



Date: _____

INVESTOR INFORMATION. PLEASE COMPLETE ALL INFORMATION

This form contains eight pages. Please complete all pages, including signature page, and return to Blossom Wealth Management.

New Client ☐ Client Update ☐

Primary:		DOB:		SSN:			
Address:		City/State:		Zip:			
Phone No:		Business No:		Cell No:			
Driver License/ID:		Issuer:		Issue Date:		Expires:	
Employer:				Occupation:			
Address:				Bank Name:			
U.S. Citizen: Yes _____ No _____		Email Address:			Mother's Maiden:		

By providing your email address, you agree that Blossom may send all official communication to the above email address.

Male: _____ Female: _____ Marital Status: _____ Married _____ Single _____ Divorced _____ Widowed

Securities Industry Affiliation

Are you employed by or associated with the securities industry or a financial services regulator?

☐ Yes (list associated firm(s) or organization(s) below): ☐ No

First Name(s): _____ Location(s)(City, State): _____

Primary:		DOB:		SSN:	
Address:		City/State:		Zip:	
Phone No:		Business No:		Cell No:	
Driver License/ID:		Issuer:	Issue Date:		Expires:
Employer:			Occupation:		
Address:			Bank Name:		
U.S. Citizen: Yes _____ No _____	Email Address:		Mother's Maiden:		
By providing your email address, you agree that Blossom may send all official communication to the above email address.					
Male: _____ Female: _____	Marital Status: ___Married ___Single ___Divorced ___Widowed			Relationship to Primary:	
Securities Industry Affiliation Are you employed by or associated with the securities industry or a financial services regulator? <input type="checkbox"/> Yes (list associated firm(s) or organization(s) below): <input type="checkbox"/> No First Name(s): _____ Location(s)(City, State): _____					
Type of Account: ___Individual ___Joint Tenancy ___Trust ___Retirement ___529 Plan ___Foundation/Endowment ___Other					

SERVICES OFFERED & BILLING INFORMATION (FOR OFFICE USE)

Service Provided:

- ☐ Advisory per Agreement
☐ Trading
☐ Financial Planning
☐ Specialized
☐ \$250 per hour
☐ Business Planning
☐ Estate Planning
☐ Education Planning
☐ Insurance Planning
 Other _____

Custodian:

- ☐ Charles Schwab
☐ TD Ameritrade
☐ Equity Institutional
☐ Held directly at Fund Company
 Other _____

Billing Frequency:

- ☐ One Time
☐ Quarterly
 Other _____

Billing Type:

- Estimated Assets at Inception: _____
 Annual Advisory Fee on Assets: (estimated on inception value) _____ %
 If prorated for current quarter: _____
 Date: _____
 Other Additional Fees
 Yes: _____ No: _____

SUITABILITY - PLEASE COMPLETE ALL INFORMATION

Annual Income:

In what range is your annual income? (Includes employment, alimony, social security, investment, and all other income)

- ☐ Under \$25,000
☐ \$25,001 - \$50,000
☐ \$50,001 - \$100,000
☐ \$100,001 - \$250,000
☐ \$250,001 - \$500,000
☐ Over \$500,000

Liquid Net Worth:

What is your liquid net worth? (Includes liquid investments)

- ☐ Up \$100,000
☐ \$100,001 - \$250,000
☐ \$250,001 - \$500,000
☐ \$500,001 - \$1 Million
☐ \$1 Million - \$5 Million
☐ Over \$5 Million

Estimated Net Worth:

What is your total net worth? (Calculated as assets, minus liabilities, excluding your residence)

- ☐ Up \$100,001
☐ \$100,001 - \$250,000
☐ \$250,001 - \$500,000
☐ \$500,001 - \$1 Million
☐ \$1 Million - \$5 Million
☐ Over \$5 Million

Tax Status:

For which tax bracket did you qualify on your most recent U.S. tax return?

- ☐ 15% ☐ 20%
☐ 25% ☐ 28%
☐ 33%
☐ 35% or higher
☐ Did not file (explain):

SUITABILITY - PLEASE COMPLETE ALL INFORMATION
Source of Account Funds

- ☐ Income
☐ Gift
☐ Inheritance
☐ Pension or retirement savings
☐ Sale of business or property
☐ Social Security Benefits
☐ Funds from another account
☐ Insurance payout
 Other _____

Assets Held Away

In the table below, please list in the columns the amount and the percentage of your assets held away in each of the asset categories listed on the left.

Type of Asset	Amount (in U.S. dollars)	Percentage
Stocks	_____	_____
Bonds	_____	_____
Options	_____	_____
Commodities	_____	_____
Fixed Insurance	_____	_____
Variable Insurance	_____	_____
Mutual Funds	_____	_____

LIQUIDITY NEEDS

Liquidity is the ability to quickly and easily convert to cash all or a portion of the investments in this account without experiencing significant loss in value from, for example, the lack of a ready market, or incurring significant costs or penalties. **Please check only one item that best describes how important liquidity is for you:**

- ☐ Very Important
 ☐ Important
 ☐ Somewhat Important
 ☐ Does not matter
☐ Special liquidity need (describe): _____

EXPENSES

What are your annual expenses? (Recurring expenses: could include mortgage payments, rent, long-term debts, utilities, alimony, and child support payments)

- ☐ Under \$50,000
 ☐ \$50,001 - \$100,000
 ☐ \$100,001 - \$250,000
 ☐ \$250,001 - \$500,000
 ☐ Over \$500,000

What are your special expenses? (Future, non-recurring; could include a home remodeling, a car purchase, education, and medical expenses)

- ☐ Under \$50,000
 ☐ \$50,001 - \$100,000
 ☐ \$100,001 - \$250,000
 ☐ \$250,001 - \$500,000
 ☐ Over \$500,000

Timeframe for your special expenses: (In how many years do you expect to finish paying for your special expenses?)

- ☐ Within 2 years
 ☐ 3 - 5 years
 ☐ 6 - 10 years
 ☐ 10 -20 years
 ☐ Over 20 years

SUITABILITY - PLEASE COMPLETE ALL INFORMATION

Please number 1 thru 5 (1 being most important to 5 being least important)

What is Your Primary Source of Income?	How would describe Your Income?	Your Objectives for this Investment:	Objectives for Overall Portfolio:
<input type="checkbox"/> Salary/Wages	<input type="checkbox"/> None at the present	<input type="checkbox"/> Aggressive Growth	<input type="checkbox"/> Aggressive Growth
<input type="checkbox"/> Retirement/Savings	<input type="checkbox"/> Declining	<input type="checkbox"/> Growth	<input type="checkbox"/> Growth
<input type="checkbox"/> Trust Income	<input type="checkbox"/> Steady	<input type="checkbox"/> Balanced Growth /Income	<input type="checkbox"/> Balanced Growth /Income
<input type="checkbox"/> Investments	<input type="checkbox"/> Rising	<input type="checkbox"/> Income	<input type="checkbox"/> Capital Preservation
Other _____		<input type="checkbox"/> Capital Preservation	

What percentage of your liquid net worth does the new investment represent? _____ %

When do you expect to liquidate principal from your investment(s)? ☐ 0-1 years ☐ 1-5 years ☐ 6-10 years ☐ 11+ years

When do you expect to take income from your investment(s)? ☐ 0-1 years ☐ 1-5 years ☐ 6-10 years ☐ 11+ years

When do you plan to retire? ☐ 0-1 years ☐ 1-5 years ☐ 6-10 years ☐ 11+ years

Do you anticipate any life changes that may affect your objectives? ☐ Yes (Please give details below) ☐ No

Anticipated life changes: _____

INVESTMENT OBJECTIVES:

Please read the below investment objectives and check all that apply:

☐ **Speculation**

I am willing to accept maximum risk to my initial principal to aggressively seek maximum returns, and understand I could lose most, or all, of the money invested.

☐ **Growth**

I am willing to accept high risk to my initial principal, including high volatility, to seek higher returns over time, and understand I could lose a substantial amount of the money invested.

☐ **Income**

I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and understand I could lose a portion of the money invested.

INVESTMENT OBJECTIVES: (CONT.)
___ Tax Advantage

I am willing to accept low risk to my initial principal including low volatility, to seek a modest level of portfolio returns.

___ Safety of Principal

I want to preserve my initial principal, with minimal risk, even if that means this account does not generate significant income or returns and may not keep pace with inflation.

___ Other

Please use this space to describe.

INVESTMENT EXPERIENCE:

How do you rate your understanding/experience of the following types of Investments?

	<i>Excellent</i>	<i>Good</i>	<i>Average</i>	<i>Poor</i>	<i>None</i>	<i>Years of Experience</i>
Stocks	_____	_____	_____	_____	_____	_____
Bonds	_____	_____	_____	_____	_____	_____
Mutual Funds	_____	_____	_____	_____	_____	_____
Variable/Fixed Annuities	_____	_____	_____	_____	_____	_____
Alternative Investment (such as Hedge Funds, Private Equity, REITS)	_____	_____	_____	_____	_____	_____

How do you rate **YOUR** understanding of your Current Investments?

___ Little or None ___ Poor ___ Average ___ Good ___ Excellent

How do you rate **YOUR** understanding of your Investments as a Whole?

___ Little or None ___ Poor ___ Average ___ Good ___ Excellent

Risk Tolerance:

Investing involves risk. Different investment products and strategies involve different degrees of risk. The higher the expected returns of a product or strategy, the greater the risk that you could lose most of your investment. Investments should be chosen based on your objectives, timeframe, and tolerance for market fluctuations. **Based on this, select the degree of risk you are willing to take with the assets in this account:**

___ Conservative ___ Moderately Conservative ___ Moderate ___ Moderately-Aggressive ___ Aggressive

DOCUMENTATION (FOR OFFICE USE)**Documents/Instructions Supplied to Client:****Blossom Wealth Management**

- | | |
|--|--|
| <input type="checkbox"/> Customer Data Sheet LOT (this form) | <input type="checkbox"/> Advyzon Web Portal Setup |
| <input type="checkbox"/> Investment Management Agreement | <input type="checkbox"/> Nitrogen Individual Account Risk Assessment |
| <input type="checkbox"/> Blossom Wealth Management Form ADV Part 2A & 2B | |
| <input type="checkbox"/> Form CRS (Client Relationship Summary) | |
| <input type="checkbox"/> Privacy Policy | |
| <input type="checkbox"/> Investment Policy Statement (IPS) | |
| <input type="checkbox"/> Mutual Fund Information Sheet (Prospectus) | |
| <input type="checkbox"/> New Account Application(s) | |
| <input type="checkbox"/> Risk Assessment Questionnaire | |
| <input type="checkbox"/> Schwab Online Setup | |

INVESTOR ACKNOWLEDGEMENT

PLEASE READ THE FOLLOWING CAREFULLY. DO NOT SIGN THIS DOCUMENT IF ANY PARTS ARE BLANK.

YOU MUST INITIAL ANY HAND WRITTEN CHANGES.

W-9 TAXPAYER CERTIFICATION AND AGREEMENT

By signing below, I certify under penalty of perjury that 1) The Taxpayer Identification Number provided above is correct; 2) the IRS has never notified me that I am subject to backup withholding as a result of a failure to report interest or dividends, or if I have been so notified, the IRS has notified me that I am no longer subject to backup withholding; and 3) I am a U.S. person (including a U.S. resident). **OR**

☐ I am subject to backup withholding. (If applicable, check this box).

☐ EXEMPT (If applicable, check this box).



**CONFIDENTIAL CUSTOMER INFORMATION FORM
LETTER OF TRANSMITTAL**

ACKNOWLEDGEMENT;

I acknowledge and agree that **THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE THAT I CONSENT TO ANY PROVISION OTHER THAN THE CERTIFICATIONS REQUIRED TO A VOID BACKUP WITHHOLDING.**

My Advisor at Blossom Wealth Management, LLC has explained the firm's Investment philosophy and has reviewed the Investment Management Service Agreement with me. I understand the Investment(s) and the risk factors involved in making the investment(s) related to this form and I have read and understand any prospective or other material provided to me regarding this investment. I realize that past returns are no guarantee of future results, and that all investing involves risk. I understand that the information requested herein is required by regulations of the securities industry and I provide it so that it may be relied upon in making investment recommendations to me. I completed this form personally, or I read it thoroughly after it was completed for me, and I attest to the accuracy of all information. I have received the forms indicated above. I will promptly notify my Advisor in writing of any changes in my Investment objectives, risk tolerance or lifestyle that could affect my Investments. I also understand that this completed Client Profile will "Cover All Accounts" being opened by Blossom Wealth Management, LLC.

Signature of Investor

Print Name

Date

Signature of Investor

Print Name

Date

I have verified that this client is suitable for the Investment that I have recommended. This determination is based on my knowledge of the Client's objectives, financial situation, and understanding and acceptance of the risks involved in these Investments.

Signature of Associate

Print Name

Date

Reviewed by President or
Compliance Officer

Print Name

Date



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