NEW CLIENT QUESTIONNAIRE

INSTRUCTIONS

THIS QUESTIONNAIRE IS FOR INFORMATION PURPOSES SO WE CAN LEARN ABOUT YOU AND YOUR CLAIM. IT IS IMPORTANT IT BE COMPLETED EVEN IF RESPONSES ARE BASED UPON ESTIMATES, APPROXIMATE AMOUNTS, OR APPROXIMATE DATES IN TIME TO THE BEST OF YOUR KNOWLEDGE AND INFORMATION. This Questionnaire is for evaluative purposes to determ ine whether to undertake your representation in a potential legal matter. The Information you provide to us is for the purpose of seeking legal representation and is confidential and privileged. Responding or completing this Questionnaire shall not create an Attorney-Client relationship which can only be established after all potential conflicts of interest can developed, after careful consideration of the relevant facts that may pertain to your claim or claims, and a written fee agreement is entered into between us setting forth, among other things, the scope of our representation. All claims arising under state or federal law have deadlines, are time sensitive and will be forever barred or lost if not brought within a specified period of time after these events occurred or should have been discovered. Unless, and until, representation is offered to you by way of a written fee agreement form ally undertaking your representation in this matter, we shall not be responsible should your putative claim not be brought in a timely manner, or is forever barred or lost, as a result of the applicable statutes of limitation relating to your claim. The evaluation of your claim, any tentative conclusions about any claim, should not construed or be relied upon in any as investment advice in deciding to buy, sell or hold any security which may be subject to any such claim.

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I.	(lient	Contact	Intorm	ation
1.	CHCH	Contact	TITIOTIL	ativii

Your Name:Address:	-
Home Telephone Number:	_
Work Telephone Number:	_
Cellular/Wireless Number:	=
E-mail Address:	_

II. Introductory and Background Information

Name of Brokerage Firm(s)(A	Against Whom You Have This Claim):
Name of Your Broker (Agains	st Whom You Have This Claim):
Branch Office Address:	
Names On Account(s):	
Dates Accounts Opened:	

Education			
	ır:	Location:	
	ur	Major/deg	rree ——
	ır	Major/deg	
Family: (Spouse): (Children)		Age(s): Age(s):	
Occupational History: Employer Titl	e/Position		Years
Customer Owned Business(es): Name Location	Description		Years
		_	
Prior Investment Experience: Name/Investment Firm	Years of Acc	ount	Approx. Value Accou
Prior Investment Experience:	Years of Acc	ount	Approx. Value Accou
Prior Investment Experience:	Years of Acc	ount	Value Accou
Prior Investment Experience: Name/Investment Firm	Years of Acc		
Prior Investment Experience: Name/Investment Firm			Approx.
Prior Investment Experience: Name/Investment Firm a. Equities: b. Bonds: c. Options:			Approx.
Prior Investment Experience: Name/Investment Firm			Approx.
Prior Investment Experience: Name/Investment Firm a. Equities: b. Bonds: c. Options: d. Margin:			Approx.
Prior Investment Experience: Name/Investment Firm a. Equities: b. Bonds: c. Options: d. Margin: e. Mutual Funds: f. Annuities: g. Other Fixed Income:			Approx.
Prior Investment Experience: Name/Investment Firm a. Equities: b. Bonds: c. Options: d. Margin: e. Mutual Funds: f. Annuities:			Approx.

B. DECISION TO INVEST

The Reason For The	e Decision To	o Invest:		
Approximate Value	Initial/Total	Investment:		
Source of Investmen	nt:			
How and Why Was	This Brokera	ge Firm and B	roker Chosen:	
Other Brokerage Ac	counts (Held	At The Time	This Account	Was Opened):
What level of investr None	ment risk wer Minimal	e you willing t Moderate		High
What was your prim Safety	•	nt objective: Moderate	Growth	Aggressive
At The Time The In	vestment Wa	ıs Made List T	he Following:	
Your Age:	Employmen	nt:	Income:	
Investable Assets: _		Total Saving	gs:	
Date Of First Contact	ct With Broke	er/Brokerage l	Firm:	
What Did You Tell Yof Investments, or L			•	ctives, Knowledge
What specific inform or do through your is	•	u tell your brok	ker that you wa	inted to accomplish
Where was the mone	ey held prior	to being invest	ed in this acco	ount?
Did you have specificand/or the stocks (o				ur money invested

E. INVESTOR INFORMATION

Have you ever attended any investment related seminars (if so, when)?
Have You Held Any Professional Licenses:
Are you a member of any class action lawsuit related to any of the investments of which you complain?
Yes No
Please list any lawsuits and the nature of any lawsuit to which you have been a party as plaintiff or defendant
Have you ever been charged or convicted of any felony, or misdemeanor? (If so, please explain).
Do you subscribe to any internet related investment services?
Have you ever served on the Board of Directors of Any Public or Private Company?
Have you ever posted on any blog or bulletin board or downloaded financial or investment information from the Internet
Please list any financial or other publications to which you subscribe:

C. BROKERAGE RELATIONSHIP

	How often did you communicate with the broker and who initiated the contact?
	Was contact made by phone or in person?
	Did you ever communicate with your broker by e-mail?
	Did you ever place transactions on-line, or review your account on-line (if so, how frequently)?
Γ.	ATURE OF COMPLAINT
	Briefly Summarize Your Complaint, What You Believe The Broker Did That Was Wrong or Unlawful, What The Problem Was, What Caused Your Damages:
	Please Estimate To The Best Of Your Ability Your Total Out-Of-Pocket Losses (Not Including Lost Interest Or Lost Income) From The Investments About Which You Complain. "Out-of-Pocket Losses" include the total value of cash or securities deposited into your account, less any withdrawals from the account, less the final balance of cash or securities in the account.
	Total Deposits:
	Total Withdrawals:
	Residual or Ending Value:

F. DOCUMENTS

Margin Agreement:	Option Agreement:
Investment Risk/	Other
Questionnaire:	(Please Describe):
Did you Receive:	
Monthly Account Statements	
C . 1 . 1 A A	
Forecasts/Plans/Analysis:	
Sales Lit./Marketing Brochures:	
Prospectuses:	
Subscription Agreements:	
Correspondence Management:	
Investment Research Reports:	
Written Investment	
Recommendations:	
Other Communications	
(Please Describe):	
Do you have copies of the documents	s you received?
Do you have copies of the documents Please tell us anything else that you d	
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Please tell us anything else that you d	eem helpful?
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