



Account Number: _____

CLIENT PROFILE UPDATE FORM FOR NFS ACCOUNTS

Use this form to make updates for the above-referenced securities account held with Fifth Third Securities, Inc. ("FTS") through our clearing firm, National Financial Services, LLC ("NFS"). Please complete only the applicable fields where you have new information to provide. Please note that updates to some information (e.g., changes to an account owner's name) may require the submission of additional supporting documentation.

1. Customer Information – Primary Account Holder

Owner Full Name/Entity Name/Trust Name		Social Security # / Taxpayer ID #	
Legal Address Line 1 (No P.O. Boxes)		Address Line 2	
City	State/Province	Zip/Postal Code	Country
Mailing Address		<input type="checkbox"/> Same as Legal Address	
Mailing Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country
Marital Status <input type="checkbox"/> Single/Divorced/Widowed <input type="checkbox"/> Married			# of Dependents
Daytime Phone		Evening Phone	Email
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed		Income Source if Retired/Not Employed	
Employer Name		Occupation	
Mailing Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country
<input type="checkbox"/> No <input type="checkbox"/> Yes	You are a control person, which includes an individual with significant responsibility for managing the legal entity customer (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer).		
<input type="checkbox"/> No <input type="checkbox"/> Yes	You are an entity owner, which includes an individual who directly or indirectly, through any contract, arrangement understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity customer (e.g., a natural person that owns 25 percent or more of the shares of a corporation).		
<input type="checkbox"/> No <input type="checkbox"/> Yes	You are, or an immediate family/household member is, a senior political official.		
<input type="checkbox"/> No <input type="checkbox"/> Yes	You are, or an immediate family/household member is, a control person or affiliate of a publicly traded company under SEC Rule 144. <i>This would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors.</i>		
Company Name		CUSIP or Symbol	

<input type="checkbox"/>	Check this box if any of these scenarios apply to you. You are registered with or employed by a Financial Industry Regulatory Authority ("FINRA") member firm ("associated person"), you are the spouse of an associated person, you are a child who resides in the same household or is financially dependent on the associated person, you are related to an associated person who has control over your account or an associated person materially contributes financial support to you and has control over your account, or you are affiliated with or employed by FINRA, any other self-regulatory organization ("SRO") or a municipal securities dealer.			
<input type="checkbox"/> Same as employer above. <i>If different, provide the information below.</i>				
Company Name				
Address Line 1			Address Line 2	
City	State/Province		Zip/Postal Code	Country

2. Customer Information – Additional Account Holder

Joint Owner Full Name/Trustee Name			Social Security/Taxpayer ID Number	
Legal Address Line 1 (No P.O. Boxes)		Address Line 2		
City	State/Province	Zip/Postal Code	Country	
Mailing Address		<input type="checkbox"/> Same as Legal Address		
Mailing Address Line 1		Address Line 2		
City	State/Province	Zip/Postal Code	Country	
Marital Status <input type="checkbox"/> Single/Divorced/Widowed <input type="checkbox"/> Married			# of Dependents	
Daytime Phone		Evening Phone		Email
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Not Employed		Income Source if Retired/Not Employed		
Employer Name		Occupation		
Mailing Address Line 1		Address Line 2		
City	State/Province	Zip/Postal Code	Country	
<input type="checkbox"/> No <input type="checkbox"/> Yes	You are a control person which includes an individual with significant responsibility for managing the legal entity customer (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President or Treasurer).			
<input type="checkbox"/> No <input type="checkbox"/> Yes	You are an entity owner which includes each individual, if any, who directly or indirectly, through any contract, arrangement understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation).			
<input type="checkbox"/> No <input type="checkbox"/> Yes	You are, or an immediate family/household member is, a senior political official.			
<input type="checkbox"/> No <input type="checkbox"/> Yes	You are, or an immediate family/household member is, a control person or affiliate of a publicly traded company under SEC Rule 144. <i>This would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors.</i>			
Company Name			CUSIP or Symbol	

<input type="checkbox"/>	Check this box if any of these scenarios apply to you. You are registered with or employed by a Financial Industry Regulatory Authority ("FINRA") member firm ("associated person"), you are the spouse of an associated person, you are a child who resides in the same household or is financially dependent on the associated person, you are related to an associated person who has control over your account or an associated person materially contributes financial support to you and has control over your account, or you are affiliated with or employed by FINRA, any other self-regulatory organization ("SRO") or a municipal securities dealer.			
<input type="checkbox"/> Same as employer above. <i>If different, provide the information below.</i>				
Company Name				
Address Line 1			Address Line 2	
City	State/Province		Zip/Postal Code	Country

3. Suitability Information

Financial Position			
Annual Income <i>From all sources</i> <input type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$25,000 - \$50,000 <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> Over \$100,000 \$ _____	Estimated Net Worth <i>Excluding primary residence</i> <input type="checkbox"/> \$0 - \$50,000* <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> \$100,000 - \$500,000 <input type="checkbox"/> Over \$500,000 List amount (*required if less than \$50,000): \$ _____	Investable/Liquid Assets <i>Including cash and securities</i> <input type="checkbox"/> \$0 - \$50,000* <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> \$100,000 - \$500,000 <input type="checkbox"/> Over \$500,000 List amount (*required if less than \$50,000): \$ _____	Federal Tax Bracket <input type="checkbox"/> 0% - 15% <input type="checkbox"/> 21% - 27½% <input type="checkbox"/> Over 27½%
Annual Expenses <i>Recurring</i> <input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> \$100,000 - \$250,000 <input type="checkbox"/> \$250,000 - \$500,000 <input type="checkbox"/> Over \$500,000	Special Expenses <i>Future and non-recurring</i> <input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> \$100,000 - \$250,000 <input type="checkbox"/> Over \$250,000	Timeframe <i>Required for Special Expenses</i> <input type="checkbox"/> Within 2 years <input type="checkbox"/> 3 - 5 years <input type="checkbox"/> 6 - 10 years	
Investor Profile			
Investment Purpose <i>Check ONLY one.</i> <input type="checkbox"/> Save for education <input type="checkbox"/> Save for retirement <input type="checkbox"/> Save for short-term goal(s) <input type="checkbox"/> Generate income <input type="checkbox"/> Accumulate wealth <input type="checkbox"/> Preserve wealth <input type="checkbox"/> Market speculation	Investment Time Horizon <input type="checkbox"/> Near Term (0-6 months) <input type="checkbox"/> Very Short (7-11 months) <input type="checkbox"/> Short (1-5 years) <input type="checkbox"/> Intermediate (6-10 years) <input type="checkbox"/> Long (10+ years)	General Investment Knowledge <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Extensive	
Risk Tolerance			
<input type="checkbox"/> Conservative – You want to preserve the initial principal with minimal risk and volatility and are willing to accept the lowest potential return, with the understanding that it may not keep pace with inflation.			
<input type="checkbox"/> Moderately Conservative – You are willing to accept relatively low risk to the initial principal and low volatility to seek a modest level of potential return, with the understanding that you could lose some of the principal.			
<input type="checkbox"/> Moderate – You are willing to accept modest risk relative to the initial principal and tolerate some volatility in order to seek modest returns, with the understanding that you could lose a portion of the principal.			
<input type="checkbox"/> Moderately Aggressive – You are willing to accept above-average risk relative to the initial principal and tolerate higher volatility in order to seek a higher potential return, with the understanding that you could lose a substantially larger portion of the principal.			
<input type="checkbox"/> Aggressive – You are willing to accept the highest level of risk to the initial principal along with very high volatility in exchange for the highest potential return, with the understanding that you could lose most, if not all of the principal.			

Investment Objectives (Rank your investment objectives for this account in order of importance (1 being the highest; use N/A for not applicable objectives)).

- _____ **Preservation of Capital** –An investment objective of Preservation of Capital indicates you seek to maintain the principal value of your investments and are interested in investments that have historically demonstrated a very low degree of risk of loss of principal value.
- _____ **Income** –An investment objective of Income indicates you seek to generate income from investments and are interested in investments that have historically demonstrated a low degree of risk of loss of principal value.
- _____ **Capital Appreciation** – An investment objective of Capital Appreciation indicates you seek to grow the principal value of your investments over time and are willing to invest in securities that have historically demonstrated a moderate to above average degree of risk of loss of principal value to pursue this objective.
- _____ **Speculation** – An investment objective of Speculation indicates you seek a significant increase in the principal value of your investments and are willing to accept a corresponding greater degree of risk by investing in securities that have historically demonstrated a high degree of risk of loss of principal value to pursue this objective.
- _____ **Trading Profits** – An investment objective of Trading Profits indicates you seek to take advantage of short-term trading opportunities, which may involve establishing and liquidating positions quickly. This is a high-risk strategy.
- _____ **Growth and Income** – An investment objective of Growth and Income indicates you seek a mix of growing principal value and generating income from investments and are willing to invest in securities with moderate historical risk of loss of principal while having the potential to pay income.

Product Knowledge

Investment Product Knowledge

Check either None, Limited, Good, or Extensive based on your knowledge of the following products.

	None	Limited	Good	Extensive
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short Term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variable Contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Margin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Decision-Making Experience

Additional Information

Check all that apply:

- I consult with my Financial Professional. Yes No
- I make my own decisions. Yes No
- I consult with my family/friends. Yes No

Assets Held Away – Provide total value of assets held away and percentages for each type of asset (excluding any accounts held through Fifth Third). Total of all percentages must equal 100%.

Total value of assets held away: \$	Stocks	Mutual Funds	Variable Contracts	Alternative Investments
	%	%	%	%
	Bonds	Options	Security Futures	Foreign Currency
	%	%	%	%
Short Term	Limited Partnerships	Annuities	Foreign Security	
%	%	%	%	
	Life Insurance	Other	Other <i>explain</i>	
	%	%		
			Total	%

4. Signature(s) and Date(s)

Print Name <i>First, M.I., Last</i>	
Signature	Date

Print Name <i>First, M.I., Last</i>	
Signature	Date

Print Name <i>First, M.I., Last</i>	
Signature	Date

Print Name <i>First, M.I., Last</i>	
Signature	Date

For Internal Use Only Section Account accepted in accordance with firm policies.		
Registered Rep. Name	Signature	Date

PRD Principal Name	Signature	Date
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Processing Instructions:

- Complete **Client Profile Update Form** in full.
- Submit the completed **Client Profile Update Form** via one of the following methods:
 - Fax to Brokerage Operations at (513) 358-1775.
 - Upload to BPM.