"THE WORKHORSE OF INVESTMENTS."
LEBENTHAL®
FINANCIAL SERVICES, INC.

NEW ACCOUNT FORM

___ Fixed Annuity | ___ Mutual Fund

Agent Information

Name ______________________________ Company ______________________________

Client Information

Name: ______________________ SSN/TIN: __________________ DOB/TRUST:______________
Address: ____
Home Phone: ________________ Work Phone: __________________ Cell Phone: _________________
Email: ______________________________ Citizenship: __ USA __ Other: ______________________

REQUIRED
Confidential Information
US. Government "Patriot Act" Customer Identification Program ("CIP") (Social Security cards not allowed)

Type of Identification:
Driver's License # ___________________
Passport # ______________________
Military ID # ______________________
Other ____________________________

Checking or Savings Account Bank Name:
(also required by U.S. Gov't CIP)
____
____
____

Account Type

__ Individual __ Corporation __ Trust
__ Joint (JT) __ Custodian __ Fiduciary
__ IRA __ Roth IRA __ Other:

Marital Status

__ Single __ Divorced
__ Married __ Widowed

Retired: ___
Employer Name: _________________________
Employer Address: _______________________
City, State, Zip: _________________________
Position/Occupation: ______________________

Is either party or immediate family member affiliated with or employed by any securities firm, bank, trust or insurance company? __ Yes __ No

If Yes, what firm and position?
____

Is either party or immediate family member a director, a 10% or greater shareholder or policy-maker executive officer of a publicly traded company? __ Yes __ No

If Yes, what company and position?
____

Financial Profile **For joint accounts, provide combined information*

Annual Income *From all sources*	**Estimated Net Worth** *Exclude primary residence*	**Investable/Liquid Assets** *Including cash and securi-ties*	**Federal Tax Bracket**	**Source of Funding** *Check all that apply*
O Under $25,000 O $25,000-$50,000 O $50,001-$100,000 O Over $100,000 O $ ___________	O Under $50,000 O $50,000-$100,000 O $100,001-$500,000 O Over $500,000 O $ _____________	O Under $50,000 O $50,000-$100,000 O $100,001-$500,000 O Over $500,000 O $ _____________	O 15% or below O 16%-28% O Over 28%	O Savings/Checking/CDs O Asset Appreciation O Business Revenue O Inheritance O Legal/Insurance Settlement O Sale of Assets O Qualified Annuity Proceeds O Life Insurance Proceeds O Reverse Mortage/Home Equity Loan O Rollover/IRA/401(k) O Pension Rollover O Other___________

Investment Profile

Investment Objectives *Rate your investment objectives for the account in order of importance (1 being the highest and 5 being the lowest)* ___ Preservation of capital ___ Income ___ Capital appreciation ___ Speculation ___ Trading profits	**Risk Tolerance** O Conservative O Moderately Conservative O Moderate O Moderately Aggressive O Aggressive	**Investment Time Horizon** O Short Term (0-5 years) O Intermediate (6-10 years) O Long Term (over 10 years)
See the reverse side for the definitions of the Investment Objectives and Risk tolerance below. **General Investment Knowledge** O Limited O Good O Extensive **Years of Investment Experience** ___________	**Investment Product Knowledge** *Please enter the account holder's level of knowledge in each of the following:* **Stocks** O None O Limited O Good O Extensive **Bonds** O None O Limited O Good O Extensive	**Mutual Funds** O None O Limited O Good O Extensive **Options** O None O Limited O Good O Extensive **Variable Contracts** O None O Limited O Good O Extensive

CLIENT ACKNOWLEDGEMENT / AGREEMENT / DISCLOSURE

I (We) represent that I (we) have read the terms and conditions concerning this account and agree to be bound by such terms and conditions as currently in effect or as may be amended from time-to-time as stated on the reverse side of this New Account Form Application ("Application"). This account is governed by a pre-dispute arbitration clause which is found on the reverse side of this Application. I (We) acknowledge receipt and to the pre-dispute arbitration clause.

______________________________ ____________________
Client Signature Date

______________________________ ____________________
Joint Signature Date

REPRESENTATIVE / PRINCIPAL SIGNATURE

Representative Signature	Print Name	Rep #	Date
LFS Principal Signature	Print Name	Rep #	Date