

RE-CERTIFICATION OF FINANCIAL INFORMATION

To insure that our records are accurate and current and that you have sufficient assets and investment knowledge to undertake the risks and expenses inherent in the investment strategy being considered, we request that you complete this form, leaving no areas blank, and indicate your acceptance by executing this completed form and returning it to us.

Account Title: _____

Part # 1: General Information

Address: _____

City: _____ State: _____ Zip/ Postal Code: _____

Phone # () _____ - _____ Mobile# () _____ - _____ Other # () _____ - _____

E-mail address: _____ SS# or Tax ID # _____

Part #2: Authorized Person Personal Information

Date of Birth: ___/___/___ Education Level: _____

No. of Dependents: _____ Marital Status: M S D W

(if married, Spouse's Name: _____ Spouse's Occupation: _____)

IF JOINT ACCOUNT: Joint SS #: _____ - _____ - _____ Joint Occupation: _____

Joint Employer: _____ Joint Date of Birth: _____

Part # 3: Employer Information (if retired, state previous employer, business, etc.)

Employer: _____ Position: _____

Type of Business: _____ Years There: _____

Business Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Part # 4: Financial Information

Annual Income: _____ Net Worth (Excl. of Residence): _____

Liquid Net Worth: _____ Tax Bracket: _____

Investment Experience (Years): Stocks _____ Options _____ Bonds: _____ Other: _____

Part #5: Investment Objectives: (Choose One Only and Circle Risk Tolerance if applicable)

_____ Income (Conservative/ Moderate/ Long-term)

_____ Growth and Income(Conservative/ Moderate/ Long-Term)

_____ Growth (Conservative/ Moderate/ Long-Term)

_____ Trading & Speculation

Is client/family member employed by an NASD member or financial institution? YES NO

Is client/authorized person or member of their immediate family an officer, director or 5% stockholder of a publicly traded company? YES NO

Other brokerage accounts: _____

Customer Signature: _____ **Date:** _____