



# VANN EQUITY MANAGEMENT

## Biographical Datasheet

### Household Information

Name

First

Middle

Last

Suffix

Social Security/Tax ID Number

Date of Birth (mm/dd/yyyy)

Preferred Name or Alias (if applicable)

Regulations require that you provide us with your legal address.

Home/Legal Street Address (no P.O. boxes)

City

State or Province

Zip or Postal Code

Country

Mailing Address (Include mailing address if different from home/legal address. P.O. boxes may be used.)

City

State or Province

Zip or Postal Code

Country

Telephone Number

Mobile Number

Work Number

Extension

Email Address

Mother's Maiden Name

Country(ies) of Citizenship

USA  Other: \_\_\_\_\_

Country of Legal Residence (Select only one.)

USA  Other: \_\_\_\_\_

ID Number and Type (Please select only one box and provide the relevant information below.)

Passport  Driver's License  Gov't-Issued ID

Identification Number

Country of Issuance

State of Issuance (if applicable)

Issue Date (mm/dd/yyyy)

Expiration Date (mm/dd/yyyy)

Securities industry regulations require that we collect the following information.

Employment Information (Please select only one box.)

Employed  Self-Employed  Retired  Homemaker  Student  Not Employed

Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)

Business Owner  Financial Services  Military  Consultant  
 Executive/Senior Management  Information Technology Professional  Educator  Other (specify):  
 Medical Professional  Other Professional  Sales/Marketing  
 Legal Professional  Clerical/Administrative Services  U.S. Government Employee (Federal/State/Local)  
 Accounting Professional  Foreign Government Employee (Non-U.S.)  Trade/Service (Labor/Manufacturing/Production)

Employer Name/Business Name

Business Street Address (no P.O. boxes)

**Household Information**

**Spouse (If Applicable)**

Name *First* *Middle* *Last* *Suffix*

Social Security/Tax ID Number Date of Birth (mm/dd/yyyy) Preferred Name or Alias (if applicable)

Regulations require that you provide us with your legal address.

Home/Legal Street Address (no P.O. boxes)

City State or Province Zip or Postal Code Country

Mailing Address (Include mailing address if different from home/legal address. P.O. boxes may be used.)

City State or Province Zip or Postal Code Country

Telephone Number Mobile Number Work Number Extension

Email Address Mother's Maiden Name

Country(ies) of Citizenship

USA  Other: \_\_\_\_\_

Country of Legal Residence (Select only one.)

USA  Other: \_\_\_\_\_

ID Number and Type (Please select only one box and provide the relevant information below.)

Passport  Driver's License  Gov't-Issued ID

Identification Number Country of Issuance State of Issuance (if applicable) Issue Date (mm/dd/yyyy) Expiration Date (mm/dd/yyyy)

Securities industry regulations require that we collect the following information.

Employment Information (Please select only one box.)

Employed  Self-Employed  Retired  Homemaker  Student  Not Employed

Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)

- Business Owner  Financial Services  Military  Consultant
- Executive/Senior Management  Information Technology Professional  Educator  Other (specify): \_\_\_\_\_
- Medical Professional  Other Professional  Sales/Marketing
- Legal Professional  Clerical/Administrative Services  U.S. Government Employee (Federal/State/Local)
- Accounting Professional  Foreign Government Employee (Non-U.S.)  Trade/Service (Labor/Manufacturing/Production)

Employer Name/Business Name Business Street Address (no P.O. boxes)

## Required Information

### Source of Funds in Account(s) *(Check all that apply.)*

In this section, we're collecting information about the categories ("sources") of assets that will be held in your account(s). Please select all of the sources of the assets that will be deposited or held in your account(s), including the original sources of any assets that will be transferred into the account(s) from another firm.

- |   |   |
|---|---|
| <input type="checkbox"/> Salary/Wages/Savings         | <input type="checkbox"/> Investment Capital Gains             |
| <input type="checkbox"/> Social Security Benefits     | <input type="checkbox"/> Gifts                                |
| <input type="checkbox"/> Sale of Property or Business | <input type="checkbox"/> Gambling/Lottery                     |
| <input type="checkbox"/> Family/Relatives/Inheritance | <input type="checkbox"/> Other <i>(please specify):</i> _____ |

### Purpose of Account *(Check all that apply.)*

- |  |   |
|--|---|
| <input type="checkbox"/> General Investing   | <input type="checkbox"/> Investing for Estate Planning  |
| <input type="checkbox"/> Investing for Tax Planning <i>(e.g., municipal bonds, etc.)</i> | <input type="checkbox"/> Investing for College  |
| <input type="checkbox"/> Investing for Retirement  | <input type="checkbox"/> Investing of Pooled Assets <i>(e.g., funds from individual investors that are aggregated for investing purposes)</i> |
| <input type="checkbox"/> Other <i>(please specify):</i> _____                            |   |

## Beneficiary Designations

(For IRAs and/or Transfer on Death "TOD" accounts)

### Primary Beneficiary

Portion \_\_\_\_\_%

\_\_\_\_\_  
Name

Relationship:

- Spouse    Child    Grandchild    Parent    Sibling   *Other*  Individual    Trust    Organization    Estate

\_\_\_\_\_  
Social Security/Tax ID Number

\_\_\_\_\_  
Date of Birth/Trust Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Mailing Address

Primary    Contingent

Portion \_\_\_\_\_%

\_\_\_\_\_  
Name

Relationship:

- Spouse    Child    Grandchild    Parent    Sibling   *Other*  Individual    Trust    Organization    Estate

\_\_\_\_\_  
Social Security/Tax ID Number

\_\_\_\_\_  
Date of Birth/Trust Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Mailing Address

# Beneficiary Designations

(For IRAs and/or Transfer on Death "TOD" accounts)

Primary  Contingent

Portion \_\_\_\_\_%

\_\_\_\_\_  
Name

Relationship:

Spouse  Child  Grandchild  Parent  Sibling  *Other* Individual  Trust  Organization  Estate

\_\_\_\_\_  
Social Security/Tax ID Number

\_\_\_\_\_  
Date of Birth/Trust Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Mailing Address

Primary  Contingent

Portion \_\_\_\_\_%

\_\_\_\_\_  
Name

Relationship:

Spouse  Child  Grandchild  Parent  Sibling  *Other* Individual  Trust  Organization  Estate

\_\_\_\_\_  
Social Security/Tax ID Number

\_\_\_\_\_  
Date of Birth/Trust Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Mailing Address

Primary  Contingent

Portion \_\_\_\_\_%

\_\_\_\_\_  
Name

Relationship:

Spouse  Child  Grandchild  Parent  Sibling  *Other* Individual  Trust  Organization  Estate

\_\_\_\_\_  
Social Security/Tax ID Number

\_\_\_\_\_  
Date of Birth/Trust Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Mailing Address

## Suitability Information and Requirements

The State of Texas State Securities Board requires Vann Partners LLC dba Vann Equity Management to request the following information from each prospective client who is an individual. A prospective client may decline to provide this information if he or she so chooses, and Vann Partners LLC dba Vann Equity Management will determine client suitability based on information the prospective client does provide.

### Investment Objectives

<b>Primary Objective</b>  <input type="checkbox"/> Capital Preservation <input type="checkbox"/> Income <input type="checkbox"/> Balanced <input type="checkbox"/> Growth <input type="checkbox"/> Aggressive Growth	<b>Risk Tolerance – Based on how you would react to a loss in your overall portfolio over a 12-month period</b>  <input type="checkbox"/> Very Conservative – I would seek to make a change with a loss >5% <input type="checkbox"/> Conservative - I would seek to make a change with a loss >10% <input type="checkbox"/> Moderate – I would seek to make a change with a loss >20% <input type="checkbox"/> Aggressive – I can withstand losses >20%	<b>Desired Annual Rate of Return</b>  <input type="checkbox"/> 0 - 2.5% <input type="checkbox"/> 2.5 – 5% <input type="checkbox"/> 5 – 7.5% <input type="checkbox"/> 7.5 – 10% <input type="checkbox"/> 10% +
<b>Liquidity Needs</b>  <input type="checkbox"/> < than 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10 or more years	<b>Investor Time Frame</b>  <input type="checkbox"/> < than 1 year <input type="checkbox"/> 1-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10 or more years	<b>Investor Experience</b> <i>Check all that apply.</i> <input type="checkbox"/> Stocks _____ years <input type="checkbox"/> Mutual Funds _____ years <input type="checkbox"/> Bonds _____ years <input type="checkbox"/> Options _____ years <input type="checkbox"/> Alternative Assets _____ years

### Financial Information

<b>Annual Household Income</b>  <input type="checkbox"/> <\$100,000 <input type="checkbox"/> \$100,000 to \$250,000 <input type="checkbox"/> \$250,000 to \$1,000,000 <input type="checkbox"/> >\$1,000,000	<b>Liquid Net Worth</b> <i>Exclusive of residence</i>  <input type="checkbox"/> <\$250,000 <input type="checkbox"/> \$250,000 to \$750,000 <input type="checkbox"/> \$750,000 to \$1,500,000 <input type="checkbox"/> \$1,500,000 to \$5,000,000 <input type="checkbox"/> >\$5,000,000	<b>Total Net Worth</b> <i>Inclusive of residence</i>  <input type="checkbox"/> <\$250,000 <input type="checkbox"/> \$250,000 to \$750,000 <input type="checkbox"/> \$750,000 to \$1,500,000 <input type="checkbox"/> \$1,500,000 to \$5,000,000 <input type="checkbox"/> >\$5,000,000
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