CLIENT DATA SHEET - Additional Investment/Change/Correction

(Use with existing Legend Equities Clients Only)

Any changes to investment instructions must be received in writing. Incomplete information may result in processing delays.

1. Investor Information

Client name on file: ______________________ [ ] Dr. [ ] Mr. [ ] Mrs. [ ] Ms. SSN/Tax ID:______________

[ ] **Change Client name to:** ______________________ [ ] Dr. [ ] Mr. [ ] Mrs. [ ] Ms. *(must provide court documentation)*

Complete this box only if there has been a CHANGE in INVESTOR information.

[ ] **Primary address:** *(can't be a PO Box)* ______________________

[ ] **Mailing address:**______________________

[ ] **Phone:** Home Ph:______________________ Business Ph:______________________

[ ] **Email address:** ______________________

[ ] **Employer Name:** ______________________

[ ] **Employer Address:** ______________________

[ ] **Marital Status:** Married: [ ] Yes [ ] No Spouse Name:______________ Birth date: __________ # of dependents:______

[ ] **Citizenship:** [ ] U.S.A. [ ] Other: ______________________

Complete this box only if there has been a CHANGE in JOINT TENANT OR MINOR information. *(if applicable to account)*

[ ] **Joint Tenant Name:** ______________________ Soc. Sec. No./Tax ID ______________

[ ] **Minor Name:** *(if UGMA/UTMA)* ______________________ Soc. Sec. No./Tax ID ______________

[ ] **Primary address:** *(can't be a PO Box)* ______________________

[ ] **Mailing address:**______________________

[ ] **Phone:** Home Ph:______________________ Business Ph:______________________

[ ] **Email address:** ______________________

[ ] **Employer Name:** ______________________

[ ] **Employer Address:** ______________________

[ ] **Marital Status:** Married: [ ] Yes [ ] No Spouse Name:______________Birth date: __________ # of dependents:_______

[ ] **Citizenship:** [ ] U.S.A. [ ] Other: ______________________

2. Financial Information & Objective

Must complete Sect. 2 if Sect. 6, 7, or 8 is completed. *If left blank, must provide a letter of refusal from client.

*Annual household Income:

*Net worth: *(excluding primary residence)*

Approximate dollar value of your assets:	Home	Stock/Mutual Funds	Bonds	Insurance	Cash

Tax Bracket: [ ] 10% [ ] 15% [ ] 25% [ ] 28% [ ] 33% [ ] 35% [ ] Other: __________% [ ] **Unsolicited Sale**

***Account Investment Objectives:** *(check one)*

[ ] **Income** = Suitable for clients seeking income and protection from inflation. The investor accepts less fluctuation in investment results by emphasizing more income and capital preservation and less long-term growth.

[ ] **Short-Term Growth** = Suitable for clients with a low tolerance for investment risk and/or short-term horizon. The investor generally seeks to hold securities with little or no price fluctuations.

[ ] **Long-Term Growth** = Suitable for clients with a moderate to high tolerance for investment risk and a long time horizon. The investor seeks capital appreciation and has little need for current income.

***Risk Exposure:** *(check one)*

[ ] **Low** = Unwilling to accept a higher degree of investment risk in exchange for a chance to earn a higher rate of return.

[ ] **Moderate** = Willing to accept some investment risk in exchange for a chance to earn a higher rate of return.

[ ] **High** = Willing to accept a higher degree of investment risk in exchange for a chance to earn a higher rate of return.

[ ] **Speculation** = Willing to accept a high degree of investment risk for a chance to earn a higher rate of return in a short period of time by trading in individual securities.

*Are you or a family member an associated person of this Broker/Dealer? [ ] No [ ] Yes

*Of any other Broker/Dealer? [ ] No [ ] Yes - If Yes, write name of Broker/Dealer: ______________________

3. Account Type *(check all that apply)*

Is this a Pershing Account? [ ] No [ ] Yes

[ ] New [ ] Existing [ ] Change Broker/Dealer [ ] FTC Custodian [ ] Fund Group Custodian [ ] PRO [ ] VOG

[ ] §403(b)(7)	[ ] IRA	[ ] Roth IRA	[ ] §457(b) Govt.	[ ] Education IRA	[ ] Non-Qualified	[ ] SAM
[ ] §403(b)(7) ______ORP (STATE)	[ ] SIMPLE IRA	[ ] Roth §403(b)	[ ] §457(f)	[ ] §529	[ ] §401(a) Gov.	[ ] SAM Select
[ ] §401(k)	[ ] SEP IRA	[ ] Roth §401(k)	[ ] §457(b) Non-Govt.	[ ] KEOGH	[ ] Other______________	

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4. Fund Group/Insurance Company

Name and/or Product:	Investment Choice(s):	Class of Shares:

If you have made any prior investments with this mutual fund family over the past 13 months, specify - Date:______________________ How much: ________________________

5. Type of Transaction

[ ] Change/Start Billing *(See Section 6)*
[ ] Additional Deposit/Transfer *(See Section 7)*
[ ] Telephone Exchange *(See Section 8)*
[ ] Terminate SAM/SAM Select/AMA/PRO/VOG *(See Section 9)*
[ ] Re-registration*
[ ] Transfer in Kind*
[ ] Adding SAM/SAM Select/PRO/VOG Service*
[ ] FTC to FTC Transfer
[ ] POP [ ] NAV *(Special Instructions)*
[ ] Additional Account*

***Additional required forms must be attached.**

6. Billing *(Also complete Sect. 2. Financial Information & Objective)*

[ ] Direct Billing $ Per Pay:______________________________ # No. of pays:__________ Effective Date:______________ Employee Hire Date:_________________

CURRENT PRODUCT	PreTax or Roth		$ or %	NEW PRODUCT	$ or %
	[ ]	[ ]			
	[ ]	[ ]			
	[ ]	[ ]			

7. Additional Deposit *(Must also complete Sect. 2. Financial Information & Objective)*

[ ] Single Deposit **[ ] Transfer** - ***Include appropriate Transfer Form and Disclosure Notice***

$ ________________________________
CASH

$ ________________________________
Ret. Bonus

$ ________________________________
Transfer Source

____
Check Number

$ ________________________________
Check-O-Matic

$ ________________________________
Transfer Source

IRA Year Contribution: __________ *(if left blank, will assume current year contribution)*

$ ________________________________
Transfer Source

Deposit Instructions: ____ [ ] **New** *(enclose fund company application)* [ ] **Existing**

FUND NAME or INSURANCE PRODUCT	PreTax or Roth		% or Premium $	FUND NAME or INSURANCE PRODUCT	PreTax or Roth		% or Premium $
	[ ]	[ ]			[ ]	[ ]	
	[ ]	[ ]			[ ]	[ ]	
	[ ]	[ ]			[ ]	[ ]	

8. Telephone Exchange - Or use Mutual Fund Telephone Exchange-EQ-006. *(Also complete Sect. 2. Financial Information & Objective)*

Exchange From	Exchange To	$ Amount	Confirm Number
Exchange From	Exchange To	$ Amount	Confirm Number

Name of Principal Approving Exchange:____

9. Terminate Service

[ ] SAM [ ] SAM Select [ ] AMA [ ] PRO [ ] VOG Account #:_________________________________Account Type:_____________________________

10. Special Instructions

____

11. Signatures - I acknowledge receipt of a current prospectus/official statement for each new fund where a change in investments is being requested.

Investor's Signature (required) Date X	Joint Tenant's Signature ***(if applicable)*** Date
Representative's Signature *(required)* Date	Print Representative's Name Rep. No.
Representative's E-mail address	**Security Principal's Signature** Date X

Original Signatures Required