

New Account

Existing Account Update

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

***WHAT THIS MEANS FOR YOU:** When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.*

I. ACCOUNT TYPE

- Individual Transfer on Death Trust Traditional IRA Roth IRA
- Joint (JTWR0S) Tenants in Common LLC or Corp. Simple IRA Plan SEP IRA Plan
- Custodian for Minor Community Property Partnership 529 Plan Rollover IRA (Complete a Rollover Acknowledgement sheet)
- Other (Explain): _____

II. ACCOUNT REGISTRATION

1. Account Title Registration: _____ EIN if Applicable: _____
In the case of a joint account, the account record must include personal information for each joint owner who is a natural person; however, financial information for the individual joint owners may be combined.
2. Mailing Address: _____
3. Physical Address: _____
4. Daytime Phone #: _____ 5. Evening Phone: _____ 6. Fax #: _____
7. How Was Your Account Acquired: _____ 8. Bank Reference: _____

III. ACCOUNT OWNERSHIP (USE page 6 of this document to add additional account owners)

1. **PRIMARY OWNER/ENTITY:**
(Name of individual, business, partnership, trust or third party trustee information)
2. Birth Date: _____ 3. # of Dependents: _____ 4. Tax ID #: _____
5. **Citizenship:** US Citizen Resident Alien Non-Resident Alien Other: _____
6. **Identification Type:** US Driver License US Passport US Govt. Issued ID Non-US Passport
 Other: _____
7. ID #: _____ 8. ID Issue Date: _____ 9. ID Expiration Date: _____
10. Country of Issue: _____ 11. Issuing State: _____ 12. Issuing Agency: _____
13. Employer: _____ 14. Occupation: _____ 15. # of Years: _____
16. Employer Address: _____
 Retired from Above Not Retired
17. Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings and dependents:
(a) Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, or branch manager, registered representative or other associated person of a broker-dealer firm) or a financial services regulatory agency? Yes No
If yes, specify the entity(ies) below.
Name of Entity(ies): _____
Entity Types: Broker-Dealer Municipal Securities Investment Adviser State or Federal Securities Regulator
 FINRA or other Self-Regulatory Organization (including a national securities exchange, registered securities association, registered clearing agency or the municipal securities rulemaking board)
(b) An officer, director or 10% (or more) shareholder in a publicly-owned company? Yes No
If yes, provide the name of company or symbol:
(c) A senior military, governmental or political official in a Non-US country? Yes No
If yes, provide the country name:

1. **JOINT OWNER:**

(Name of individual, business, partnership, trust or third party trustee information)

2. Birth Date: _____ 3. # of Dependents: _____ 4. Tax ID #: _____

5. **Citizenship:** US Citizen Resident Alien Non-Resident Alien Other: _____

6. **Identification Type:** US Driver License US Passport US Govt. Issued ID Non-US Passport
 Other: _____

7. ID #: _____ 8. ID Issue Date: _____ 9. ID Expiration Date: _____

10. Country of Issue: _____ 11. Issuing State: _____ 12. Issuing Agency: _____

13. Employer: _____ 14. Occupation: _____ 15. # of Years: _____

16. Employer Address: _____

Retired from Above Not Retired

17. Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings and dependents:
(a) Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, or branch manager, registered representative or other associated person of a broker-dealer firm) or a financial services regulatory agency? Yes No
If yes, specify the entity(ies) below.

Name of Entity(ies): _____

Entity Types: Broker-Dealer Municipal Securities Investment Adviser State or Federal Securities Regulator
 FINRA or other Self-Regulatory Organization (including a national securities exchange, registered securities association, registered clearing agency or the municipal securities rulemaking board)

(b) An officer, director or 10% (or more) shareholder in a publicly-owned company? Yes No

If yes, provide the name of company or symbol:

(c) A senior military, governmental or political official in a Non-US country? Yes No

If yes, provide the country name:

IV. FINANCIAL DATA & EXPERIENCE

1. What is your total annual income? \$ _____

2. What is your Net Worth*? (Exclusive of your home.) \$ _____

3. What is your Liquid Net Worth?
 (Net Worth minus Assets that **cannot** be converted quickly and easily into cash) \$ _____

4. What is your Federal Tax Rate: (indicate highest marginal) 0-15% 16-25% 26-30% 31-35% Over 35%

5. **Have Investment Experience (indicate # of years)** **I Have no Previous Investment Experience**

OTC Stocks () years Mutual Funds () years Bonds () years Options () years
 Use of Margin () years Partnership () years Real Estate () years 1031 Exchange () years
 Private Placements () years Collectibles () years Other (describe)() , () years

6. Source of the Funds: _____

V. INVESTMENT OBJECTIVES

Select and INITIAL the one that most accurately reflects the goals and investment objective for this account. The investment objectives are overall objectives for the entire account and may be inconsistent with a particular holding and the account's performance at any time. The ratio between fixed income and equity positions in an account may vary from those described due to short term market fluctuations, special market situations, or other unique circumstances which may apply. The terms "Fixed Income" and "Equity" refer to individual securities and mutual funds containing these types of securities.

Please note: Achievement of the stated investment objective is a long term goal for the account.

TAX DEFERAL _____ / _____ (Customer(s) Initial)
- This Account should be invested in tax deferred investments.

INCOME WITH CAPITAL PRESERVATION _____ / _____ (Customer(s) Initial)
- Designed as a longer term accumulation account. This is the most conservative investment objective. This account should be invested approximately 75% in primarily conservative fixed income and up to 25% in conservative equities. Emphasis is placed on generation of current income and prevention of capital loss.

INCOME WITH MODERATE GROWTH _____/_____ (Customer(s) Initial)

- This account should be invested approximately 60% in fixed income and up to 40% in primarily income-oriented equities. Emphasis is placed on generation of current income with a secondary focus on moderate capital growth.

GROWTH WITH INCOME _____/_____ (Customer(s) Initial)

- This account should be invested up to approximately 75% in high grade equities and 25% in fixed income. Emphasis is placed on modest capital growth with some focus on generation of current income.

GROWTH _____/_____ (Customer(s) Initial)

- This account could be invested up to 100% in equities or aggressive fixed income. Emphasis is placed on achieving high long term growth and capital appreciation. There is little focus on generating income.

AGGRESSIVE GROWTH _____/_____ (Customer(s) Initial)

- This account should generally be invested 100% in equities. Emphasis is placed on aggressive growth and maximum capital appreciation. No focus on income. This objective has the highest level of risk and is for investors with a longer time horizon.

VI. RISK TOLERANCE, INVESTMENT TIME HORIZON, LIQUIDITY NEEDS, & OTHER INFO

1. How do you classify yourself? (Select & Initial one that most accurately reflects your risk tolerance.)

CONSERVATIVE _____/_____ (Customer(s) Initial)

- Work hard for assets. Cannot afford to lose any capital.

MODERATE CONSERVATIVE _____/_____ (Customer(s) Initial)

- Could handle minor loss of capital. Needs appreciation.

MODERATE AGGRESSIVE _____/_____ (Customer(s) Initial)

- Seeking appreciation, could handle some loss of capital

AGGRESSIVE _____/_____ (Customer(s) Initial)

- Seeking appreciation, could handle some loss of capital

2. When do you expect to withdraw funds from this account? (Select one that most accurately reflects your investment time horizon.)

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

3. Approximately, how much of the account do you expect to need? (Select one that most accurately reflects your liquidity needs.)

10% 25% 50% 75% 100%

4. List your other investments below **OR** I HAVE NO OTHER INVESTMENTS

5. Provide other information such as additional financial situation and/or needs your Colorado Financial Representative should know in connection with any securities recommendation for this account. (Attach a separate sheet if necessary)

VII. ELECTRONIC DELIVERY ELECTION, ACKNOWLEDGEMENT, CERTIFICATION & EXECUTION

Email Address: _____

By providing the email address above, I agree to receive Colorado Financial Service Corporation's disclosure document(s), such as annual disclosure(s) and its amendment(s) electronically. Furthermore, I understand that in the future, if I choose to change this method of delivery and stop receiving the above selected communication(s) electronically I may do so by submitting such a change request in writing. I also agree to notify Colorado Financial Service Corporation, in writing, when/if the email address above is no longer in use or accurate.

VIII. TRUSTED CONTACT INFORMATION (SEE TOP OF NEXT PAGE FOR INSTRUCTIONS)

It is required for clients 65 years or older, and requested for all other clients, to provide the following information for a trusted contact person. CFSC is authorized to contact the trusted contact person and disclose information about the customer's account to address possible financial exploitation, to confirm the specifics of the customer's current contact information, to confirm the client's current health status, or the identity of any legal guardian, executor, trustee or holder of power of attorney.

Name: _____

Phone: _____

Email: _____

Address: _____

AGREEMENT TO ARBITRATE CONTROVERSIES: THIS AGREEMENT CONTAINS A PRE-DISPUTE ARBITRATION CLAUSE:

- All parties to this agreement are giving up their right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed.
- Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify an arbitration award is very limited.
- The ability of the parties to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings.
- The arbitrators do not have to explain the reason(s) for their award unless, in an eligible case, a joint request for an explained decision has been submitted by all parties to the panel at least 20 days prior to the first scheduled hearing date.
- The panel of arbitrators will typically include a minority of arbitrators who were or are affiliated with the securities industry.
- The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court.
- The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated in this agreement.
- The award of the arbitrators, or a majority of them, shall be final and judgment may be entered thereon.

Any judicial proceedings relating to this agreement shall be conducted in a state or federal court in Denver, Colorado.

With my signature below:

- The undersigned has carefully completed all the information in this document and agrees to all terms and conditions contained herein. This application and agreement contains a pre-dispute arbitration clause.
- I agree to notify, in writing, Colorado Financial Service Corporation of any changes in my employment or financial situation including investment objectives, risk tolerance, investment time horizon, and liquidity needs.
- The undersigned further certifies that all information provided on this form is true, correct and complete. I understand that under Federal Law, Colorado Financial Service Corporation is obligated, under the USA PATRIOT Act to verify the information provided herein through whatever means possible including reviewing a consumer credit report, for which I hereby give my authorization.
- I have read, understand and accept the PRE-DISPUTE ARBITRATION AGREEMENT. I acknowledge receiving a copy of this new account form, privacy notice, business continuity notice and other documents related to this account.

Furthermore, I acknowledge that my Representative has explained the product(s) and/or service(s) that I am buying through this application, and that I understand all the relevant information and I have authorized the purchase.

Customer's Name (please print)	Customer's Signature	Date
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Customer's Name (please print)	Customer's Signature	Date
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CFSC Representative Number: _____, I have reviewed this document for completeness, accuracy, suitability and disclosures; (ii) completed OFAC check; and (iii) verified the identification(s).

Representative's Name (please print)	Registered Representative's Signature	Date
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OSJ Supervisor's or Designee's Name (please print)	OSJ Supervisor's or Designee's Signature	Date
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