



Customer Suitability Short Form

IAR Name: _____

IAR Number: _____

Acct Number: _____

Client Name: _____ Tax ID: _____ Client DOB: ___/___/___

Registration: _____ Anticipated Account Value: \$ _____ Model Selection (if applicable): _____

Source of Funds for Account				
<input type="checkbox"/> Earned Income	<input type="checkbox"/> Retirement Savings	<input type="checkbox"/> Qualified Plan Distribution	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Other _____
<input type="checkbox"/> Savings / MM / CD	<input type="checkbox"/> Pension Distribution	<input type="checkbox"/> 1035 Exchange	<input type="checkbox"/> Legal Settlement	
<input type="checkbox"/> Account Transfer	<input type="checkbox"/> Investment Proceeds	<input type="checkbox"/> Insurance Proceeds	<input type="checkbox"/> Spouse / Parent / Gift	<input type="checkbox"/> Other _____

Annual Income	Annual Expenses	Net Worth (excluding primary residence)	Liquid Net Worth	Tax Bracket
<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> 0 - 15%
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> 15.1 - 32%
<input type="checkbox"/> \$100,001 - \$200,000	<input type="checkbox"/> \$100,001 - \$200,000	<input type="checkbox"/> \$100,001 - \$250,000	<input type="checkbox"/> \$100,001 - \$250,000	<input type="checkbox"/> 32.1 - 50%
<input type="checkbox"/> \$200,001 - \$400,000	<input type="checkbox"/> \$200,001 - \$400,000	<input type="checkbox"/> \$250,001 - \$500,000	<input type="checkbox"/> \$250,001 - \$500,000	<input type="checkbox"/> Over 50%
<input type="checkbox"/> \$400,001 - \$1,000,000	<input type="checkbox"/> \$400,001 - \$1,000,000	<input type="checkbox"/> \$500,001 - \$750,000	<input type="checkbox"/> \$500,001 - \$750,000	
<input type="checkbox"/> > \$1,000,000	<input type="checkbox"/> > \$1,000,000	<input type="checkbox"/> \$750,001 - \$1,000,000	<input type="checkbox"/> \$750,001 - \$1,000,000	
		<input type="checkbox"/> \$1,000,001 - \$5,000,000	<input type="checkbox"/> \$1,000,001 - \$5,000,000	
		<input type="checkbox"/> > \$5,000,000	<input type="checkbox"/> > \$5,000,000	

Investment Objective	Risk Tolerance	Liquidity Need	Investment Experience	Time Horizon
<input type="checkbox"/> Preservation of Capital	<input type="checkbox"/> Low / Conservative	<input type="checkbox"/> Low (> 10 years)	<input type="checkbox"/> None	<input type="checkbox"/> 0 - 1 Year
<input type="checkbox"/> Income	<input type="checkbox"/> Moderately Conservative	<input type="checkbox"/> Medium (5-10 years)	<input type="checkbox"/> Limited (1-5 years)	<input type="checkbox"/> 1 - 5 Years
<input type="checkbox"/> Balanced Growth	<input type="checkbox"/> Moderate	<input type="checkbox"/> High (< 5 years)	<input type="checkbox"/> Moderate (5-10 years)	<input type="checkbox"/> 5 - 10 Years
<input type="checkbox"/> Growth of Capital	<input type="checkbox"/> Moderately Aggressive		<input type="checkbox"/> Extensive (> 10 years)	<input type="checkbox"/> 10 - 20 Years
<input type="checkbox"/> Aggressive Growth	<input type="checkbox"/> High Risk			<input type="checkbox"/> > 20 Years

Investments	Experience Level:				Estimated Value	Dependents
	None	1-5 Years	5-10 years	> 10 years		
1. Annuities (Fixed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. \$ _____	<input type="checkbox"/> None <input type="checkbox"/> Self Only <input type="checkbox"/> Self + Spouse <input type="checkbox"/> Children _____ <input type="checkbox"/> Other _____
2. Annuities (Variable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. \$ _____	
3. Equities (Individual stocks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. \$ _____	
4. Exchange Traded Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. \$ _____	
5. Fixed Income (Bonds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. \$ _____	
6. Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. \$ _____	
7. Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. \$ _____	
8. Unit Investment Trusts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. \$ _____	
9. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. \$ _____	

Comments / Additional Information: _____

Investment Advisor Acknowledgement and Signature

By signing below, I represent that the information provided has been obtained from the client and is accurate to the best of my knowledge. I also acknowledge that this information represents updated information compared to information provided on the original Customer Account Form.

Investment Advisor Name	RR#	Investment Advisor Signature	Date
OSJ Manager Name		OSJ Manager Signature	Date
Home Office Principal Name		Home Office Signature	Date