



Account # _____

Account Type _____

Primary Account Owner Information

Name <i>(First, Middle Initial, Last)</i>		Social Security Number	Date of Birth	
Home Address <i>(no PO Boxes)</i>		City	State	Zip Code
Mailing Address <i>(if different)</i>		City	State	Zip Code
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address	
Employer		Job Title		
Work Address		City	State	Zip Code
Driver's License Number		Expiration Date	State	

Joint Account Owner Information

Name <i>(First, Middle Initial, Last)</i>		Social Security Number	Date of Birth	
Home Address <i>(no PO Boxes)</i>		City	State	Zip Code
Mailing Address <i>(if different)</i>		City	State	Zip Code
Home Phone Number	Cell Phone Number	Work Phone Number	Email Address	
Employer		Job Title		
Work Address		City	State	Zip Code
Driver's License Number		Expiration Date	State	

Investment Suitability

<p>Investment Experience</p> <p>Stocks <input type="checkbox"/> None <input type="checkbox"/> 1-5 years <input type="checkbox"/> Over 5 years</p> <p>Bonds <input type="checkbox"/> None <input type="checkbox"/> 1-5 years <input type="checkbox"/> Over 5 years</p> <p>Mutual Funds <input type="checkbox"/> None <input type="checkbox"/> 1-5 years <input type="checkbox"/> Over 5 years</p>	<p>Financial Status</p> <hr/> <p>Annual Income _____ Tax Bracket _____</p> <hr/> <p>Net Worth <i>(excluding primary residence)</i> _____</p>
<p>Investment Time Horizon</p> <p>The portfolio should be structured to meet the financial objectives over a period of:</p> <p><input type="checkbox"/> 1-3 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> More than 10 years</p>	<p>Financial Objective</p> <p><input type="checkbox"/> My goal is capital preservation. I am adverse to short-term loss and can accept only minimal fluctuations in my portfolio value.</p> <p><input type="checkbox"/> My primary goal is capital preservation and my secondary goal is capital growth. I am willing to accept a low level of fluctuation in my portfolio value.</p> <p><input type="checkbox"/> My primary goal is capital growth and my secondary goal is capital preservation. I am willing to accept a moderate level of fluctuation in my portfolio value.</p> <p><input type="checkbox"/> My goal is capital growth. I am modestly concerned with the level of fluctuation in my portfolio.</p> <p><input type="checkbox"/> My only goal is aggressive capital growth. I am not concerned with the level of fluctuation in my portfolio value.</p>
<p>Income Needs</p> <p>How much of this portfolio are you dependent on for monthly income?</p> <p><input type="checkbox"/> No need for current income <input type="checkbox"/> Less than 2% per year (\$_____/month) <input type="checkbox"/> 2%-4% per year (\$_____/month) <input type="checkbox"/> More than 4% per year (\$_____/month)</p>	
<p>Risk Attitude</p> <p>The graph below represents my attitude toward risk in my portfolio. I understand and accept that any one component of my portfolio may be more or less volatile or aggressive than my entire portfolio. <i>Circle the most appropriate number.</i></p> <div style="text-align: center; margin: 10px 0;"> ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ </div> <div style="display: flex; justify-content: space-between; width: 100%;"> Low Volatility Medium Volatility High Volatility </div>	

By signing this form, I affirm that the information I have provided is accurate and agree to notify Benchmark Capital Group, Ltd. of any changes in the information provided. Under penalty of perjury, I certify that: (1) I am a US citizen, US resident alien, or other US person, and the Social Security Number or Taxpayer Identification Number provided on this form is correct; and (2) I am not subject o backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.

Primary Account Owner Printed Name	Primary Account Owner Signature	Date
Joint Account Owner Printed Name	Joint Account Owner Signature	Date