TABR CAPITAL MANAGEMENT, LLC

Blueprints for Your Financial Well-Being

Client Profile Questionnaire

Today's Date:

In order to provide you with tailored advice and counsel most appropriate to your personal financial needs, please complete the following Client Profile Questionnaire. If you need assistance, please contact us.

Name:

Mr/Mrs/Ms. First Name Middle Initial Last Name

Legal Address:

Mailing Address:

Personal Information (please check the appropriate box or complete the information requested.)

E-mail Address: ____

Home Phone: ( ) ___________ - ______________ Work Phone: ( ) __________ - ______________

Fax Number: ( ) ___________ - ______________ Social Security # _____________________________

Date of Birth: ______/______/________ Citizen of: ☐ U.S. ☐ Other: ________________

Gender: ☐ Male ☐ Female Marital Status: ☐ Married ☐ Single ☐ Widowed ☐ Divorced

Name (Age) of Dependents: 1) ____________(___) 2) ____________(___) 3) ____________(___) 4) ____________(___)

Residence: ☐ Own ☐ Rent ☐ Years there: ___________

Your Employment Status (Please check one): ☐ Employed ☐ Self-Employed/Owner ☐ Retired ☐ Not Presently Employed

Name and address of your employer? ____

____ Occupation: _____________________ Years there: __________

CPA Name:____ Phone: _____________________ # of years:_________

Estate Planning Attorney Name:_____________________________ Phone: _______________ Yr Trust last updated:_____

Are you affiliated with, or employed by, a stock exchange or a broker/dealer? ☐ Yes, same as employer above ☐ No
If yes, obtain and attach compliance officer's letter of approval ("407 letter"). We must tell your employer you have applied for this account.

Are you a control person or affiliate of a public company under SEC Rule 144 (such as a director, 10% shareholder, or policy-making officer? ☐ Yes ☐ No
If yes, please list the following: Name of Company __________________ Trading Symbol of company ___________

Spouse (if applicable) *or Secondary Client* (please check the appropriate box or complete the information requested.)

Name:____

First Name Middle Initial Last Name

Date of Birth: ______/______/________ Social Security # ____

Email Address: ____

Employment Status (Please check one): ☐ Employed ☐ Self-Employed / Owner ☐ Retired ☐ Not Presently Employed

Employers Name and address:____

Occupation: _____________________________________ Years there: _______________

Work Phone: ____________________________________ Citizen of: ☐ U.S. ☐ Other ___________

Financial Information (please complete the information requested.)

Please indicate your investment experience in the following:

Number of years in: _____ Equities _____ Bonds _____ Options _____ Futures _____ Mutual Funds

1) What is your risk tolerance?

   ☐ Conservative to Moderately Conservative
   Prefers little risk and low volatility in return for accepting potentially lower returns. Willing to take some risk to seek enhanced returns. Reduced exposure to loss or fluctuation.

   ☐ Moderate
   Willing to assume an average amount of market risk and volatility or loss of principal for potentially higher returns.

   ☐ Moderately Aggressive to Aggressive
   An above-average amount of risk and volatility or loss of principal is tolerated to take advantage of potentially higher return opportunities. Willing to sustain substantial volatility or loss of principal and assume a high level of risk in pursuing higher returns.

2) What most accurately describes your attitude and expectations when investing over a market cycle of 5 to 7 years?

   ☐ It is more important to do well in “up” markets than it is to limit losses in “down” markets.
   ☐ I am comfortable with “normal” returns in both “up” and “down” markets.
   ☐ It is more important to limit losses in “down” markets than it is to do well in “up” markets.

3) What are your expectations of an investment advisor?
   ____
   ____
   ____