## **Advisory Account Suitability Form**

		Rep II	D/G Number
instructions: To be completed completed completed form to HighPoint Co			nder the HighPoint Advisor Group RIA. Please email the
L. Account Information RIA Firm Name	Primary Advisor	Date Opened	This form is for:  New Account An Existing Account*
Name of External Custodian	External Cu	stodian 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 Inform	mation		
L. Residency Information Account Holder's current reside U.S. Citizen	ncy status: (choose o	only one) Count	try of Citizenship
2. Registration Type  Individual		Personal Trust	Partnership
☐ Joint Tenants with Rights of Survivorship		☐ FLA/SEP/SIMPLE	☐ Investment Club
Tenants in Common		Qualified Retirement Plan/403(b)(7)	Guardianship/Conservatorship
Traditional IRA		Corporate	Estate
Beneficiary IRA		Limited Liability Company	Other (Please specify below)
Roth IRA		Custodian for Minor	
3. Account Registration			
Section II: Investment C	bjective		
L. Select the investment ob	iective that most a	accurately reflects the goals for this acco	unt (choose only one):
_			
Emphasis is places of	on generation of curr	ent income and preservation of capital loss.	this is the most conservative investment objective. with a secondary focus on moderate capital growth.
C. Growth with Inco	me. Emphasis is plac	ced on modest capital growth with some focus	on generation of current income.
income.			ation. There is little focus on generation of current
		d on aggressive growth and maximum capital evel of risk and is for investors with a long tern	appreciation. No focus on generation of current n 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 accou	ınt value?
A. \$1 - \$25,000 B. \$25,000 - \$49,999 E. \$250,000 - \$499,999 F. \$500,000 - \$749,999		0,000 - \$249,999 000,000 and over
Source of Account Holder Wealth and Income (inheritance, employment sale	ary, sale of real estate, etc.):  Federal income tax bracke	et? (%)
Investment Experience (number of years):  Annuities Mutual Funds Partnerships	Margin Stocks	Bonds
Options Other Other (please specif	·y):	
Section IV: Annual Fee		
Annual Fee Information  Annual Fee Rate  Note: If the account is billed or	n a tiered, incremental, or breakpoint fee schedule, er rate expressed on an annualized basis.	nter the approximate
Section V: Acknowledge and Execution		
1. Branch Use Only I hereby certify that:  1. I agree to notify HighPoint Advisor Group of any changes to the a 2. I may not participate in any securities transactions or strategies for 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

