

Brokerage Account Change/Update

Confidential Client Questionnaire

Mid Atlantic Capital Corporation, Inc.
1251 Waterfront Pl., Suite 510 - Pittsburgh, PA 15222-4235

412-391-7077 (phone) • 412-391-7220 (fax)

Account Number(s):

Customer Identification

Email address:

<input type="text"/>		<input type="text"/>
Registration		Social Security/Tax ID #
<input type="text"/>		<input type="text"/>
Mailing Address		Date of Birth/Date of Trust
<input type="text"/>		<input type="text"/>
City, State, Zip		Phone Number
<input type="text"/>		<input type="text"/>
Client's Type of Government Issued I.D.		I.D. Number
<input type="text"/>		<input type="text"/>
State/Country of I.D. Issuance	I.D. Issuance Date	I.D. Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional Account Holder Name	Social Security #	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Government Issued I.D.		I.D. Number
<input type="text"/>		<input type="text"/>
State/Country of I.D. Issuance	I.D. Issuance Date	I.D. Expiration Date

Customer Information

<input type="text"/>	<input type="text"/>	<input type="text"/>
Occupation	Employer	Country of Citizenship
<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional Account Holder Occupation	Employer	Country of Citizenship

Customer Investment Information

\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
Annual Household Income	Net Worth (excluding residence)	Net Investable Assets	Tax Bracket

Investment Objective (Rank Investment Objective in order of importance, 1 being the highest)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preservation of Capital	Income	Capital Appreciation	High Growth	Speculation

Acknowledgment

The client acknowledges that the information provided in this Confidential Client Questionnaire is accurate to the best of his/her knowledge and is representative of the client's investment assets and investment objective.

Reviewed By:

Account Holder Signature

Title (if applicable)

Registered Representative - MACC, Inc.

Account Holder Signature

Date

Date