



Champion Advisors LLC  
Wealth Management

**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%                       15%                       25%                       28%                       33%                       35%                       39.6%



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**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?

- 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%                       15%                       25%                       28%                       33%                       35%                       39.6%



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**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?
_____	- -	/ /	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	- -	/ /	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	- -	/ /	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	- -	/ /	_____	<input type="checkbox"/> Y <input type="checkbox"/> N

**Contingent Beneficiaries:**

Name	SS#	DOB	Relationship	Dependent?
_____	- -	/ /	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	- -	/ /	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	- -	/ /	_____	<input type="checkbox"/> Y <input type="checkbox"/> N
_____	- -	/ /	_____	<input type="checkbox"/> Y <input type="checkbox"/> N