

**ACCOUNT  
INFORMATION  
UPDATE**



Member FINRA/SIPC  
A non-banking subsidiary of ZB, N.A.

**Account Registration** Changes to the account title may require additional documentation. Please direct questions to the Zions Direct New Account Department.

Account Title			
Account Title			
Account Title			
Legal Address (Required)	Street	City	State Zip Code
Mailing Address	Street/PO Box	City	State Zip Code

**Customer Detail**

Account Holder (First, Middle and Last Names)		Social Security or Tax I.D.	Date of Birth	Customer Role
Address (Street, City, State and Zip Code)				
Home Phone (Evening)	Office Phone (Daytime)	Alternate Phone (Cell Phone/Pager)	E-mail Address	
Employment Status <small>(Check the one that best applies)</small>	<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Homemaker	<input type="checkbox"/> Student	Are you a <input type="checkbox"/> Zions Direct employee? <input type="checkbox"/> Relative of a Zions Direct employee? <input type="checkbox"/> Zions employee?
Employer (Previous if not employed)		Occupation		
Employer's Main Office Address (Street, City, State and Zip Code)				
If you are registered with or work for a securities firm, exchange or the NASD, please write the name of the firm or exchange here:		If you are a director, 10% share holder or policy making officer of a publicly traded company, please write the name of the company here:		
ID Type	ID Number	ID Issuance Date	ID Expiration Date	ID Verification Attached (Required- select at least one) <input type="checkbox"/> In-Person Review <input type="checkbox"/> ID Verification Form
Country/State of ID	Account Holder Country of Citizenship	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you married? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Dependents Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent Years at address

**Risk, Objectives, Experience, Knowledge and Finances**

Risk Tolerance <small>(Check only one)</small>	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Time Horizon <small>(Check those that best apply)</small>	<input type="checkbox"/> Immediate	<input type="checkbox"/> Short	<input type="checkbox"/> Medium <input type="checkbox"/> Long
Objectives <small>(Check those that best apply)</small>	<input type="checkbox"/> Income	<input type="checkbox"/> Long-term Growth	<input type="checkbox"/> Short-term Growth <input type="checkbox"/> Speculative Trading
Product Experience	Experience in Years	Approximate Trades per Year	Investment Knowledge (Check only one per category)
CDs	_____	_____	<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive
Bonds	_____	_____	<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive
Stocks	_____	_____	<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive
Mutual Funds	_____	_____	<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive
Annuities	_____	_____	<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive
			Total Assets
			Investable Assets
			Net Worth
			Total Income
			Tax Bracket

**Duplicate Confirmations**

Recipient Name (First Middle and Last Names)	
Recipient Address (Street City State and Zip Code)	Account Notification <input type="checkbox"/> Duplicate Statement <input type="checkbox"/> Duplicate Confirm

**Signatures**

Account Holder's Signature	Date (Required)	Signature Verification (Required)
Joint Account Holder's Signature (Required for a Joint Account)	Date (Required)	
Additional Account Holder's Signature	Date (Required)	
Additional Account Holder's Signature	Date (Required)	

**Internal Use Only**

It is Zions Direct's responsibility to verify the identification of all account holders and authorized individuals named on the account.

RR Name and Number	RR Signature	Date (Required)	Account Number
Branch Name and Number	Manager Approval	Date (Required)	