EDGEMOOR
INVESTMENT ADVISORS

NEW ACCOUNT FORM

1. PRIMARY ACCOUNT HOLDER/TRUSTEE

Name:

Home Address:

Home Phone#:	Home Fax#:
Mobile Phone#:	Email:
Date of Birth:	SSN#:

Driver's License # _____________________State: ___ Issued Date: ___________ Exp. Date: ___________

Employer Information

Employer:

Occupation	Title:

Employer Address:

Work Phone #:	Work Fax#:

2. JOINTACCOUNT HOLDER/CO-TRUSTEE

Name:

Home Address:

Home Phone#:	Home Fax#:
Mobile Phone#:	Email:
Date of Birth:	SSN#:

Driver's License # _____________________State: ___ Issued Date: ___________ Exp. Date: ___________

Employer Information

Employer:

Occupation	Title:

Employer Address:

Work Phone #:	Work Fax#:

Marital Status: Married____ Single____ Divorced____ Separated____ Widowed____

# of Dependents:________

Annual Income: $_________________________ Net Worth: $__________________________________

Accounts: e-statements □ Yes □ No e-confirms □ Yes □ No Email: ________________________

Edgemoor Statements and Correspondence Sent to: Home______ Work______

Online Access to Account Desired? Yes_____ No_____

Are you employed by, affiliated with, or either a director or owner of one or more security firms? Yes ____ or No_____, If yes please list the company(ies) by symbol ________________________

Are you a director, 10% shareholder or policy making officer of one or more publicly traded companies? Yes___ or No_____, If yes please list the company(ies) by symbol________________________

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Investment Policy Statement

Investment Objective(s):

□Long Term Growth of Capital □Speculation
□Preservation of Capital □Other______________________
□Income

Primary Goal(s) for Account:

□Fund Retirement □Finance Child's Education
□Build Wealth □Fund Major Purchases
□Preserve Net Worth □Other_________________________

Investment Time Horizon:

□Less than 3 years □3-5 years □More than 5 years

Regular Withdrawals from/Contributions to Account(s):

Account Name/Number	Withdrawal or Contribution	Monthly/Quarterly/Annually	Date of Transaction

Portfolio Restrictions:

____
____
____

Other Comments:

____
____

Target Portfolio Allocation* *(to be determined after discussion with investment advisor)*:

□Total Return *(structure for long-term growth; portfolio may include income-generating securities)*
□80% equities/20% income
□75% equities/25% income
□67% equities/33% income
□60% equities/40% income
□50% equities/50% income
□40% equities/60% income
□Income (Income investments will include income-generating securities)

*actual may vary +/- 10% from target

This investment policy statement accurately reflects my/our objectives and goals for this portfolio.

Signature(s):_X_______________________________________ _X____

Date: ____ ____

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NEW ACCOUNT – ADDITIONAL INFORMATION

IRAs ONLY

Primary Beneficiary #1		
Name:		
Address:		
Date of Birth:	SSN#:	
Relationship:	Share %:	Per Stirpes?*
Primary Beneficiary #2		
Name:		
Address:		
Date of Birth:	SSN#:	
Relationship:	Share %:	Per Stirpes?*
Contingent Beneficiary #1		
Name:		
Address:		
Date of Birth:	SSN#:	
Relationship?	Share %:	Per Stirpes?*
Contingent Beneficiary #2		
Name:		
Address:		
Date of Birth:	SSN#:	
Relationship:	Share %:	Per Stirpes?*
Contingent Beneficiary #3		
Name:		
Address:		
Date of Birth:	SSN#:	
Relationship:	Share %:	Per Stirpes?*

* A stipulation that, should a beneficiary pre-decease the account holder, the beneficiary's share of the account will go to his or her descendants.

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PRIVACY NOTICE

Protecting Your Privacy

At Edgemoor Investment Advisors, Inc., (Edgemoor) we are committed to protecting your financial privacy. This privacy notice is being sent to you in order to comply with new privacy regulations of the Securities and Exchange Commission. Edgemoor has in effect a privacy policy to ensure the security and confidentiality of your account information. This Privacy Policy explains what types of information we collect about you and how we safeguard that information.

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on account applications or other forms, such as your name, address, phone number, social security number, date of birth and income; and

- Information about your transactions and account experience with us, such as your account number, account transactions and other financial information.

We do not disclose any nonpublic personal information about you or our former clients to anyone, except as permitted by law.

We safeguard the personal information that you have entrusted to us in the following ways:

- As a general policy, only those employees who maintain your account and respond to your requests for additional services have access to your account information.

- We maintain physical, electronic, and procedural safeguards to insure the security of your personal information and to prevent unauthorized access to your information.

For more information about our privacy policies, please call (301) 543-8881 or toll free (866) 884-5968.