

CLIENT INFORMATION FORM

INSTRUCTIONS: On this page, please select one type of account, and then please provide all requested information on the appropriate pages (as indicated below) for the selected account type.

1. TYPE OF ACCOUNT (please check only one):

INDIVIDUAL (please complete pages 1, 2, and 3 only, and sign page 7)

Individual Account

JOINT (please complete pages 1 to 5, and sign page 7)

Joint – Rights of Survivorship

(Each account owner owns the entire account. If an account owner dies, the person's share is equally distributed among the remaining account holders.)

Joint – Tenants in Common

(Each account owner owns an equal percentage of the account. If an account owner dies, the person's share is transferred to his or her estate.)

RETIREMENT ACCOUNT (please complete pages 1, 2, 3, and 6, and sign page 7)

Traditional IRA

Rollover IRA

Roth IRA

SEP-IRA

2. INITIAL INVESTMENT:

Amount: _____

(Minimum initial investment is \$50,000 for non-hedged portfolios; \$250,000 for hedged.)

3. PORTFOLIO SELECTION:

Please check one or more of the recommended portfolios listed below. **Portfolios are listed in order from least aggressive to most aggressive.** (If you wish to divide your assets among multiple portfolios, please indicate the percentage assigned to each. Total should add to 100%.)

Human Capital Hedged Portfolio

Industry-Diversified Portfolio

Smart Companies Portfolio

Smart Companies - SRI Portfolio

Human Capital Portfolio

Human Capital - SRI Portfolio

**PRIMARY ACCOUNT HOLDER:
BASIC INFORMATION**

Please note: it is necessary for all information on this page to be completed before your new account can be opened.

Name:

Mr./Ms. First Middle Initial Last Suffix

Home Address:

(no P.O. boxes, please)

Number/Street

City State Zip

Mailing Address:

(if different from Home Addr.)
(P.O. boxes allowed)

Number/Street

City State Zip

Day Phone:

Evening Phone:

Email address:

(optional, but absence of email address will result in additional client fees for mailed reports)

S.S.#/Tax ID:

Date of Birth:

Country of Legal Residence:

U.S. Citizenship Status:

- US citizen
- Resident alien
- Non-resident alien

Employment Status:

- Employed
- Self-Employed
- Unemployed
- Retired
- Student
- Other (please specify _____)

Occupation:

Name of Employer:

Employer Address:

City State Zip

**PRIMARY ACCOUNT HOLDER:
INVESTMENT INFORMATION**

A. We are required by securities industry regulations to ask you the following two questions.

Are you a 10% shareholder or executive who makes policy at a public company? Yes No

Are you employed by a stock market, the NASD, or a firm that is a member of either one? (If only associated with one of these entities, answer is "no.") Yes No

B. As financial advisors, we are also required to confirm the suitability of your investment. We request the below information in order to have some additional understanding of your finances. If you prefer, you may omit some or all of the specific information below and sign the suitability statement instead.

Estimated net worth: \$ _____

Liquid net worth: \$ _____

(Liquid net worth should include only cash assets and other assets, such as investments and retirement accounts, that can be easily converted into cash. Please do not include property such as home, automobile, real estate, art, or collectibles.)

Annual income: \$ _____

(May include all sources of income, including wages/salary, bonuses, interest/dividend payments, alimony/child support payments)

% of your total LIQUID assets you expect to invest with Bassi Investments: _____ %

Suitability statement (only necessary if financial information in section B above is omitted):

I confirm that my investment with Bassi Investments is suitable in the context of my full financial picture. I decline to provide full financial information to Bassi Investments, and recognize that this means Bassi Investments therefore has less information about my current financial situation.

Signature Date

Please provide us with some information on your investment background, objectives, and risk tolerance.

Your investment knowledge: None Limited Good Extensive

Your investment experience: None Limited Good Extensive

Your primary objective(s) for your investment with BI: Preserve asset value
 Generate current income
 Achieve asset growth/appreciation

Your risk tolerance: Investing in different asset classes and asset allocations can result in varying and occasionally wide fluctuations in the value of your portfolio over time. As a general rule, the more risk you are willing to accept, or the more volatility you can withstand, the higher the prospective rate of return you may achieve over a sufficiently long time horizon. From the following ranges of volatility over a **one-year time horizon**, please select the category that best describes the amount of risk you can tolerate for the investment objective(s) you identified above.

	<u>Upside/Downside Potential</u>	<u>Potential Variance</u>	<u>Risk Tolerance</u>
_____	5%	0-5%	Very Low
_____	10%	5-10%	Low
_____	15%	10-15%	Moderate
_____	20%	15-20%	Moderate-High
_____	Over 20%	Over 20%	High

(this page for JOINT ACCOUNTS ONLY)

**SECONDARY ACCOUNT HOLDER:
INVESTMENT INFORMATION**

A. We are required by securities industry regulations to ask you the following two questions.

Are you a 10% shareholder or executive who makes policy at a public company? Yes No

Are you employed by a stock market, the NASD, or a firm that is a member of either one? (If only associated with one of these entities, answer is "no.") Yes No

B. As financial advisors, we are also required to confirm the suitability of your investment. We request the below information in order to have some additional understanding of your finances. If you prefer, you may omit some or all of the specific information below and sign the suitability statement instead.

Estimated net worth: \$ _____

Liquid net worth: \$ _____

(Liquid net worth should include only cash assets and other assets, such as investments and retirement accounts, that can be easily converted into cash. Please do not include property such as home, automobile, real estate, art, or collectibles.)

Annual income: \$ _____

(May include all sources of income, including wages/salary, bonuses, interest/dividend payments, alimony/child support payments)

% of your total LIQUID assets you expect to invest with Bassi Investments: _____ %

Suitability statement (only necessary if financial information in section B above is omitted):

I confirm that my investment with Bassi Investments is suitable in the context of my full financial picture. I decline to provide full financial information to Bassi Investments, and recognize that this means Bassi Investments therefore has less information about my current financial situation.

Signature Date

Please provide us with some information on your investment background, objectives, and risk tolerance.

Your investment knowledge: None Limited Good Extensive

Your investment experience: None Limited Good Extensive

Your primary objective(s) for your investment with BI: Preserve asset value
 Generate current income
 Achieve asset growth/appreciation

Your risk tolerance: Investing in different asset classes and asset allocations can result in varying and occasionally wide fluctuations in the value of your portfolio over time. As a general rule, the more risk you are willing to accept, or the more volatility you can withstand, the higher the prospective rate of return you may achieve over a sufficiently long time horizon. From the following ranges of volatility over a **one-year time horizon**, please select the category that best describes the amount of risk you can tolerate for the investment objective(s) you identified above.

	<u>Upside/Downside Potential</u>	<u>Potential Variance</u>	<u>Risk Tolerance</u>
_____	5%	0-5%	Very Low
_____	10%	5-10%	Low
_____	15%	10-15%	Moderate
_____	20%	15-20%	Moderate-High
_____	Over 20%	Over 20%	High

(this page for RETIREMENT ACCOUNTS ONLY)

BENEFICIARIES INFORMATION

You may designate one or more primary beneficiaries who will receive the cash value of your IRA if you should die. You can also choose not to specify any beneficiaries. In that case, the cash value of your IRA will pass to your estate.

PRIMARY BENEFICIARIES

(If you designate more than one primary beneficiary, please be sure that the total “% share” for all primary beneficiaries adds up to exactly 100%. For example, if the first beneficiary has a 75% share, then the second beneficiary must have a 25% share.)

PRIMARY BENEFICIARY #1:

Name: _____
 Mr./Ms. First Middle Initial Last Suffix

Relationship: ___ Spouse ___ Other Date of Birth: _____

Social Security Number: _____ Percentage Share: _____ %

PRIMARY BENEFICIARY #2:

Name: _____
 Mr./Ms. First Middle Initial Last Suffix

Relationship: ___ Spouse ___ Other Date of Birth: _____

Social Security Number: _____ Percentage Share: _____ %

SELECT NO PRIMARY BENEFICIARIES

___ I do not want to designate any primary beneficiaries. I understand that when I die, the cash value of my IRA will transfer to the backup beneficiaries or my estate if I do not designate any backup beneficiaries.

BACKUP BENEFICIARIES

(If you designate more than one backup beneficiary, please be sure that the total “% share” for all backup beneficiaries adds up to exactly 100%. For example, if the first beneficiary has a 75% share, then the second beneficiary must have a 25% share.)

BACKUP BENEFICIARY #1:

Name: _____
 Mr./Ms. First Middle Initial Last Suffix

Relationship: ___ Spouse ___ Other Date of Birth: _____

Social Security Number: _____ Percentage Share: _____ %

BACKUP BENEFICIARY #2:

Name: _____
 Mr./Ms. First Middle Initial Last Suffix

Relationship: ___ Spouse ___ Other Date of Birth: _____

Social Security Number: _____ Percentage Share: _____ %

CLIENT ACKNOWLEDGMENT AND MANAGER REVIEW

By completing and signing the client acknowledgment below, I acknowledge that I have read and understand this client information form and that my answers are true and correct to the best of my knowledge. I further acknowledge that this form does not make or imply any guarantee of the attainment of my investment objectives, but serves as a guideline form to determine the suitability of Bassi Investments' investment strategies for my financial goals and tolerance levels.

Client Name: _____ Client Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

If Fiduciary, indicate title: _____

(to be reviewed and signed by Bassi Investments Investment Manager)

Signature: _____

Name & Title (print): _____

Date: _____