"/> N/A – 529 Plan	
Investor Profile			
Investment Purpose <i>For this Account/Contract</i> <input type="checkbox"/> Save for education <input type="checkbox"/> Save for retirement <input type="checkbox"/> Save for short-term goal(s) <input type="checkbox"/> Generate income <input type="checkbox"/> Accumulate wealth <input type="checkbox"/> Preserve wealth <input type="checkbox"/> Market speculation <input type="checkbox"/> Other (please specify): _____	Investment Time Horizon <i>For this Account/Contract</i> <input type="checkbox"/> Near Term (0-6 months) <input type="checkbox"/> Very Short (7-11 months) <input type="checkbox"/> Short (1-5 years) <input type="checkbox"/> Intermediate (6-10 years) <input type="checkbox"/> Long (10+ years)	General Investment Knowledge <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Extensive	
Risk Tolerance			
<input type="checkbox"/> Conservative – I (We) want to preserve the initial principal with minimal risk and volatility and am willing to accept the lowest potential return, with the understanding that it may not keep pace with inflation.			
<input type="checkbox"/> Moderately Conservative – I (We) am (are) willing to accept relatively low risk to the initial principal and low volatility to seek a modest level of potential return, with the understanding that I (we) could lose some of the principal.			
<input type="checkbox"/> Moderate – I (We) am (are) willing to accept modest risk relative to the initial principal and tolerate some volatility in order to seek modest returns, with the understanding that I (we) could lose a portion of the principal.			
<input type="checkbox"/> Moderately Aggressive – I (We) am (are) willing to accept above-average risk relative to the initial principal and tolerate higher volatility in order to seek a higher potential return, with the understanding that I (we) could lose a substantially larger portion of the principal.			
<input type="checkbox"/> Aggressive – I (We) am (are) willing to accept the highest level of risk to the initial principal along with very high volatility in exchange for the highest potential return, with the understanding that I (we) could lose most, if not all of the principal.			

Investment Objectives (Rank your investment objectives for this account in order of importance (1 being the highest; use N/A for not applicable objectives)).

- _____ **Preservation of Capital** – An investment objective of Preservation of Capital indicates you seek to maintain the principal value of your investments and are interested in investments that have historically demonstrated a very low degree of risk of loss of principal value.
- _____ **Income** – An investment objective of Income indicates you seek to generate income from investments and are interested in investments that have historically demonstrated a low degree of risk of loss of principal value.
- _____ **Growth and Income** – An investment objective of Growth and Income indicates you seek to increase the value of the investment and generate income.
- _____ **Capital Appreciation** – An investment objective of Capital Appreciation indicates you seek to grow the principal value of your investments over time and are willing to invest in securities that have historically demonstrated a moderate to above average degree of risk of loss of principal value to pursue this objective.
- _____ **Speculation** – An investment objective of Speculation indicates you seek a significant increase in the principal value of your investments and are willing to accept a corresponding greater degree of risk by investing in securities that have historically demonstrated a high degree of risk of loss of principal value to pursue this objective.
- _____ **Trading Profits** – An investment objective of Trading Profits indicates you seek to take advantage of short-term trading opportunities, which may involve establishing and liquidating positions quickly. This is a high-risk strategy.

Product Knowledge

Investment Product Knowledge

Check either None, Limited, Good, or Extensive based on your knowledge of each of the following products:

	None	Limited	Good	Extensive
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short Term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variable Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fixed Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equity Indexed Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Margin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structured Products	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Decision-Making Experience

Check all that apply:

- I consult with my Financial Professional. Yes No
- I make my own decisions. Yes No
- I consult with my family/friends. Yes No

Assets Held Away – Provide total value of qualified and non-qualified assets held away (excluding any accounts held through Fifth Third).

Total value of assets held away – Qualified	\$ _____
Total value of assets held away – Non-Qualified	\$ _____
Total value of assets held away – Qualified & Non-Qualified	\$ _____

3. Customer Signatures

Print Name First, M.I., Last	
Signature	Date

Print Name First, M.I., Last	
Signature	Date

Print Name First, M.I., Last	
Signature	Date

Print Name First, M.I., Last	
Signature	Date

For Internal Use Only Account accepted in accordance with firm policies.			
Financial Professional Name	Rep #	Signature	Date

PRD Principal Name	Signature	Date
--------------------	-----------	------

Financial Professional's LISS (if applicable, please print)

Processing Instructions:

- Complete **Direct Business Profile Update Form** in full.
- Submit all documentation to Brokerage Operations via BPM* Upload:

***Note: Packages completed via eSign will automatically upload to BPM.**