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: _________

Who is your CPA? Name:_____________________________ Phone: ______________________ # of years:_______

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 # _______________________________________

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 financial information by checking one box in each column.)

	A. Annual Income	**B. Net Worth** (not including residence)	**C. Liquid Net Worth** (cash and marketable securities convertible into cash)
Up to - $49,999	☐	☐	☐
$50,000 - $74,999	☐	☐	☐
$75,000 - $99,999	☐	☐	☐
$100,000 - $149,000	☐	☐	☐
$150,000 - $249,999	☐	☐	☐
$250,000 - $499,999	☐	☐	☐
$500,000 - $749,999	☐	☐	☐
$750,000 - $999,999	☐	☐	☐
$1,000,000-2,499,999	☐	☐	☐
$2,500,000-$4,999,999	☐	☐	☐
$5,000,000 – or more	☐	☐	☐

Federal Tax Bracket: ☐ 15% ☐ 25% ☐ 28% ☐ 33% ☐ 35%

Are you on a fixed income? ☐ Yes ☐ No

Please indicate your investment experience in the following:

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