

Advisory Account Suitability Form

Rep ID/G Number

Instructions: To be completed concurrently when opening an account with an external custodian under the HighPoint Advisor Group RIA. Please email the completed form to HighPoint Compliance at IFAdocs@hightpartners.com

1. Account Information

RIA Firm Name Primary Advisor Date Opened This form is for:
 New Account An Existing Account*

Name of External Custodian External Custodian Account Number *For existing accounts, use this form to report a change in the account holder's legal name, investment objective and/ or financial information

Section I: Account Information

1. Residency Information

Account Holder's current residency status: (choose only one) Country of Citizenship
 U.S. Citizen Resident Alien Non-Resident Alien

2. Registration Type

<input type="checkbox"/> Individual	<input type="checkbox"/> Personal Trust	<input type="checkbox"/> Partnership
<input type="checkbox"/> Joint Tenants with Rights of Survivorship	<input type="checkbox"/> FLA/SEP/SIMPLE	<input type="checkbox"/> Investment Club
<input type="checkbox"/> Tenants in Common	<input type="checkbox"/> Qualified Retirement Plan/403(b)(7)	<input type="checkbox"/> Guardianship/Conservatorship
<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> Corporate	<input type="checkbox"/> Estate
<input type="checkbox"/> Beneficiary IRA	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Other (Please specify below)
<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Custodian for Minor	<input type="text"/>

3. Account Registration

Section II: Investment Objective

1. Select the investment objective that most accurately reflects the goals for this account (choose only one):

- A. Income with Capital Preservation. Designed as a longer term accumulation account, this is the most conservative investment objective. Emphasis is placed on generation of current income and preservation of capital loss.
- B. Income with Moderate Growth. Emphasis is placed on generation of current income with a secondary focus on moderate capital growth.
- C. Growth with Income. Emphasis is placed on modest capital growth with some focus on generation of current income.
- D. Growth. Emphasis is placed on achieving high long-term growth and capital appreciation. There is little focus on generation of current income.
- E. Aggressive Growth. Emphasis is placed on aggressive growth and maximum capital appreciation. No focus on generation of current income. This objective has a very high level of risk and is for investors with a long term horizon.

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Section III: Financial Information and Experience

1. Investment Information

Enter the letter that corresponds to the correct range:

Annual income? Net worth? (exclusive of home) Liquid net worth? Approximate account value?

A. \$1 - \$25,000	B. \$25,000 - \$49,999	C. \$50,000 - \$99,999	D. \$100,000 - \$249,999
E. \$250,000 - \$499,999	F. \$500,000 - \$749,999	G. \$750,000 - \$999,999	H. \$1,000 and over

Source of Account Holder Wealth and Income (inheritance, employment salary, sale of real estate, etc.):

Federal income tax bracket? (%)

Investment Experience (number of years):

Annuities Mutual Funds Partnerships Margin Stocks Bonds
Options Other Other (please specify):

Section IV: Annual Fee

1. Annual Fee Information

Annual Fee Rate

Flat Fee \$

Note: If the account is billed on a tiered, incremental, or breakpoint fee schedule, enter the approximate rate expressed on an annualized basis.

Section V: Acknowledge and Execution

1. Branch Use Only

I hereby certify that:

- I agree to notify HighPoint Advisor Group of any changes to the account holder's legal name, investment objective or financial information.
- I may not participate in any securities transactions or strategies for this account which are not approved products or strategies of HighPoint Advisor Group.

_____ Client Signature	_____ Client Name (print)	_____ Date
_____ Joint Client Signature (if applicable)	_____ Joint Client Name (print) (if applicable)	_____ Date
_____ Financial Advisor Signature (unless same as Branch Manager)	_____ Financial Advisor Name (print)	_____ Date
_____ Joint Financial Advisor Signature (unless same as Branch Manager)	_____ Financial Advisor Name (print)	_____ Date
_____ Branch Manager or CCO Signature (required)	_____ Branch Manager or CCO (print)	_____ Date