ACCOUNT SETUP

New Client IRA Questionnaire

Complete each section accurately. All information is held in confidence under InjuryPro Capital's data privacy policy.

1 ACCOUNT OWNER INFORMATION

OWNER LEGAL NAME
First Name | Middle Initial | Last Name

SOCIAL SECURITY #

DATE OF BIRTH
MM | DD | YYYY

TELEPHONE

EMAIL ADDRESS

JOINT OWNER LEGAL NAME *(if applicable)*
First Name | Middle Initial | Last Name

JOINT OWNER SSN

MAILING ADDRESS
Street Address | Apt/Suite | City | State | Zip

2 PRIMARY BENEFICIARY

Designate one or more — percentages must total 100%

NAME (OR ENTITY)

TELEPHONE

%

MAILING ADDRESS & EMAIL

SSN / TAX ID

DATE OF BIRTH

RELATIONSHIP

3 SECONDARY BENEFICIARY

Optional — applies only if all primary beneficiaries predecease the account owner

NAME (OR ENTITY)

TELEPHONE

%

MAILING ADDRESS & EMAIL

SSN / TAX ID

DATE OF BIRTH

RELATIONSHIP

4 CURRENT CUSTODIAN

For account transfers and rollovers

CUSTODIAN NAME & ADDRESS

ACCOUNT NUMBER

PHONE

ACCOUNT REPRESENTATIVE

REP. EMAIL

DOCUMENTATION REQUIRED

- ☐ 401(k) / IRA statement
- ☐ Voided check
- ☐ Driver's License/Passport
- ☐ Trust docs (if applicable)

ADDITIONAL NOTES