

Colorado Financial Service Corporation (“CFSC”) requires this form be completed and signed by clients who wish to actively trade securities in their account.

IMPORTANT NOTICE REGARDING ACTIVE TRADING ACCOUNTS: Please make sure you read and understand below before you sign this document.

- You desire to actively trade your account with or without an apparent investment strategy.
- Active transactions do not guarantee profitability in your account.
- Active trading may or may not increase the probability of making profits in your account either; rather, active transactions may increase the overall risk.
- Active trading may incur more transaction charges and commissions that could reduce the overall profitability in your account.

THEREFORE, your request to maintain your active trading account could be a good one – or a **MISTAKE** – so please make sure you read and understand the facts mentioned above.

PLEASE REMEMBER: There may be a conflict of interest with active trading because it may increase the compensation to CFSC and your CFSC Registered Representative (“Representative”) at your expense.

If you have any questions or concerns about this document, please contact the Representative’s Supervisor. Below is the Supervisor’s name and contact information.

Supervisor’s Name: _____ Supervisor’s Phone Number: _____

Client Initial: _____ / _____

SECTION. I GENERAL INFORMATION

1. Account Name: _____ 2. Account Number: _____
3. Account Type: Individual Joint Account IRA Account Trust Account Corporate Account
 Other: _____

Client Initial: _____ / _____

SECTION. II SOURCE OF FUNDS

Please tell us how you are funding this account (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Income | <input type="checkbox"/> Insurance payout |
| <input type="checkbox"/> Pension or retirement savings | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Funds from another account | <input type="checkbox"/> Social Security benefits |
| <input type="checkbox"/> Gift | <input type="checkbox"/> Home Equity Line of Credit / Reverse Mortgage |
| <input type="checkbox"/> Sale of business or property | <input type="checkbox"/> Other: _____ |

Client Initial: _____ / _____

SECTION. III SUITABILITY INFORMATION (Joint information if joint account)

1. Approximate Annual Income (Select One)
 \$0 - 24,999 \$25,000 – 49,999 \$50,000 – 99,999 \$100,000 + (list if over \$100,000, \$_____)
2. Net Worth (Assets minus Liabilities, not including Primary Residence) (Select One)
 \$0 - 29,999 \$30,000 – 49,999 \$50,000 – 99,999 \$100,000 – 500,000 \$500,000 + \$_____
3. Liquid Net Worth (Cash, Stocks, etc. – Net Worth assets easily converted to cash) (Select One)
 \$0 - 24,999 \$25,000 – 49,999 \$50,000 – 99,999 \$100,000 – 500,000 \$500,000 + \$_____
4. Investment Experience (Select Letter Indicating Years of Experience **A=0 years B=1-5 years C=More than 5 years**)
a. Stocks _____ b. Bonds _____ c. Options _____ d. Mutual Funds _____ e. Margin Transactions _____
5. Investment Time Horizon (Select One)
 Less than 1 year 1-5 years 5-10 years 10-15 years 15+ years

6. Liquidity Needs (When is the earliest you expect to need funds from this account)

- Less than 1 year 1-5 years 5-10 years 10-15 years 15+ years

7. Regarding Your Liquidity Needs; Approximately, how much of the account do you expect to need?

- 10% 25% 50% 75% 100%

8. Please provide other information such as additional financial situation and/or needs your CFSC Representative should know in connection with any securities recommendation for this account OR None.

Client Initial: _____ / _____

SECTION. IV CURRENT ASSETS AND OTHER INVESTMENTS

List your other investments OR I have no other investments.

SECTION. V CLIENT ACKNOWLEDGEMENT AND CERTIFICATION

With my signature, I acknowledge that:

- CFSC and/or my CFSC Representative rely on information provided by me to determine investment recommendations, therefore, I must notify my CFSC Representative in writing: (i) of any changes in my investment objectives, risk tolerance, financial condition, and any other information which is material to determine my investment needs; and/or (ii) when/if maintaining my account with active trading is no longer suitable for me; and
- An active account may have tax ramifications that have been or will be considered with a competent tax advisor not associated with CFSC.

I hereby certify that: (i) my financial sophistication is sufficient to understand and handle the risks and stresses that may occur in an active account in all market conditions including, but not limited to, extremely volatile conditions; and (ii) I have received a copy of the above “Important Notice Regarding Active Trading Accounts” and have read and understand its content.

Client Name (please print)	Client Signature	Date
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Client Name (please print)	Client Signature	Date
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Registered Representative (please print)	Representative Signature	Date
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OSJ Supervisor’s Name (please print)	OSJ Supervisor’s Signature	Date
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Home Office Use Only