

Oakley & Irving Wealth Management, LLC.

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CLIENT INFORMATION (each spouse must complete first part of form for joint accounts)

Name(s): _____

Residence Address (no P.O. Boxes): _____ City _____ Zip Code _____

Mailing Address (if different): _____ City _____ Zip Code _____

Phone Numbers Home: _____ Cell: _____ Business: _____

Date of Birth: _____ Social Security: _____

Driver's License #: _____ State: _____ Issue Date: _____ Expiration Date: _____

Email Address: _____ Would you like to enroll in E-Delivery? ☐ Yes ☐ No

Marital Status- ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Spouse's Date of Birth: _____ Social Security: _____

Driver's License #: _____ State: _____ Issue Date: _____ Expiration Date: _____

EMPLOYMENT INFORMATION

Employer Name (if retired list former employer): _____ Occupation: _____ Industry: _____

Address: _____ Phone: _____

FINANCIAL INFORMATION

Source of Wealth & Income: Employment _____ Retirement _____ Investment Income _____ Inheritance _____

Sale of home or business _____ Other _____

Annual Income: _____ Net Worth: _____ Liquid Net Worth: _____ Approximate Account Value: _____

A = Less than \$25,000 B = \$25,000-\$49,999 C = \$50,000-\$99,999 D = \$100,000-\$249,000 E = \$250,000-\$499,999 F = \$500,000-\$749,999

G = \$750,000-\$999,999 H = \$1,000,000-\$1,999,999 I = \$2,000,000-\$4,999,999 J = \$5,000,000 and over

INVESTMENT OBJECTIVE: Circle the investment objective that most accurately reflects your goals for this account (choose only one). Investment objectives are overall objectives for the entire account and may be inconsistent with a particular holding at any time. Please note that the achievement of the stated objectives is a long-term goal for the account.

- A. Income with Capital Preservation: Designed as a longer-term accumulation account, this is the most conservative investment objective. Emphasis is placed on generation of income and preservation from capital loss.
- B. Income with Moderate Growth: Emphasis is placed on generation of current income with a secondary focus on moderate capital growth.
- C. Growth with Income: Emphasis is placed on modest capital growth with some focus on generation of current income. This objective is less conservative than Income with Moderate Growth.
- D. Growth: Emphasis is placed on achieving high long-term growth and capital appreciation. There is little focus on generation of current income.
- E. Aggressive Growth: Emphasis is placed on aggressive growth and maximum capital appreciation. No focus on generation of current income. This objective has a very high level of risk and is for investors with a longer time horizon.
- F. Trading: Emphasis is placed on speculative transaction activity. This objective represents acceptance of an extremely high level of risk.

Do you have other investments (including any other investments held by LPL)? ☐ Yes ☐ No

INVESTMENT NEEDS

What is your investment time horizon for this account? 1-3 years 3-5 years 5-10 years 10+ years

Do you have liquidity needs from the funds in this account? ☐ Yes ☐ No

If yes, when do you need these funds? 0-3 years 3+ years

If yes, specify the approximate dollar amount for the time range indicated above \$ _____

INVESTMENT GOALS (What do you hope to achieve with this investment?)

ON DEMAND AUTOMATED CLEARING HOUSE (ACH)

(By setting up ACH on Demand, you can provide verbal instructions to transfer money between your investment account and your checking/savings account.)

☐ Checking ☐ Savings

Bank Name: _____ Routing #: _____ Account#: _____

TRUSTED CONTACT INFORMATION

Trusted Contact Information (request required by FINRA Rule 4512, as of February 5, 2018)

Name: _____ Relation: _____ Phone # _____

Address: _____

INFORMATION DISCLOSURE PERMISSION

You authorize your financial adviser to share your account information with the following:

☐ SPOUSE (Allows your spouse to call and receive account information for your accounts.)

Name: _____ Phone: _____

☐ CPA (Allows your accountant to contact us for tax documents or other tax related information.)

Name: _____ Address: _____ Phone: _____

☐ ATTORNEY (Allows your Attorney to work directly with us in determining your Estate, Trust, or other needs.)

Name: _____ Address: _____ Phone: _____

☐ OTHER Name: _____ Relationship: _____

Phone: _____ Address: _____

BENEFICIARY INFORMATION

Primary Beneficiary # 1

Name _____ SS# _____ DOB _____ Percentage _____

Primary Beneficiary # 2

Name _____ SS# _____ DOB _____ Percentage _____

Primary Beneficiary # 3

Name _____ SS# _____ DOB _____ Percentage _____

Contingent Beneficiary # 1

Name _____ SS# _____ DOB _____ Percentage _____

Contingent Beneficiary # 2

Name _____ SS# _____ DOB _____ Percentage _____