

Client and Registered Representative Information

Client/Authorized Person Name (as shown on your federal tax return)	Registered Representative Name and Number # _____
---	--

Form W-9 Information – THIS FORM IS NOT TO BE USED BY NONRESIDENT ALIENS AND FOREIGN ENTITIES

Taxpayer Identification Number (TIN) (must match the "Client/Authorized Person" above)

_____ Social Security Number
 Taxpayer Identification Number

Federal Tax Classification/Entity Type (check appropriate box)

Individual/Sole Proprietor
 C Corporation (C Corp)
 S Corporation (S Corp)*
 Partnership
 Trust/Estate
 Other (specify): _____
 Limited Liability Company (LLC)

For Limited Liability Companies, please indicate the type of LLC:

C Corporation
 S Corporation*
 Partnership

Exempt Payee (check only if you are exempt from backup withholding)

*For S Corporations, check here if you are a financial institution:

Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); **and**
2. 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 failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding; **and**
3. I am a U.S. person (including a U.S. citizen or U.S. resident alien); **and**
4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

Certification Instructions: You must cross out item **2** above if 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

Client Signature (required)	Date of Signature (required)
_____	_____

Client/Authorized Person Signature – W-9 Certification Date of Signature

(continued on next page)

Customer Agreement To be signed by the client in order to open and establish one or more Accounts.

Sweep Programs—Brokerage Accounts

TO: SagePoint Financial, Inc. ("BD")

PERSHING LLC ("PERSHING") (ALL REFERENCES TO PERSHING RELATE TO BROKERAGE ACCOUNTS ONLY)

- A. I hereby acknowledge that BD is acting as a broker-dealer only with respect to this account. BD is not acting as an advisor or fiduciary unless I have executed a separate advisory contract.
- B. In consideration of your opening and/or carrying one or more accounts on my behalf, I hereby acknowledge by my signature below that I have received, read, understand and agree to the terms set forth in the Customer Agreement of this application and the Disclosure of Credit Terms on Transactions.
- C. I hereby consent to have my account, and all subsequent and future account(s) opened for me by BD, be included in the BD's Sweep Program. I understand that my account(s) will automatically default to the sweep product(s) indicated in the Sweep Product Table below, and eligibility to the sweep product(s) are dependent on the account type(s) indicated in the Sweep Product Table.
- D. By entering your signature below, you
 - (i) are providing affirmation for your account(s) to participate in the BD's Sweep Program;
 - (ii) hereby consent to having Free Credit Balances in your account(s) included in the BD's Sweep Program;
 - (iii) acknowledge that you have been notified of the general terms and conditions of the products made available to you within the Sweep Program and applicable fees;
 - (iv) understand that BD may change the list of eligible products made available to you within the Sweep Program; and
 - (v) should you in the future decide to remove your account(s) from participating in the BD's Sweep Program, you may do so by simply notifying your Financial Advisor.

Sweep Product Table

Eligible Account Types	Sweep Identifier or Symbol	Product Name	Type of Product
All Investment Advisory & Commission-based Retail accounts	AIGI	FDIC Insured Deposit Program (Tiered)	FDIC
Commission-based Pershing IRAs only	IDPR	FDIC Insured Deposit Program (Tiered)	FDIC
Investment Advisory Pershing IRAs only	IDPL	FDIC Insured Deposit Program (Level)	FDIC
All ERISA Title 1 Account Types & 403(b)(7) Accounts (includes third-party custodians)*	FGR	Federated Government Reserves Fund	Money Fund

*401(k) plans, Roth 401(k) plans, Simple 401(k) plans, Individual 401(k) plans, Qualified deferred compensation plans, Defined benefit plans, Target benefit plans, Money purchase pension plans, 403(b)(7) plans, and Keogh plans.

Customer Agreement Certification—Brokerage and Non-Brokerage Accounts

The Customer Agreement contains a pre-dispute Arbitration Provision. This provision is contained on Pages 1-2, Section 1 of the Customer Agreement and appears in bold print.

With my signature below, I certify that I have received a copy of the Customer Agreement and agree to the provisions, terms, and conditions described within.

Client Signature (required)	Date of Signature (required)

Client/Authorized Person Signature - Customer Agreement Date of Signature

Risk Tolerance Questionnaire (RTQ)

Instructions

The Risk Tolerance Questionnaire (RTQ) is designed to help you assess your client's risk tolerance and investment objective. The questions of the RTQ are assigned numerical weights to reflect each one's comparative importance in overall risk determination. Completing the questionnaire in its entirety will allow you to better evaluate your client's profile.

Client and Registered Representative Information

Client Name	Registered Representative Name and Number # _____
Statement of Investment Selection (SIS) Number (Optional)	

Risk Tolerance Questionnaire

Question 1: (Purpose of Investment)

For these funds, which of the following closely aligns with your current financial goal?

- | | |
|---|----|
| <input type="checkbox"/> Sustaining current income and account preservation | 0 |
| <input type="checkbox"/> Sustaining current income with possible growth opportunity | 10 |
| <input type="checkbox"/> Growing account value, not tied to current income needs | 20 |
| <input type="checkbox"/> Aggressive growth, maximizing accumulation | 30 |

Question 2: (Investment Horizon)

How long do you plan to keep these funds invested in order to achieve your financial goal?

- | | |
|--|----|
| <input type="checkbox"/> Less than 1 year | 0 |
| <input type="checkbox"/> 1 to 2 years | 3 |
| <input type="checkbox"/> 3 to 5 years | 8 |
| <input type="checkbox"/> 6 to 10 years | 15 |
| <input type="checkbox"/> 11 to 20 years | 23 |
| <input type="checkbox"/> Greater than 20 years | 30 |

Question 3: (Risk & Reward)

How much potential risk and reward are you willing to invest in with these funds?

Every investment has an opportunity for both risk and reward. The image below represents a one-year hypothetical risk and reward scenario for five portfolios with incremental levels of risk and reward.



Financial Professional Number: _____

1. Client Name

▶ Name of Client: _____

2. Account Type Use one form for each account

▶ Clearing Type: Pershing Brokerage Non-Brokerage

▶ Check One: Commission Fee ▶ Program Name: _____ Direct Choice

▶ Discretionary Authority? (*Fee-based accounts only*) Yes No

Individual Accounts

Individual

Estate Appointee Type: Person Entity Title: _____ Known Rep Since (YYYY): _____

First Name: _____ Middle Name: _____ Last Name: _____

Entity Name: _____

Tax ID: _____ Date of Birth: _____

Address
Line 1: _____
Line 2: _____
Line 3: _____

City: _____ State: _____ Zip Code: _____

Verification Elements? (Select one or more and provide to the Home Office)

Death Certificate Court Appointment (cannot be older than 90 days) Affidavit of Domicile

Sole Proprietor DBA Name: _____ Business Tax ID: _____

Health Savings Account* *Only available through HSA Bank

Joint Accounts

- A separate **VISION2020** Client must be established for each joint account owner. Please complete a separate Client application for each joint owner.
- Certain tenancy clauses are only available in certain states.

Joint Tenants With Rights of Survivorship (JTWROS)

Community Property

Tenants in Common (TIC)

Tenants in Entirety (TIE)

USUFRUCT (*Must provide supporting document(s)*)

Community Property With Rights of Survivorship (WROS)

Trust Tenants in Common (*Please complete the trust names in the Trust section of this form*)

Please indicate the other joint parties below:

#1	First Name: _____ Middle Name: _____ Last Name: _____
	Tax ID: _____

#2	First Name: _____ Middle Name: _____ Last Name: _____
	Tax ID: _____

Custodial Accounts

Guardian Ward Name: _____

Conservator Ward Name: _____

Account Application – Natural Person

Custodial Accounts *(cont.)*

Minor (Select One): UGMA UTMA

Minor Name: _____ Date of Birth: _____

Resident State: _____ Social Security Number/Tax ID: _____

Age of Termination: _____ State in which Gift was Given: _____

Please indicate the type of custodian and provide the required information below:

Guardian Conservator Custodian

Custodian #1	Address	First Name: _____ Middle Name: _____ Last Name: _____ Tax ID: _____ Date of Birth: _____ Line 1: _____ Line 2: _____ Line 3: _____ City: _____ State: _____ Zip Code: _____
Custodian #2	Address	First Name: _____ Middle Name: _____ Last Name: _____ Tax ID: _____ Date of Birth: _____ Line 1: _____ Line 2: _____ Line 3: _____ City: _____ State: _____ Zip Code: _____

Verification Elements? – for Guardian and Conservator accounts (Provide to the Home Office)

Court Document

Retirement Accounts

IRA Accounts

▶ Type of IRA:

Traditional Roth Roth Conversion SEP IRA Simple IRA

▶ Type:

Participant Rollover Spousal
 Inherited* Guardian Inherited Guardian*

*For Inherited Accounts, indicate the name of the deceased: _____

▶ Custodian of Choice for Brokerage Accounts Only:

Pershing LLC Third Party Custodian

Mutual Fund Only IRA* *Only available for Pershing LLC accounts, not available for SEP IRA or Simple IRA

Retirement Accounts

Retirement Accounts

▶ Type of Retirement Plan:

Individual 401(k) Profit Sharing 401(k)
 Simple 401(k)* Defined Benefit* Money Purchase Pension
 Prototype SEP SAR SEP 403(b)(7)
 Target Benefit Qualified Deferred Compensation* Non-Qualified Deferred Compensation*

*Pershing LLC does not offer Defined Benefit, Simple 401(k), Qualified Deferred Compensation, or Non-Qualified Deferred Compensation plans.

▶ Custodian of Choice for Brokerage Accounts Only:

Third Party Custodian Third Party Administrator Pershing LLC

Account Application – Natural Person

Retirement Accounts, cont.

- ▶ Plan Name for Brokerage Account: _____
Plan Date: _____
- ▶ Plan Tax ID: _____
Third Party Administrator for Brokerage Account with TPA as Custodian: _____
- ▶ Plan Trustee(s): _____

Trustee #1	Address	First Name: _____ Middle Name: _____ Last Name: _____ Tax ID: _____ Date of Birth: _____ Line 1: _____ Line 2: _____ Line 3: _____ City: _____ State: _____ Zip Code: _____
Trustee #2	Address	First Name: _____ Middle Name: _____ Last Name: _____ Tax ID: _____ Date of Birth: _____ Line 1: _____ Line 2: _____ Line 3: _____ City: _____ State: _____ Zip Code: _____

Education Accounts

529 Plan (Non-Brokerage accounts only)

Beneficiary Information:

- ▶ First Name: _____ Middle Name: _____ ▶ Last Name: _____
- ▶ Date of Birth: _____ Social Security Number (SSN): _____

Education Savings Account

- ▶ Minor/Ward Name: _____
- ▶ Date of Birth: _____
- ▶ Resident State: _____ ▶ Tax ID: _____
- ▶ Custodian Choice for Brokerage Accounts Only: Pershing LLC Third Party Custodian

Trust Accounts

Revocable Irrevocable

Trust Date (MM/DD/YYYY): _____ Short Name: _____ State of Domicile: _____
 Trust Tax ID: _____ Trust Name: _____
 Trustee Name(s): _____

Trustee #1	Address	First Name: _____ Middle Name: _____ Last Name: _____ Tax ID: _____ Date of Birth: _____ Line 1: _____ Line 2: _____ Line 3: _____ City: _____ State: _____ Zip Code: _____
-------------------	----------------	--

Account Application – Natural Person

Trust Accounts, cont.

Trustee #2	Address	First Name: _____ Middle Name: _____ Last Name: _____ Tax ID: _____ Date of Birth: _____ Line 1: _____ Line 2: _____ Line 3: _____ City: _____ State: _____ Zip Code: _____
-------------------	----------------	--

Verification Elements? (Select one and provide to the Home Office)

- Trust Document (**Note:** Pershing does not accept this document. Please complete the Trustee Certification and forward to the Home Office)
- Trustee Certification of Investment Powers

3. Account Suitability

- **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
- **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

- | | |
|--|---|
| ► Risk Tolerance

<input type="checkbox"/> Conservative <input type="checkbox"/> Moderately Aggressive
<input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Aggressive
<input type="checkbox"/> Moderate | ► Investment Objectives <small>(Must select at least one. Please number 1 – 6 in order of priority)</small>

<input type="checkbox"/> Capital Preservation <input type="checkbox"/> Capital Appreciation
<input type="checkbox"/> Growth <input type="checkbox"/> Speculation
<input type="checkbox"/> Income <input type="checkbox"/> Tax Advantage |
|--|---|

4. Additional Information

- **Source of Funds (Check One)**
- | | | |
|---|--|--|
| <input type="checkbox"/> Income from Earnings | <input type="checkbox"/> Gift | <input type="checkbox"/> Investment Proceeds |
| <input type="checkbox"/> Sale of Business | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Legal Settlement |
| <input type="checkbox"/> Pension/IRA/Retirement Savings | <input type="checkbox"/> Spouse/Parent | <input type="checkbox"/> Lottery/Gaming Proceeds |
| <input type="checkbox"/> Insurance Proceeds | <input type="checkbox"/> Other | |

Would you like to provide a trusted contact? Yes No

Trusted Contact Name: _____

Relationship: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State/Province: _____ Zip: _____

Phone: _____ Email: _____

Interested Party Send Duplicate: Statements Confirms

Name: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State/Province: _____ Zip: _____