

Customer Suitability Short Form

AR Name:	
AR Number:	
Acct Number:	

Client Name:	Ta	x ID:	Client DOB://	, 		
Registration:	ation: Anticipated Account Value: \$		Model Selection (if applicable):			
Source of Funds for Account						
Earned Income Retirement Savings Qualified Plan Distribution Inheritance Other						
Savings / MM / CD Account Transfer			egal Settlement pouse / Parent / Gift Other			
Annual Income	Annual Expenses	Net Worth	Liquid Net Worth	Tax Bracket		
\$0 - \$50,000	\$0 - \$50,000	(excluding primary residence)				
\$50,001 - \$100,000	\$50,000 - \$100,000	\$0 - \$50,000 \$50,001 - \$100,000	\$50,000 - \$100,000	□ 0 - 15%		
\$100,001 - \$100,000	\$100,001 - \$100,000	\$100,001 - \$250,000	\$100,001 - \$250,000	15.1 - 32%		
\$200,001 - \$400,000	\$200,001 - \$400,000	\$250,001 - \$500,000	\$250,001 - \$500,000	32.1 - 50%		
\$400,001 - \$1,000,000	\$400,001 - \$1,000,000	\$500,001 - \$750,000	\$500,001 - \$750,000	Over 50%		
> \$1,000,000	>\$1,000,000	\$750,001 - \$1,000,00	\$750,001 - \$1,000,000	Over 3070		
	Ψ1,000,000	\$1,000,001 - \$5,000,000	\$1,000,001 - \$5,000,000			
		> \$5,000,000	> \$5,000,00			
Investment Objective	Risk Tolerance	Liquidity Need	Investment Experience	Time Horizon		
Preservation of Capital	Low / Conservative	Low (> 10 years)	None	0 - 1 Year		
☐ Income	☐ Moderately Conservative	Medium (5-10 years)	Limited (1-5 years)	☐ 1 - 5 Years		
Balanced Growth	☐ Moderate	High (< 5 years)	Moderate (5-10 years)	5 - 10 Years		
Growth of Capital	☐ Moderately Aggressive	ingn(* years)	Extensive (> 10 years)	☐ 10 - 20 Years		
Aggressive Growth	High Risk		_	> 20 Years		
	Investments		Estimated Value	Dependents		
Experience I 1. Annuities (Fixed) 2. Annuities (Variable) 3. Equities (Individual stocks) 4. Exchange Traded Funds 5. Fixed Income (Bonds) 6. Mutual Funds 7. Options 8. Unit Investment Trusts 9. Other:	evel: None 1-5 Years	5-10 years > 10 years	1. \$	□ None □ Self Only □ Self + Spouse □ Children □ Other		
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 Signatu	ure	Date		
OSJ Manager Name		OSJ Manager Signature		Date		
Home Office Principal Name		Home Office Signature		Date		
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