VALCORRA
CAPITAL

Client Information:

Name: _____ Date: _____

Social Security #: _____ Birth Date: _____

Driver License #: _____ State: _____ Expiration Date: _____

Home Phone: _____ Cell: _____ Office: _____

Employer: _____ Position: _____

Nature of Business/Employment: _____ Occupation: _____

Employer's Address: _____

Email Address: _____

What is your preferred method of delivery for account applications, monthly statements, trade confirms, and other legal documents?

☐ Physically, via mail ☐ Electronically, via email

Are you affiliated with or employed by a stock exchange, broker dealer, or anything related to the securities industry? (If yes, please provide name and address of company, or write "Same as employer above.")

☐ Y ☐ N:

Are you a control person or affiliate of a public company under SEC Rule 144 (such as a director, 10% shareholder, or policy-making officer)? (If yes, please provide name and address of company, or write "Same as employer above.")

☐ Y ☐ N:

Do you own restricted Stock? (If yes, please provide name and address of company, or write "Same as employer above.")

☐ Y ☐ N:

Number of years of Market Experience:

Stocks: _____ Bonds: _____ Options: _____ Other: _____

Please specify other: _____

Which is your Tax Bracket?

☐ 10% ☐ 12% ☐ 22% ☐ 24% ☐ 32% ☐ 35% ☐ 37%

Spouse Information:

Name: _____ Date: _____

Social Security #: _____ Birth Date: _____

Driver License #: _____ State: _____ Expiration Date: _____

Home Phone: _____ Cell: _____ Office: _____

Employer: _____ Position: _____

Nature of Business/Employment: _____ Occupation: _____

Employer's Address: _____

Email Address: _____

What is your preferred method of delivery for account applications, monthly statements, trade confirms, and other legal documents?

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☐ Y ☐ N:

Do you own restricted Stock? (If yes, please provide name and address of company, or write "Same as employer above.")

☐ Y ☐ N:

Number of years of Market Experience:

Stocks: _____ Bonds: _____ Options: _____ Other: _____

Please specify other: _____

Which is your Tax Bracket?

☐ 10% ☐ 15% ☐ 25% ☐ 28% ☐ 33% ☐ 35% ☐ 39.6%

VALCORRA CAPITAL

General Information:

Annual Income (From All Sources)
- ☐ Under $100,000
- ☐ $100,000 - $250,000
- ☐ $250,000 - $500,000
- ☐ $500,000 - $1,000,000
- ☐ Over $1,000,000

Estimated Net Worth
- ☐ Under $100,000
- ☐ $100,000 - $500,000
- ☐ $500,000 - $1,000,000
- ☐ $1,000,000 - $5,000,000
- ☐ Over $5,000,000

Estimated Investable/Liquid Assets
- ☐ Under $100,000
- ☐ $100,000 - $500,000
- ☐ $500,000 - $1,000,000
- ☐ $1,000,000 - $5,000,000
- ☐ Over $5,000,000

Home Address: _____

_____

Mailing Address (leave blank if same as above): _____

_____

Home Fax: _____ Office Fax 1: _____ Office Fax 2: _____

Which is your Preferred Method of Communication? ☐ Phone ☐ Email ☐ Other: _____

Primary Beneficiaries:

Name	SS#	DOB	Relationship	Dependent?
				☐ Y ☐ N
				☐ Y ☐ N
				☐ Y ☐ N
				☐ Y ☐ N

Contingent Beneficiaries:

Name	SS#	DOB	Relationship	Dependent?
				☐ Y ☐ N
				☐ Y ☐ N
				☐ Y ☐ N
				☐ Y ☐ N