MD WENDELL
WEALTH PARTNERS

2945 Townsgate Rd, Suite 200
Westlake Village, CA 91361
Phone 805-230-1908

Investor Profile

Account Type: ( ) Individual ( ) IRA ( ) Roth IRA ( ) Joint Rights of Survivor
( ) Joint Tenants in Common ( ) Trust ( ) Other ______________

Client/Trustee Name:	Joint Client/Trustee Name:
Social Security or Tax I.D.:	Social Security or Tax I.D.:
Birth Date/Trust Date:	Birth Date/Trust Date:
Residence Address:	Residence address:
Email Address:	Email Address:
Phone:	Phone:
Marital Status:	Marital Status:
U.S. Citizen:	U.S. Citizen:
Dr License #-issue/exp dates:	Dr License #-issue/exp dates:

Employer Name:	Employer Name:
Employer Address:	Employer Address:
Employer Address:	Employer Address:
Employer Phone:	Employer Phone:
Occupation:	Occupation:

Minor Children and Other Dependents (List names and ages):____
____

Employment Status: ___Full-Time ___Part-Time ___Semi-Retired ___Retired

Gross Household Income: $_______ Total Net Worth $_______ RE Market Value $_______ RE Equity $________

Liquid Net Worth (excluding primary residence, real estate & tangible assets) $______________

Federal Income Tax Bracket: ___ 10% ___ 15% ___20% ___ 25% ___ 28% ___33% ___ 35% ___40+%

Investment Experience:

Type Investment:

( ) CDs
( ) VAs/VUL/Fixed/Index
( ) Mutual Funds
( ) REITs
( ) LPs
( ) Stocks
( ) Bonds
( ) Options

Extent of Experience:

( ) No investment experience (0 yrs)
( ) Limited experience (1-5 yrs)
( ) Moderate experience (6-10 yrs)
( ) Extensive experience (11+ yrs)

Please Indicate Your Overall Net Worth Portfolio Allocation.

Cash Accounts – checking, savings, CD's, money markets, insurance cash values, asset based LTC, etc. = ___%
Fixed Annuities – fixed, bonus, multi-year rate guarantee, indexed, multi-strategy, etc. = ___%
Variable Accounts/Life – including all sub-account options, variable asset-based LTC, etc. = ___%
Income Investments – bonds, municipal bonds, debt UITs, debt instruments, etc. = ___%
Balanced Investments – balanced funds, growth & income funds, balanced allocation accounts, etc. = ___%
Equity Investments – stocks, stock funds, growth funds, equity UITs, limited partnerships, etc. = ___%
Managed Accounts – firm name:_____________________ risk profile____ Custodian_______________=___%
Real Estate & Other - ____=___%

Overall Risk/Reward Profile:	___(1-6)Profile	___ (4-6)Growth	___(3)Moderate	___(1-2)Conservative
Overall Investment Objective:	___ Growth	___ Growth & Income	___ Income	___ Preservation
Overall investment experience:	___ < 5years	___ 5 -10 years	___ 10 -20 years	___ 20 + years
This investment's time horizon:	___ < 5 years	___ 5 -10 years	___ 10 -20 years	___ 20 + years

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Please describe any personal circumstances that may, in the future, affect your income, financial net worth, investment objectives or tax bracket. Please consider all relevant factors specific to your situation (i.e. college expenses, future retirement plans, the sale of real estate or other property, etc.):

By signing below, I acknowledge having received Form ADV, Part 2, from MD Wendell Wealth Partners. I have been informed of the risks associated with investments and that they may be worth more or less than the original investment; additionally, there is no guarantee of principal. I have been informed that establishing an account for the purchase or sale of investments will result in charges and/or fees. When investing in an Investment Advisory Program, I have been informed and understand that there is a separate fee for the Registered Investment Advisor MD Wendell Wealth Partners to manage my investments as described in the Advisory Agreement and application. Further, I have been informed that if securities or insurance products are redeemed, additional charges may be incurred. I have been informed that there may be surrender charges and possible tax consequences of transactions. I realize that any information provided by MD Wendell Wealth Partners is not meant to replace the advice of a qualified tax accountant or attorney. I acknowledge and understand that MD Wendell Wealth Partners does not provide tax or legal advice. My signature below indicates that I have made an informed decision regarding investment management services and investment strategies for managing my account. I realize that there is no guarantee of my principal or rate of return and that past investment results do not guarantee future returns. Therefore, based on my time horizon, objectives and risk tolerance I acknowledge that the investment management services and strategies I am purchasing are suitable for my situation. Also, I acknowledge that the above information accurately reflects my investment objectives and financial situation. I further authorize MD Wendell Wealth Partners to verify my name, address, date of birth, social security number, and any information necessary to establish an account.

Client/Trustee Signature **Date**

Joint Client/Trustee Signature **Date**

MD Wendell Wealth Partners **Signature** **Date**
Registered Investment Advisor

MD Wendell Wealth Partners **Name** **Date**
Registered Investment Advisor

Rev.03/30/2012