

Pih Investments, LLC
 526 Mission Street, 1st Floor
 South Pasadena, CA 91030

New Client Application

State regulations require each investment adviser to maintain written information about each investment advisory client that is basis for making any recommendation or providing any investment advice to the client. This information is confidential and will only be used by Pih Investments, LLC to help you achieve your unique financial goals.

Investor Information

First, Middle, Last Name:		Tax ID:	Date of Birth:	Phone Number
Physical Address:		City:	State:	Zip:
Mailing Address: (if different)		City:	State:	Zip:
Employer: (if retired, indicate previous occupation)		Employer address: City/State/Zip		
Email Address:	Driver's license or U.S. Passport ID Number: _____ State: _____	What year do you Expect to retire?	Citizenship: <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status:

Additional Investor Information

First, Middle, Last Name:		Tax ID:	Date of Birth:	Phone Number
Physical Address:		City:	State:	Zip:
Mailing Address: (if different)		City:	State:	Zip:
Employer: (if retired, indicate previous occupation)		Employer address: City/State/Zip		
Email Address:	Driver's license or U.S. Passport ID Number: _____ State: _____	What year do you Expect to retire?	Citizenship: <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status:

Investment Experience	Current Tax Bracket	Household Annual Income	Net Worth (minus residence)	Liquid Net Worth
___ Limited	___ 15% or below	___ Less than \$25,000	___ Under \$100,000	___ Under \$100,000
___ Moderate	___ 16% to 31%	___ \$25,000 to \$50,000	___ \$100,000 to \$250,000	___ \$100,000 to \$250,000
___ Extensive	___ 32% or above	___ \$50,001 to \$100,000	___ \$250,001 to \$500,000	___ \$250,001 to \$500,000
		___ \$100,001 to \$250,000	___ \$500,001 to \$1,000,000	___ \$500,001 to \$1,000,000
		___ Over \$250,000	___ Over \$1,000,000	___ Over \$1,000,000

Risk Tolerance		Investment Objectives	
___ Conservative	___ Moderately Conservative	___ Preservation of Capital	___ Income
___ Moderately Aggressive	___ Aggressive	___ Growth with Income	___ Growth
___ Very Aggressive			

Notes

Anticipated Needs: _____

Acknowledgements:

By signing below, I/we acknowledge, that the above information is true and accurate to the best of my/our knowledge.

Client Signature Date

Client Name (Please Print) Date

Joint Client Signature, if applicable Date

Joint Name if applicable (please print) Date

Advisor Signature Date

Advisor Name (please print) Date