



Additional Information

Use this form to provide us with additional information about you. We will not share this information with anyone, it is only to keep records about our clients.

Need some help? No problem! Feel free to email us at support@folionet.com and a member of our team will respond as quickly as possible.

About You	
First Name *	
Middle Name	
Last Name *	
How did you find out about us? *	

Bank Information	
Institution Name 1 *	
Institution Name 2	
Institution Name 3	
Initial deposit (<i>approx.</i>) *	
Source of initial deposit *	<input type="checkbox"/> Wire Transfer <input type="checkbox"/> Bank Transfer <input type="checkbox"/> Stock Transfer
How often do you think you'll withdraw?	<input type="checkbox"/> Frequent <input type="checkbox"/> Occasional <input type="checkbox"/> Rare

Employment Information *(if retired or unemployed please list most recent employment experience)* *

Employment Status *

If Employed or Self-employed

Company Name *

Job Title *

Years Employed *

Employment Description *

Business Address Line 1 *

Business Address Line 2

Country *

City *

State/Region *(required for U.S.)*

Zip Code *(required for U.S.)*

If Student

School Name

Investment Profile

Source of Wealth *

Annual Income *

Signature