



Client Profile

1. Personal Information

Your Information		Joint Account Owner Information	
Full Name (First, Middle, Last)		Full Name (First, Middle, Last)	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Home Street Address			
Mailing Address, if Different			
Home Phone			
Work Phone		Work Phone	
Mobile Phone		Mobile Phone	
Fax Number		Fax Number	
Email Address		Email Address	
Date of Birth		Date of Birth	
Social Security Number		Social Security Number	
U.S. Driver's License Number		U.S. Driver's License Number	
State of Issuance		State of Issuance	
Expiration		Expiration	
Passport State/Country of Issuance		Passport State/Country of Issuance	
Expiration Date		Expiration Date	
Country of Citizenship		Country of Citizenship	

2. Employment Information

Your Information		Joint Account Owner Information	
Are you a member of the NASD?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a member of the NASD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an officer or director of a public company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an officer or director of a public company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation		Occupation	
Employer		Employer	
Employer's Address		Employer's Address	
Title		Title	
Years with Current Employer		Years with Current Employer	

3. Related Parties We Should Work With

Are there other parties (i.e. accountant, broker, relatives) who you authorize to receive account performance and client letters? (Please attach additional sheets if needed.)

Information Regarding Authorized Parties	
Full Name (First, Middle, Last)	
Relationship to Account Holder	
Authorization for This Party	<input type="checkbox"/> Statements <input type="checkbox"/> Confirms <input type="checkbox"/> Copies of our reports <input type="checkbox"/> Discuss my financial affairs with him or her
Company	
Address	
Phone Number	
Fax Number	
Email Address	

4. Your Financial Information and Investment Experience

Account Holder Asset Information	
Income	\$
Approximate Total Net Worth (Including primary residence)	\$
Total Securities Portfolio Assets	\$
Dorfman Value Investments Account Size	\$
Who manages the rest of your investment assets?	

Investment Experience	
Stocks	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive
Bonds	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive
Mutual Funds	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive
Options or Futures	<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive

Risk Tolerance
On the scale below from 1 to 9, please select the risk tolerance that best describes yourself:
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <div style="display: flex; justify-content: space-between; width: 100%;"> Conservative Moderate Aggressive </div>
Time Horizon: Do you anticipate needing to withdraw the bulk of your investment assets at a certain time? For example, you may have earmarked funds for a home purchase, college education, or retirement. If you know your time horizon, please indicate:
<input type="checkbox"/> Less than 3 years <input type="checkbox"/> 3–5 years <input type="checkbox"/> 5–10 years <input type="checkbox"/> Greater than 10 years <input type="checkbox"/> Unknown

5. Your Account

Account Information	
Type of Account	<input type="checkbox"/> Individual <input type="checkbox"/> IRA <input type="checkbox"/> Joint <input type="checkbox"/> Trust <input type="checkbox"/> Other _____
Title of Account	

Investment Objective (please check one)	
Capital appreciation with income as a secondary objective (recommended for most clients)	<input type="checkbox"/>
Aggressive growth	<input type="checkbox"/>
Capital preservation with income as an important objective	<input type="checkbox"/>
Other (please describe): _____	<input type="checkbox"/>

Investment Restrictions (please check in right hand column if you are restricting this item)	
Alcohol	<input type="checkbox"/>
Fracking	<input type="checkbox"/>
Gambling	<input type="checkbox"/>
Handguns	<input type="checkbox"/>
Military	<input type="checkbox"/>
Nuclear Energy	<input type="checkbox"/>
Tobacco	<input type="checkbox"/>
Specific stocks prohibited: _____	<input type="checkbox"/>
Other (please describe): _____	<input type="checkbox"/>
Check here if you have NO INVESTMENT RESTRICTIONS	<input type="checkbox"/>

6. Additional Information

Please include any additional information that might aid Dorfman Value Investments LLC in managing your account, including any health problems or specific financial needs of which we should be aware.

Additional Information

7. Signature

The information I have provided in this questionnaire is a reasonable picture of my financial situation, with no important facts omitted.

Signed: _____

Client Signature

Date: _____

Signed: _____

Joint Owner Signature (if Joint Account)

Date: _____