

RECOMMENDATION DOCUMENTATION SUPPLEMENT

Financial Professional Name:	Rep Number:
Account Registration:	
Select the type of Recommendation(s) made to the retail investor:	<ul style="list-style-type: none"> ▪ Account Type ▪ Registration Type ▪ Investment <ul style="list-style-type: none"> ▪ Single Investment ▪ Multiple Investments

Account Selection Recommendation:

The CARE obligation contained within Regulation Best Interest requires investment professionals to consider multiple factors before making a recommendation to a retail customer related to the type of account to establish, as well as account sub-type. Below please identify the recommendation and applicable information utilized when determining the account type recommendation(s) for this client:

Account type recommended to the customer:

- | | | |
|-------------------------------|------------------------------|-------------------------------------|
| ▪ Retail Brokerage Account | Retail Advisory AAA Account | Retail Advisory AM Funds F2 Account |
| ▪ Retail Direct account | Retail Advisory TPAM Account | Retail Advisory Plus Account |
| Financial Planning/Consulting | | |

Registration Type recommended to the customer:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Inherited IRA | <input type="checkbox"/> SIMPLE IRA | <input type="checkbox"/> 529 Plan |
| <input type="checkbox"/> Joint WROS (default) | <input type="checkbox"/> IRA | <input type="checkbox"/> Individual (k) | <input type="checkbox"/> UTMA / UGMA |
| <input type="checkbox"/> Joint TIC | <input type="checkbox"/> Rollover IRA | <input type="checkbox"/> SEP IRA | <input type="checkbox"/> Coverdell / ESA |
| <input type="checkbox"/> Joint Community Prop | <input type="checkbox"/> Roth IRA | <input type="checkbox"/> 403(b) | |
| <input type="checkbox"/> TOD | <input type="checkbox"/> Roth Conversion IRA | | |

Recommendation based on:

Customer's preference related to:

- | | |
|---|--|
| <ul style="list-style-type: none"> ▪ Service and product availability ▪ Fees and expenses of various account types ▪ Money movement access and cost ▪ Account features and minimum account size ▪ Customer account profile ▪ Commission (pay based on transaction) ▪ Paying ongoing fees based AUM ▪ An active trading strategy ▪ A long-term buy-and-hold strategy ▪ Holding legacy positions within an account ▪ Receiving investment recommendations ▪ Ongoing account monitoring (advisory only) ▪ Utilizing professional money management | <ul style="list-style-type: none"> ▪ Allowing an investment professional to make investment decisions on their behalf ▪ Saving for retirement with tax deferred deposits ▪ Saving for retirement with after tax deposits (Roth IRA) ▪ Saving for education expenses ▪ Rolling over 401k plan assets ▪ Inherited IRA assets ▪ Other: _____ ▪ Other: _____ |
|---|--|

Additional Comments:

Please provide any additional details utilized to determine the account type recommendation:

Investment Recommendation:

The CARE obligation contained within Regulation Best Interest requires investment professionals to consider multiple factors before making an investment recommendation to a retail customer. The CARE obligation utilizes not only the suitability for the retail investor account, but also requires additional considerations such as potential risks and rewards in different market conditions, cost, including investment professional compensation, and overall applicability to the customer objective/strategy (best interest).

Regulation Best Interest also requires that recommendations made in a series, or multiple recommendations must also comply with the CARE obligation, and warns that where an individual recommendation may appear to be in the customer's best interest, multiple recommendations must also be in the customer's best interest when viewed holistically.

Below please identify the recommendation and applicable information utilized/considered when determining the recommendation(s) for this client:

NOTE: This section relates to investment recommendations made for directly held investments, outside of a Pershing Brokerage or Advisory Account.

Please identify the customers stated purpose / goal / objective of this investment (Select all that apply):

- | | | | |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Investment Growth | <input type="checkbox"/> Current Income | <input type="checkbox"/> Education Savings | <input type="checkbox"/> Preservation |
| <input type="checkbox"/> Retirement Planning | <input type="checkbox"/> Retirement Income | <input type="checkbox"/> Estate Planning | <input type="checkbox"/> Cash Mgmt. |
| <input type="checkbox"/> Market Downside Protection | <input type="checkbox"/> Other: _____ | | |

Recommendation Date	Product Type	Product Name

Other products reviewed/considered during recommendation decision:

1.	Presented to customer:	Yes	No
2.	Presented to customer:	Yes	No
3.	Presented to customer:	Yes	No
4.	Presented to customer:	Yes	No
5.	Presented to customer:	Yes	No

Identify which of the following were used when evaluating the investment recommendation(s) identified above:

- Customer requested product review
- Customer current investment holdings
- Customer income needs
- Account Investment Objective
- Account Risk Tolerance
- Account Liquidity Need
- Investment Time Horizon
- Customer affordability
- Account concentration/current holdings
- Product volatility
- Product performance in varying markets
- Product features and benefits
- Costs of product features and benefits
- Sub-account costs
- Product commission cost
- Product surrender charge amount
- Product surrender charge schedule
- Product Risk Exposure
- Product Provider Industry Rating
- Product performance compared to similar products in the same category
- Morningstar Ranking (MF)
- All available share class options (MF, Annuities)
- Other: _____
- Other: _____

Additional Comments:

Please provide any additional details/references/reports utilized to determine the investment recommendation:

Investment professional Attestation:

By signing below, I attest that the information provided above represents the considerations and process utilized to determine the best interest recommendation(s) for this customer account.

Investment Professional Signature:	Date:
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