

New Account Information

Please tell us about yourself (All information provided herein may be used to verify identity): Under the rules and regulations set forth by Karp Capital Management, industry regulators and the U.S. Patriot Act, we are required to obtain the information requested below. All information must be fully completed. Feel free to contact us if you have any questions or concerns. Unless otherwise requested, the Karp Capital Management Privacy Pledge will be sent along with the New Account Welcome Package.

Your Name: _____ Date: _____

Are you a U.S. Citizen (circle one): YES or NO (If not, please contact us for further verification)

Your Social Security Number: _____ Your Date of Birth: _____

Driver's License Number: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Your Employer: _____ Your Occupation: _____

Employer's Address: _____ Employed Since: _____

Your Annual Salary: \$ _____ Your Household Income: _____ Your Net Worth: _____

Your Mailing Address: _____

If your residence is different from your mailing address (or you have listed a P.O. Box as your mailing address): please list your Street Address: _____ Do You: OWN or RENT

Length of Time at this address: _____ E-mail Address: _____

Spouse's Name: _____

Is your spouse a U.S. Citizen (circle one) YES or NO (If not, please contact us for further verification)

Spouse's Social Security Number: _____ Spouse's Date of Birth: _____

Spouse's Driver's License Number: _____

Spouse's Employer: _____ Spouse's Occupation: _____

Employer's Address: _____ Employed Since: _____

Spouse's Annual Salary: \$ _____

Number of Dependent Children: _____

Child One: Name: _____ Date of Birth: _____ SSN: _____

Child Two: Name: _____ Date of Birth: _____ SSN: _____

Child Three: Name: _____ Date of Birth: _____ SSN: _____

If opening a UTMA account for your child, desired vesting age: 18, 21 25(not available in all states)

New Account Information (continued)

Other financial institutions (banks, brokerage firms, etc.) that you have dealt with in the past (list: name, city & state):

Institution #1: _____ Address: _____
Institution #2: _____ Address: _____

Other financial institutions that **your spouse** has dealt with in the past (list: name, city & state)

Institution #1: _____ Address: _____
Institution #2: _____ Address: _____

Please indicate the year that you began investing: _____

Please indicate the types of products that you have invested in (please circle all that apply):

Stocks / Bonds / Mutual Funds / Option Futures (commodities) / Limited Partnerships / None

Please indicate the types of products that your spouse has invested in (please circle all that apply):

Stocks / Bonds / Mutual Funds / Option Futures (commodities) / Limited Partnerships / None

Please indicate if you have ever traded on margin: YES NO

Please indicate if **your spouse** has ever traded on margin: YES NO

Please indicate how frequently you have traded in the past: Seldom Moderate Active

Please indicate how frequently **your spouse** has traded in the past: Seldom Moderate Active

What are your investment objectives: GROWTH INCOM E TOTAL RETURN

What is your risk factor: CONSERVATIVE MODERATE AGGRESSIVE

Please indicate anticipated incoming fund wiring activity per year: Seldom Moderate Frequent

Anticipated dollar value of incoming wires: Less than \$25,000/\$25k to \$100k/Greater than \$100k

Please indicate anticipated outgoing fund wiring activity per year: Seldom Moderate Frequent

Anticipated dollar value of outgoing wires: Less than \$25,000/\$25k to \$100k/Greater than \$100k

SPECIAL TRUST ACCOUNT INFORMATION (Please provide if applicable):

Is your trust REVOCABLE or IRREVOCABLE

Date Trust was established: _____

Is there a special TAX ID number for your Trust (if so, please list): _____