

Use this form to provide additional required information when opening a new account, including all account owners, expected account activity, source of funds, and political exposure. Our custodian is required by regulation to obtain, verify, and record information which identifies each account owner to establish a financial services relationship. This may include requesting a copy of government-issued identifying documents or other documentation.

Upon initial review of the information provided, we may require additional documentation and/or clarification of information provided. New accounts will be restricted from all activities until this information is obtained and verified and will be closed if the information cannot be obtained and verified. Neither GeoWealth nor its custodian is responsible for losses or damages (including, but not limited to, lost opportunities) that may result from an account being restricted or closed as a result of your failure to provide the requested information or our inability to verify such information.

## OPTION 1

### Send via **DocuSign**

Using DocuSign is the fastest way to complete your request. If DocuSign is not an option, see the following instructions.

Sign via DocuSign

## OPTION 2

### Scan & Email

[service@geowealth.com](mailto:service@geowealth.com)

# Know Your Client Addendum

GeoWealth Account Name:

**Countries of Citizenship:**

GeoWealth Account Number:

Country 1:

Country 2:

If not a US Citizen, are you a US Resident?      Yes      No

## ■ Source of Wealth & Expected Activity

Select the answer(s) that most closely represent the largest portion of your Personal Investments (Required):

Employment	Assets	Partner / Spouse	Lottery / Gaming
Retirement / Pension	Divorce	Parental Support	Entrepreneur
Inheritance / Gift	Legal Settlement	Personal Investments	Government Benefits

### Employment Information:

Employment Status:      Full Time Employed      Part Time Employed      Self Employed      Unemployed      Retired

Employer Name:

Annual Income:

Country of Workplace:

Employer Line of  
Business:

### If Source of Wealth is Assets:

Type of Asset:

If Asset Type is "Business":

Proceeds from Sale of Business?      Yes      No

Line of Business:

### If Source of Wealth is Personal Investments:

Type of Investment:

Personal Investments Line of Business:

### If Source of Wealth is Entrepreneur:

Name of Company:

Entrepreneur Line of Business:

### Expected Activity

Select any products from the list in which you expect to invest, if applicable:

Low Priced  
Securities

Marijuana Related  
Securities

Do you anticipate sending or receiving domestic wire transfers?      Yes      No

Estimated number of domestic wire transfers per month:

Do you anticipate writing checks against your account?      Yes      No

Estimated number of domestic checks written per month.

Signature:

Date: