

GWN CLIENT ACCOUNT FORM

Additional Holder/Participant Account (complete Supplement Form)
 THIS MUST BE COMPLETED IN ITS ENTIRETY. Please check a box: NEW UPDATED

Name/Account Title/Custodian _____

Mailing Address _____ Street Address (if different from mailing address) _____

City, State and Zip _____ Phone # _____ Date of Birth _____ Social Security # / TIN _____

Employment Status: Employed Self-Employed Not Employed Retired Student Homemaker Other _____

Employer Name _____ Marital Status _____

Employer Address including City, State and Zip _____

CLIENT IDENTIFICATION

Occupation / Type of Business _____ Years Employed _____

Drivers License Passport State ID Other Government ID Other type ID _____

ID Number _____ ID Issuer _____ Date Issue: ___/___/___ Exp: ___/___/___ US Citizen: Yes No

Annual Income ¹ <small>(from ALL sources)</small>	Net Worth ² <small>(excluding your residence)</small>	Liquid Net Worth ³	Tax Rate <small>(highest margin)</small>	Annual Expenses ⁴ <small>(recurring)</small>	Special Expenses ⁵ <small>(future, nonrecurring)</small>	Time frame for Special Expenses:
<input type="checkbox"/> Under \$25,000	<input type="checkbox"/> Under \$25,000	<input type="checkbox"/> Under \$25,000	<input type="checkbox"/> 0-15%	<input type="checkbox"/> Under \$25,000	<input type="checkbox"/> Under \$25,000	<input type="checkbox"/> Within 2 years
<input type="checkbox"/> \$25,001-\$50,000	<input type="checkbox"/> \$25,001-\$50,000	<input type="checkbox"/> \$25,001-\$50,000	<input type="checkbox"/> 16-25%	<input type="checkbox"/> \$25,001-\$50,000	<input type="checkbox"/> \$25,001-\$50,000	<input type="checkbox"/> 3 - 5 years
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$50,001-\$200,000	<input type="checkbox"/> \$50,001-\$200,000	<input type="checkbox"/> 26-30%	<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> 6 - 10 years
<input type="checkbox"/> \$100,001-\$250,000	<input type="checkbox"/> \$200,001-\$500,000	<input type="checkbox"/> \$200,001-\$500,000	<input type="checkbox"/> 31-35%	<input type="checkbox"/> \$100,001-\$250,000	<input type="checkbox"/> \$100,001-\$250,000	
<input type="checkbox"/> \$250,001-\$500,000	<input type="checkbox"/> \$500,001-\$1,000,000	<input type="checkbox"/> \$500,001-\$1,000,000	<input type="checkbox"/> Over 35%	<input type="checkbox"/> \$250,001-\$500,000	<input type="checkbox"/> \$250,001-\$500,000	
<input type="checkbox"/> Over \$500,000	<input type="checkbox"/> \$1,000,001-\$3,000,000	<input type="checkbox"/> \$1,000,001-\$3,000,000		<input type="checkbox"/> Over \$500,000	<input type="checkbox"/> Over \$500,000	
	<input type="checkbox"/> Over \$3,000,000	<input type="checkbox"/> Over \$3,000,000				

1 **Annual Income** includes income from sources such as employment, alimony, social security, investment income, etc.

2 **Net Worth** is the value of your assets minus your liabilities. For purposes of this application, 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 outstanding loans, credit card balances, taxes, etc. DO NOT include your mortgage.

3 **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.

4 **Annual Expenses** might include mortgage payments, rent, long-term debts, utilities, alimony, or child support payments, etc.

5 **Special Expenses** might include a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.

> **Liquidity Needs:** The ability to quickly and easily convert to cash all or a portion of the investments 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

> **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.

INVESTMENT	YEARS OF EXPERIENCE	TRANSACTIONS PER YEAR	INVESTMENT	YEARS OF EXPERIENCE	TRANSACTIONS PER YEAR
Mutual Funds/ETFs	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> Over 15	Securities Futures	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> Over 15
Individual Stocks	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> Over 15	Annuities	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> Over 15
Bonds	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> Over 15	Alternative	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> Over 15
Options	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> Over 15	Margin	<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-15 <input type="checkbox"/> Over 15

> **Overall Time Horizon:** 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

> **Decision-Making:** (there are 3 choices, check all that apply) I consult with and receive information from my broker, investment advisor, CPA, or other financial professionals. I generally make my own decisions and/or with co-applicant(s). I discuss investment decisions with family and/or friends.

> **Investment Risk Tolerance:** Pursuant to various securities regulations, GWN is required to ask you to list the investment risk tolerance for your accounts. 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, time frame, and tolerance for market fluctuations.

Please indicate the degree of risk based on your completed Investor Profile Questionnaire you are willing to take _____

I am employed by or associated with: the securities industry such as a broker/dealer, FINRA, or other SRO, Investment Advisor or State or Federal Securities Regulator

Name of Entity _____ An officer, director or 10% (or more) shareholder in a publicly-owned company. A senior military, government or political official in a NON-US country. Name of Country _____

CUSTOMER ACCOUNT AGREEMENT AND SIGNATURES

I/we are at least 18 years of age and are of full legal age in the state in which I/we reside. I/we acknowledge that this agreement includes a pre-dispute arbitration clause located on the back of this form (Section 5). I/we acknowledge receiving a copy of this new account form and I/we have had the opportunity to read it and I/we understand it. Furthermore, I/we acknowledge that I/we have read all information on this Client Account Form. I/we have reviewed the terms and conditions of this agreement including all information contained on the reverse side. I/we hereby verify that all the information provided is true and correct and may be relied upon, by GWN, for the purposes of evaluating suitability and sophistication in relation to making securities recommendations. Further, I/we hereby indemnify GWN for any loss, claims or damages, including legal fees, which GWN may incur as a result of any securities recommendations or any securities related violations resulting from GWN's reliance upon the information I/we have provided. I/we acknowledge receipt and my/our responsibility to read the GWN Securities Privacy Notice, Business Continuation Plan, Customer Identification Program and the prospectus of any security which contains information regarding investment objectives, risks and material facts including all sales charges, fees and expenses.

_____ Please initial if you wish to receive important information via email (for example, privacy notice, prospectuses, statements, etc.) _____
Email Address

Signature of Client _____ Date _____ Signature of Representative _____ Rep Number _____ Date _____

Signature of OSJ Principal _____

INVESTOR PROFILE QUESTIONNAIRE

Completing this questionnaire will assist you in determining your investment time horizon, your tolerance for risk and your investment objectives. Answer the questions on the following pages and use your score to identify an investor profile that's closest to your own.

IMPORTANT CONSIDERATIONS WHEN CHOOSING YOUR PORTFOLIO

YOUR TIME HORIZON

When will you begin withdrawing your money from your account, and at what rate? If that date is many years away, you may be comfortable with a portfolio that carries a greater potential for appreciation and higher level of risk. There's more time to weather the inevitable ups and downs of the market.

YOUR RISK TOLERANCE

How do you feel about risk? Some investments fluctuate more dramatically in value than others but may have the potential of a higher return. It's important that you select investments that fit within your level of tolerance for this risk.

Check the number of points for each of your answers and note the total for each section.

SECTION 1: TIME HORIZON

1. Plan to begin withdrawing money from my investments within:

Less than 3 years	1	<input type="checkbox"/>
3-5 years	3	<input type="checkbox"/>
6-10 years	7	<input type="checkbox"/>
11 years or more	10	<input type="checkbox"/>

SUBTOTAL: TIME HORIZON SCORE _____ POINTS
(enter the total point from questions 1 and 2)

If your time horizon score is less than 3, STOP HERE

A score of less than 3 indicates a very short investment time horizon, a relatively low risk portfolio of 40% short-term (average maturity of five years or less), bonds or bond funds and 60% cash is suggested, as stock investments may be significantly more volatile in the short term.

If your Score is greater than 3, please continue to Section 2

2. Once I begin withdrawing funds from my investments, I plan to spend all of the funds within:

Less than 2 years	0	<input type="checkbox"/>
2-5 years	1	<input type="checkbox"/>
6-10 years	4	<input type="checkbox"/>
11 years or more	8	<input type="checkbox"/>

SECTION 2: RISK TOLERANCE

1. I would describe my knowledge of investments as

None	0	<input type="checkbox"/>
Limited	2	<input type="checkbox"/>
Good	4	<input type="checkbox"/>
Extensive	6	<input type="checkbox"/>

2. When I invest my money, I am:

Most concerned about my investment losing money	0	<input type="checkbox"/>
Equally concerned about my investment losing or gaining value	4	<input type="checkbox"/>
Most concerned about my investment gaining value	8	<input type="checkbox"/>

3. Select the investments you currently own or have owned in the past with the highest number of points. Check that number.

Money Market Funds or Cash Equivalents	0	<input type="checkbox"/>
Bonds and/or Bond Funds	3	<input type="checkbox"/>
Stocks and/or Stock Funds	6	<input type="checkbox"/>
International Securities and/or International Funds	8	<input type="checkbox"/>

Example: You now own stock funds. In the past, you've purchased international securities. Therefore, you would select International Securities (point score 8) because you have owned them and it has the highest score.

4. Consider this Scenario:

Imagine that in the past three months, the overall stock market lost 25% of its value. An individual stock investment you own also lost 25% of its value. What would you do?

Sell all of my shares	0	<input type="checkbox"/>
Sell some of my shares	2	<input type="checkbox"/>
Do nothing	5	<input type="checkbox"/>
Buy more shares	8	<input type="checkbox"/>

5. Review the Chart below:

We've outlined the most likely best and worst case annual returns of five hypothetical investment plans. Which range of possible outcomes is most acceptable to you?

The figures are hypothetical and do not represent the performance of any particular investment.

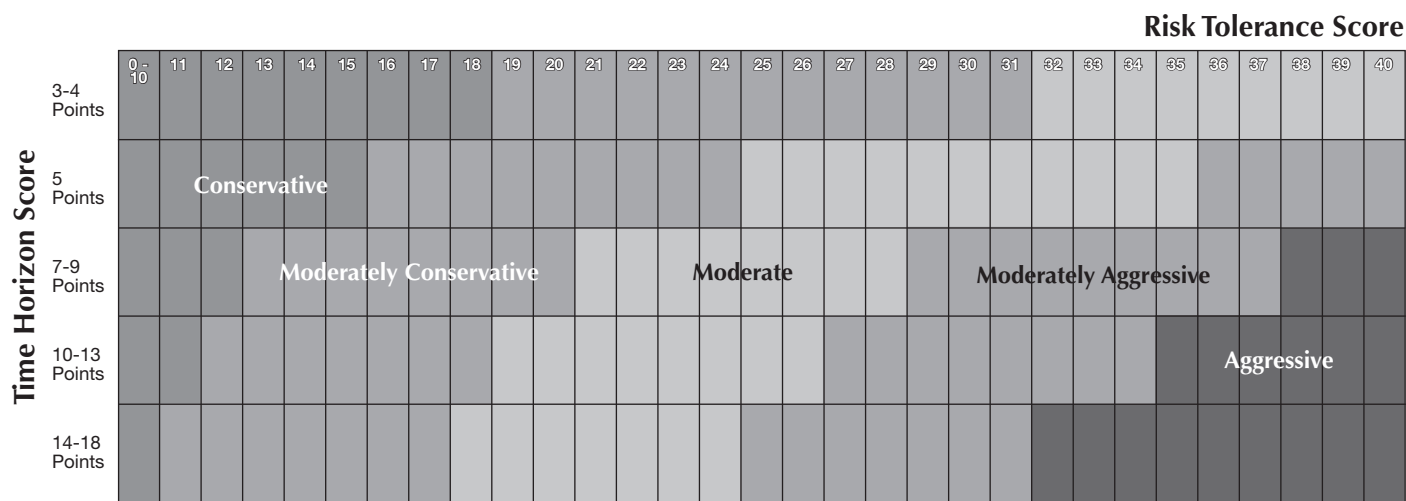
BEST AND WORSE CASE SCENARIOS (1 YR)				
PLAN	AVERAGE ANNUAL RETURN	BEST CASE	WORST CASE	POINTS
A	7.2%	16.3%	-5.6%	0
B	9.0%	25.0%	-12.1%	3
C	10.4%	33.6%	-18.2%	6
D	11.7%	42.8%	-24.0%	8
E	12.5%	50.0%	-28.2%	10

SUBTOTAL: RISK TOLERANCE SCORE _____POINTS
(enter the total point from questions 1 through 5)

DETERMINE YOUR INVESTOR PROFILE

The chart below uses the subtotals you calculated in the preceding two sections.

In the chart below, find your time horizon score along the left side and your risk tolerance score across the top. Locate their intersection point, situated in the area that corresponds to your investor profile. On the next page, find the investment objective that corresponds to your investor profile.



CONSERVATIVE	MODERATELY CONSERVATIVE	MODERATE	MODERATELY AGGRESSIVE	AGGRESSIVE
For investors who want current income and relative stability and aren't concerned about increasing the value of their investments. Sample Mix 20% Equity / 80% Fixed Income	For investors who want current income and relative stability, with some modest potential increase in the value of their investments. Sample Mix 40% Equity / 60% Fixed Income	For long-term investors who don't need current income and want some growth potential. They tolerate some fluctuations, but they want less risk than the overall stock market. Sample Mix 60% Equity / 40% Fixed Income	For long-term investors who want good growth potential and don't need current income. They accept a fair amount of risk, but not as much as if they invested exclusively in stocks. Sample Mix 80% Equity / 20% Fixed Income	For long-term investors who want high growth potential and don't need current income. Substantial year-to-year volatility in value is acceptable in exchange for potentially high long-term return. Sample Mix 95% Equity / 5% Fixed Income

Based on my combined score my investment objective is _____

Client Signature _____

Date _____