

Client Account Form

Fortune Securities, Inc.

388 E. Valley Blvd. Suite 208

Alhambra CA. 91801

TEL: 626-281-6001/ FAX: 626-281-1299

Account Type:

- Individual Trust Custodian Guardian Joint Tenants in Common Corporation JTWROS
 Standard IRA Roth IRA Educational IRA Transfer IRA Rollover IRA Sole Proprietor Pension Plan
 529 401(k) 403(b) Partnership Other _____

Account Information

1. Personal Profile

- Owner Insured Minor

Last, First Middle

Phone #

Street Address

Apt #

City

State

Zip

Mailing Address (if different)

Social Security Number or Tax ID

Date of Birth

Country of Citizenship

Marital Status

Occupation

Employer Name and Address

Work phone number

- Joint Owner Insured Minor If different from owner

Last, First Middle

Phone #

Street Address

Apt #

City

State

Zip

Mailing Address (if different)

Social Security Number or Tax ID

Date of Birth

Country of Citizenship

Marital Status

Occupation

Employer Name and Address

Work phone number

Financial and Investment Profile

2. Financial Information

Primary: Net Worth (excluding home) _____ Tax Bracket _____ Annual Income _____

Joint: Net Worth (excluding home) _____ Tax Bracket _____ Annual Income _____

3. Investment Experience

- None Mutual Fund Stocks Bonds Options
 Annuities Alternative Investments Other _____

4. Source of Funds

- Business/Self-Employment Sale of Asset Settlement
 Gift/Inheritance Savings Wages/Income
 Investment Income

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5. Client Time Horizon Under 3 years 3-5 years 6-10 years
 11-20 years Over 20 years
6. Investment Holding Period Under 3 years 3-5 years 6-10 years
 11-20 years Over 20 years
7. Client Source Cold Call Client Referral New Rep Transfer
 Existing Client Seminar Walk in/ Call in
 Personal Acquaintance
8. Investment Objective (choose one)
 Preservation of Principal/Income – Very conservative. Balance/ Conservative Growth – Conservative.
 Growth – Moderate. Aggressive Growth – Aggressive.
 Speculation – Very aggressive.

Product Information

9. Product Sponsor Company _____ Product Name _____

Alternative / Illiquid Investment Concentration Review

10. Current Investment Assets Held at the Firm
 REITs \$ _____ BDCs \$ _____ Tax Credits \$ _____
 DSTs \$ _____ LPs \$ _____ Private Placement Funds \$ _____
 Other (Please list _____) \$ _____

11. Current Investment Assets Held Away
 REITs \$ _____ BDCs \$ _____ Tax Credits \$ _____
 DSTs \$ _____ LPs \$ _____ Private Placement Funds \$ _____
 Other (Please list _____) \$ _____
 Remarks _____

12. Concentration Review
 % of the named product to client's net worth: \$ _____ / \$ _____ = _____ %
 Investment Amount Net Worth
 % of the asset class investment to client's net worth: \$ _____ / \$ _____ = _____ %
 Investment Amount Net Worth

Signatures

By signing below, I certify that the information provided on this form is true, correct and complete. All persons must sign if this is a joint account.

 Primary Account Owner Signature Print Name from Signature Date

 Joint Account Owner Signature Print Name from Signature Date

 Registered Representative Signature Print Name from Signature Date

For Home Office Use Only:

 Designated Principal Signature Print Name from Signature Date