



## **Family Investors Company**

P.O. Box 100  
265 South Avenue  
Fanwood, New Jersey 07023-0100  
Tel: (908) 322-1800  
Fax: (908) 322-1816

### **About this Client Information Form**

This is a Family Investors Company Client Information Form. Please read it carefully, as you will select products and services, tell us how you want to communicate with us, and agree to certain provisions that will govern our relationship. When we accept it, this Form and all accompanying or supplemental documents form the entire Agreement between us for this account.

Unless otherwise indicated in this form, the words “you,” “your,” “yourself,” and “yours” mean the applicant(s). The words “we,” “us,” and “our” mean Family Investors Company, 265 South Avenue, Fanwood, NJ 07023.

### **Getting Started**

Please complete and sign this form, along with any required information identified through this process.

In order to complete this form, you will need some or all of the following information:

- Photo ID, such as a driver’s license, passport, or another type of government-issued identification
- Social Security Number
- Federal tax rate
- Information about your annual income, debt, expenses, and net worth
- Back-up contact information

The above information helps us comply with various securities regulations and rules and the USA PATRIOT Act, a Federal law that requires all securities firms to obtain, verify, and record information that identifies each applicant. The information also helps us more fully understand your investment profile and identify what types of investments or strategies may be suitable for you. Please note: if we cannot verify the information you provide, we may be required to deny your account.

Please remember to notify us if you experience a significant life change, such as the birth of a child, marriage, divorce, death of a spouse, loss of a job, change in financial situation, etc.

CLIENT NUMBER \_\_\_\_\_

# #1 Please Tell Us About Yourself

## PRIMARY APPLICANT

### Contact Information

Mr.  Mrs.  Ms.  Dr.  Rev. **Suffix**  Sr.  Jr.

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Permanent Address Apt/Suite No.

\_\_\_\_\_  
City State ZIP Code Country

\_\_\_\_\_  
Work Phone Home Phone Mobile Phone Email Address

Please check if you have been at your current home address for less than one year.

\_\_\_\_\_  
Mailing Address (if different from above) Apt/Suite No.

\_\_\_\_\_  
City State ZIP Code Country

Are you:

Single  Married  Domestic Partner  Divorced  Widowed Number of Dependents: \_\_\_\_\_

Names and Ages of Children: \_\_\_\_\_

### Employment Status

Are you currently:

Employed  Self-Employed  Not Employed  Retired  Student Other: \_\_\_\_\_

\_\_\_\_\_  
Job Title Occupation

\_\_\_\_\_  
Employer Years with this Employer

\_\_\_\_\_  
Business Address Apt/Suite No.

\_\_\_\_\_  
City State ZIP Code Country

If not employed, source of income: \_\_\_\_\_

### USA PATRIOT Act Information (Required by Federal law)

All applicants please provide the information below. Non-resident aliens, also include a completed W-8BEN.

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy) Social Security or Taxpayer ID No. Country of Citizenship

\_\_\_\_\_  
ID No. (Select one):  Driver's License  Passport  State ID  Other Government-issued ID Place/Country of Issuance

\_\_\_\_\_  
Issue Date (mm/yyyy) Expiration Date (mm/yyyy) Country of Tax Residence (if different than country of citizenship)

CLIENT NUMBER \_\_\_\_\_

## #1 Please Tell Us About Yourself (Continued)

### CO-APPLICANT

#### Contact Information

Mr.  Mrs.  Ms.  Dr.  Rev. **Suffix**  Sr.  Jr.

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Permanent Address Apt/Suite No.

\_\_\_\_\_  
City State ZIP Code Country

\_\_\_\_\_  
Work Phone Home Phone Mobile Phone Email Address

Please check if you have been at your current home address for less than one year.

\_\_\_\_\_  
Mailing Address (if different from above) Apt/Suite No.

\_\_\_\_\_  
City State ZIP Code Country

Are you:

Single  Married  Domestic Partner  Divorced  Widowed Number of Dependents: \_\_\_\_\_

Names and Ages of Children: \_\_\_\_\_

#### Employment Status

Are you currently:

Employed  Self-Employed  Not Employed  Retired  Student Other: \_\_\_\_\_

\_\_\_\_\_  
Job Title Occupation

\_\_\_\_\_  
Employer Years with this Employer

\_\_\_\_\_  
Business Address Apt/Suite No.

\_\_\_\_\_  
City State ZIP Code Country

If not employed, source of income: \_\_\_\_\_

#### USA PATRIOT Act Information (Required by Federal law)

All applicants please provide the information below. Non-resident aliens, also include a completed W-8BEN.

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy) Social Security or Taxpayer ID No. Country of Citizenship

\_\_\_\_\_  
ID No. (Select one):  Driver's License  Passport  State ID  Other Government-issued ID Place/Country of Issuance

\_\_\_\_\_  
Issue Date (mm/yyyy) Expiration Date (mm/yyyy) Country of Tax Residence (if different than country of citizenship)

#1 Please Tell Us About Yourself (Continued)

**Industry and Other Affiliations**

Primary Applicant

Yes  No

Co-Applicant

Yes  No

Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings and dependents:

**Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, branch manager, registered representative or other associated person of a broker-dealer firm) or a financial services regulator?**

If yes, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this Form).

Broker-Dealer or Municipal Securities Dealer  Investment Adviser  
 FINRA or other Self Regulatory Organization\*  State or Federal Securities Regulator  
 (\*Including a national securities exchange, registered securities association, registered clearing agency or the Municipal Securities Rulemaking Board.)

Name of entity(ies): \_\_\_\_\_

Yes  No

Yes  No

**An officer, director or 10% (or more) shareholder in a publicly-owned company?**

Name of company and symbol: \_\_\_\_\_

**Financial Situation and Needs, Liquidity Considerations, and Tax Status**

Please tell us your best estimate as to:

**ANNUAL INCOME<sup>1</sup>**  
(from all sources)

- \$25,000 and under
- \$25,001-50,000
- \$50,001-100,000
- \$100,001-250,000
- \$250,001-500,000
- Over \$500,000

**NET WORTH<sup>2</sup>**  
(excluding your residence)

- \$25,000 and under
- \$25,001-50,000
- \$50,001-200,000
- \$200,001-500,000
- \$500,001-1,000,000
- \$1,000,001-3,000,000
- Over \$3,000,000

**LIQUID NET WORTH<sup>3</sup>**

- \$25,000 and under
- \$25,001-50,000
- \$50,001-200,000
- \$200,001-500,000
- \$500,001-1,000,000
- \$1,000,001-3,000,000
- Over \$3,000,000

**TAX RATE**  
(highest marginal)

- 0-15%
- 16-25%
- 26-30%
- 31-35%
- Over 35%

**ANNUAL EXPENSES<sup>4</sup>**  
(recurring)

- \$50,000 and under
- \$50,001-100,000
- \$100,001-250,000
- \$250,001-500,000
- Over \$500,000

**SPECIAL EXPENSES<sup>5</sup>**  
(future, non-recurring)

- \$50,000 and under
- \$50,001-100,000
- \$100,001-250,000
- \$250,001-500,000
- Over \$500,000

Timeframe for special expenses:

- Within 2 years
- 3-5 years
- 6-10 years

**LIQUIDITY NEEDS**

The ability to quickly and easily convert to cash all or a portion of the investments in this account without experiencing significant loss in value from, for example, the lack of a ready market, or incurring significant costs or penalties is (check one)

- Very important
- Important
- Somewhat important
- Does not matter

Do you have a reverse mortgage?  Yes  No

<sup>1</sup> **Annual income** includes income from sources such as employment, alimony, social security, investment income, etc.

<sup>2</sup> **Net worth** is the value of your assets minus your liabilities. For purposes of this form, assets include stocks, bonds, mutual funds, other securities, bank accounts, and other personal property. Do not include your primary residence among your assets. For liabilities, include any outstanding loans, credit card balances, taxes, etc. Do not include your mortgage.

<sup>3</sup> **Liquid net worth** is your net worth minus assets that cannot be converted quickly and easily into cash, such as real estate, business equity, personal property and automobiles, expected inheritances, assets earmarked for other purposes, and investments or accounts subject to substantial penalties if they were sold or if assets were withdrawn from them.

<sup>4</sup> **Annual expenses** might include mortgage payments, rent, long-term debts, utilities, alimony or child support payments, etc.

<sup>5</sup> **Special expenses** might include a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.

## #1 Please Tell Us About Yourself (Continued)

### Investment Risk Tolerance

Investing involves risk. Different investment products and strategies involve different degrees of risk. The higher the expected returns of a product or strategy, the greater the risk that you could lose most of your investment. Investments should be chosen based on your objectives, timeframe, and tolerance for market fluctuations.

Please select the degree of risk you (and any co-applicants, if applicable) are willing to take with the assets in this account.

- Conservative.** I/We want to preserve my initial principal in this account, with minimal risk, even if that means this account does not generate significant income or returns and may not keep pace with inflation.
- Moderately Conservative.** I/We are willing to accept low risk to my initial principal, including low volatility, to seek a modest level of portfolio returns.
- Moderate.** I/We are willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and understand I could lose a portion of the money invested.
- Moderately Aggressive.** I/We are willing to accept high risk to my initial principal, including high volatility, to seek high returns over time, and understand I could lose a substantial amount of the money invested.
- Significant Risk.** I/We are willing to accept maximum risk to my initial principal to aggressively seek maximum returns, and understand I could lose most, or all, of the money invested.

### Financial Investment Experience

We are collecting the information below to better understand your investment experience. We recognize your responses may change over time as you work with us.

Please check the boxes that best describe your investment experience to date.

Investment	Years experience			Investment	Years experience		
Mutual Funds/ Exchange Traded Funds	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	Bond	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5
Individual Stocks	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	Annuities	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5

### Decision-Making (check all that apply)

- I/We consult with my broker, investment adviser, CPA, or other financial professional.
- I/We generally make my own decisions and/or consult with my co-applicant(s).
- I/We discuss investment decisions with family and/or friends.

### Other Investments

Please provide us with additional information about your other investments to help us more fully understand your investment profile and identify what types of investments or strategies may be suitable for you.

Investment type/description	Firm holding the investment	Amount (\$US)
_____	_____	\$
_____	_____	\$
_____	_____	\$
_____	_____	\$
_____	_____	\$
_____	_____	\$
_____	_____	\$
_____	_____	\$
_____	_____	\$
_____	_____	\$
_____	_____	\$
_____	_____	\$
_____	_____	\$

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## #2 Tell Us How You Intend to Use This Account

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The more we know about you and your goals for this account, the better we can serve you. Please answer the following questions about your investment objectives and investment time horizon to help us determine which investment products and strategies are suitable for you.

### **Investment Objectives and Investment Time Horizon**

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The investments at Family Investors Company will be:

- Less than 1/3 of my/our financial portfolio
- Roughly 1/3 to 2/3 of my/our financial portfolio
- More than 2/3 of my/our financial portfolio

I/We plan to invest for the following (check all that apply):

- Generate income for current or future expenses
- Partially fund my retirement
- Wholly fund my retirement
- Steadily accumulate wealth over the long term
- Preserve wealth and pass it on to my heirs
- Pay for education
- Pay for a house
- Market speculation
- Other: \_\_\_\_\_

The expected period of time you plan to invest to achieve your financial goal(s):

- Under 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- 11-20 years
- Over 20 years

### **Other Information**

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Please provide us with any additional information not requested above that you believe will help us more fully understand your investment profile and identify what types of investments or strategies may be suitable for you.

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*(use additional space as needed)*

CLIENT NUMBER \_\_\_\_\_

### #3 Tell Us How You Will Fund This Account

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<br>(Family Investors Company does not accept this method of funding an account.) |
| <input type="checkbox"/> Sale of business or property  | <input type="checkbox"/> Other  |
| <input type="checkbox"/> Savings/CD                    |   |

### #4 Tell Us How You Want To Work With Us

#### Back-Up Contact Information

If we are unable to reach you for a period of time, you authorize us to contact the person listed below and to have the person disclose information about you in order to confirm the specifics of your current contact information, health status, and the identity of any legal guardian, executor, trustee, or holder of a power of attorney.

Note: Your back-up contact should not be a co-applicant. Power of Attorney attached or on file?  Yes  No

- Mr.  Mrs.  Ms.  Dr.  Rev. **Suffix**  Sr.  Jr.

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Permanent Address Apt/Suite No.

\_\_\_\_\_  
City State ZIP Code Country

\_\_\_\_\_  
Work Phone Home Phone Mobile Phone Email Address

Relationship to Primary Applicant/Co-Applicant: \_\_\_\_\_

\_\_\_\_\_  
Name of Attorney

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
Name of Accountant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Do you have a will?  Yes  No Date of will \_\_\_\_\_

CLIENT NUMBER \_\_\_\_\_

## #5 Review and Submit This Form

### CONFIRMATIONS AND SIGNATURES – PLEASE READ CAREFULLY

By signing this form, you affirm that you have reviewed this form and received any supplemental documents governing this relationship. You affirm that the information you have provided is accurate and you agree to notify us of any changes in the information provided.

#### Tax Withholding Certifications

Please check all boxes that apply, and sign and date below.

<i>Primary Applicant</i>	<i>Co-Applicant</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>U.S. Person:</b> Under penalty of perjury, I certify that: <b>(1)</b> I am a U.S. citizen, U.S. resident alien or other U.S. person, and the Social Security Number or Taxpayer Identification Number provided in this Form is correct (or I am waiting for a number to be issued to me); and <b>(2)</b> I am not subject to 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 a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.
<input type="checkbox"/>	<input type="checkbox"/>	<b>Certification Instructions:</b> You must check this box if you cannot certify to item <b>(2)</b> above, meaning that you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

[Note: If the firm uses a Predispute Arbitration clause, it must comply with applicable FINRA disclosure requirements and restrictions on provisions that limit rights and remedies.]

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

#### Signatures

Primary Applicant Name (please print)

Primary Applicant Signature

Date

Co-Applicant Name (please print)

Co-Applicant Signature

Date

**Please mail your completed Form to the address listed below or fax it to (1-908-322-1816).**

Family Investors Company, 265 South Avenue, Fanwood, NJ 07023

Family Investors Company follows the schedule of the New York Stock Exchange and is closed when the NY Stock Exchange is closed. In cases of severe weather, the physical office location may be closed, but you can always call a licensed representative and principal.

Registered Representative Signature

Date

Firm Principal Signature

Date