

Client Information Gathering Sheet

| PRIMARY ACCOUNT OWNER | | | |
|---|-------------------------------|-------------------------------|--|
| Name (First, Middle, Last): | | SSN/TIN: | |
| Mailing Address: | | Home: | |
| City: | | Work: | |
| State: | | Cell: | |
| Zip: | | Fax: | |
| Is this your legal street address? Yes No If not, please provide legal address: | | E-mail: | |
| Are you a U.S. Citizen? Yes No If No, List Country: | | | |
| Gender: Male Female | DOB: | # Dependents: | Home Ownership: Own Rent |
| Marital Status: Single Married Divorced Widowed Domestic Partner | | | |
| Employment (primary owner) | | | |
| Employed Retired Student Minor Self Employed Not Currently Employed | | | |
| Employer's Name: | | | |
| Employer's Address: | | | |
| Nature of Business: | | | |
| Occupation: | | Years Employed: | |
| Suitability Information (primary owner) | | | |
| Annual Income | Net Worth | Other Investments | Tax Bracket |
| Under 25,000 | Under 10,000 | Under 10,000 | 0% |
| 25,000 – 39,999 | 10,000 – 24,999 | 10,000 – 24,999 | 10% |
| 40,000 – 49,999 | 25,000 – 49,999 | 25,000 – 49,999 | 12% |
| 50,000 – 64,999 | 50,000 – 199,999 | 50,000 – 199,999 | 22% |
| 65,000 – 124,999 | 200,000 – 499,999 | 200,000 – 499,999 | 24% |
| 125,000 – 499,999 | 500,000 – 999,999 | over 500,000 | 32% |
| 500,000 – 999,999 | 1,000,000 – 4,999,999 | Not Applicable (estates only) | 35% |
| over 1 Million | over 5,000,000 | | 37% |
| Not Applicable (estates only) | Not Applicable (estates only) | | Other % |
| Investment Experience (years) (primary owner) | <1 | 1-5 | >5 |
| Stocks | | | |
| Bonds | | | |
| Options | | | |
| Mutual Funds | | | |
| Annuities | | | |

*We recommend that upon account opening Client Specialist calls the client to verify information as well as talk about further services needed. i.e.: Cash management, Baird Online, Periodic distribution or contributions.

| Securities Industry & Other Affiliations (primary owner) | |
|---|--------------------|
| Is the client an employee of Baird (this includes wholly owned affiliates), or the immediate or extended family member of a Baird Employee? | Yes No |
| If Yes, Name of associate and relationship <input type="text"/> | |
| Does the Client, or any immediate Family member of the Client, control a publicly-traded company? This includes if they are an Officer or Director, and/or if they own 10% or more of the company. | Yes No |
| If Yes: <input type="checkbox"/> Officer or Director <input type="checkbox"/> Own 10% or more <input type="text"/> Ticker Symbol of company | |
| Is the Client or an immediate family member of the client employed by a securities industry firm such as another broker dealer, regulator or securities or commodities exchange? For this question, securities regulatory includes: any federal or state regulatory authority, such as the SEC, or any self-regulatory organization, such as FINRA. | Yes No |
| If Yes, Name of Securities Firm <input type="text"/> | |
| <input type="checkbox"/> Broker Dealer <input type="checkbox"/> Regulator <input type="checkbox"/> Securities/Commodity Exchange | |
| Trusted Contact (primary owner) | |
| Name: | Decline to provide |
| Address: | |
| Phone: | E-mail: |
| Have you given trading authorization and/or Power of Attorney to another individual? Yes No | |
| If yes, list the authorized person/POA and complete a client profile sheet for individual: | |
| Is client a "large trader"? Yes No | |

| Beneficiaries (primary owner) | | | | | | |
|-------------------------------|--------------|-------------------|---------------|---------|-----------------------|-----------|
| Beneficiary Name | Spouse (Y/N) | Per Stirpes (Y/N) | Date of Birth | SSN/TIN | Primary or Contingent | Share (%) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

*We recommend that upon account opening Client Specialist calls the client to verify information as well as talk about further services needed. i.e.: Cash management, Baird Online, Periodic distribution or contributions.

| ADDITIONAL ACCOUNT OWNER | | | | | | | |
|---|---------|-------------------------------|-----------------|-------------------------------|--------------------------------------|--------------------|--|
| Name (First, Middle, Last): | | | SSN/TIN: | | | | |
| Mailing Address: | | | Home: | | | | |
| City: | | | Work: | | | | |
| State: | | | Cell: | | | | |
| Zip: | | | Fax: | | | | |
| Is this your legal street address? Yes No If not, please provide: | | | E-mail: | | | | |
| Are you a U.S. Citizen? Yes No If No, List Country | | | | | | | |
| Gender: Male Female | | DOB: | # Dependents: | | Home Ownership: Own Rent | | |
| Marital Status: Single Married Divorced Widowed Domestic Partner | | | | | | | |
| Employment (additional owner) | | | | | | | |
| Employed | Retired | Student | Minor | Self Employed | Not Currently Employed | | |
| Employer's Name: | | | | | | | |
| Employer's Address: | | | | | | | |
| Nature of Business: | | | | | | | |
| Occupation: | | | Years Employed: | | | | |
| Suitability Information (additional owner) | | | | | | | |
| Annual Income | | Net Worth | | Other Investments | | Tax Bracket | |
| Under 25,000 | | Under 10,000 | | Under 10,000 | | 0% | |
| 25,000 – 39,999 | | 10,000 – 24,999 | | 10,000 – 24,999 | | 10% | |
| 40,000 – 49,999 | | 25,000 – 49,999 | | 25,000 – 49,999 | | 12% | |
| 50,000 – 64,999 | | 50,000 – 199,999 | | 50,000 – 199,999 | | 22% | |
| 65,000 – 124,999 | | 200,000 – 499,999 | | 200,000 – 499,999 | | 24% | |
| 125,000 – 499,999 | | 500,000 – 999,999 | | over 500,000 | | 32% | |
| 500,000 – 999,999 | | 1,000,000 – 4,999,999 | | Not Applicable (estates only) | | 35% | |
| over 1 Million | | over 5,000,000 | | | | 37% | |
| Not Applicable (estates only) | | Not Applicable (estates only) | | | | Other % | |
| Investment Experience (years) (additional owner) | | | <1 | 1-5 | >5 | | |
| Stocks | | | | | | | |
| Bonds | | | | | | | |
| Options | | | | | | | |
| Mutual Funds | | | | | | | |
| Annuities | | | | | | | |

*We recommend that upon account opening Client Specialist calls the client to verify information as well as talk about further services needed. i.e.: Cash management, Baird Online, Periodic distribution or contributions.

| Securities Industry & Other Affiliations (additional owner) | |
|---|--------------------|
| Is the client an employee of Baird (this includes wholly owned affiliates), or the immediate or extended family member of a Baird Employee? | Yes No |
| If Yes, Name of associate and relationship <input type="text"/> | |
| Does the Client, or any immediate Family member of the Client, control a publicly-traded company? This includes if they are an Officer or Director, and/or if they own 10% or more of the company. | Yes No |
| If Yes: <input type="checkbox"/> Officer or Director <input type="checkbox"/> Own 10% or more <input type="text"/> Ticker Symbol of company | |
| Is the Client or an immediate family member of the client employed by a securities industry firm such as another broker dealer, regulator or securities or commodities exchange? For this question, securities regulatory includes: any federal or state regulatory authority, such as the SEC, or any self-regulatory organization, such as FINRA. | Yes No |
| If Yes, Name of Securities Firm <input type="text"/> | |
| <input type="checkbox"/> Broker Dealer <input type="checkbox"/> Regulator <input type="checkbox"/> Securities/Commodity Exchange | |
| Trusted Contact (additional owner) | |
| Name: | Decline to provide |
| Address: | |
| Phone: | E-mail: |
| Have you given trading authorization and/or Power of Attorney to another individual? Yes No | |
| If yes, list the authorized person/POA and complete a client profile sheet for individual: | |
| Is client a "large trader"? Yes No | |

| Beneficiaries (additional owner) | | | | | | |
|----------------------------------|--------------|-------------------|---------------|---------|-----------------------|-----------|
| Beneficiary Name | Spouse (Y/N) | Per Stirpes (Y/N) | Date of Birth | SSN/TIN | Primary or Contingent | Share (%) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

*We recommend that upon account opening Client Specialist calls the client to verify information as well as talk about further services needed. i.e.: Cash management, Baird Online, Periodic distribution or contributions.

| Account Types to be Opened: | |
|-----------------------------|--|
| | |
| | |
| | |

Account Investment Information (please indicate one investment objective, one investment horizon, and the liquidity needs for each account)

| | | |
|------------------------------|---|--|
| Investment Objective: | Investment Objective Options: A- Capital Preservation (Target 0-10% Equities) B- Conservative Income (Target 10-30% Equities) C- Income with Growth (Target 30-50% Equities) D- Growth with Income (Target 50-70% Equities) E- Capital Growth (Target 70-90% Equities) F- All Growth (Target 90-100% Equities) J- Self-Directed K-Speculative L-Cash I- Not Applicable (estates) | Investment Time Horizon Options: A- Short-Term (0 to 3 years) B- Intermediate-Term (4 to 6 years) C- Long-Term (7 or more years) |
| Risk Tolerance: | | |
| Time Horizon: | | |
| Liquidity Needs: | | |
| Low Medium High | Risk Tolerance: Conservative Moderate Aggressive Not Applicable | |

| Account 2 | Account 3 | Account 4 |
|------------------------------|------------------------------|------------------------------|
| Investment Objective: | Investment Objective: | Investment Objective: |
| Risk Tolerance: | Risk Tolerance: | Risk Tolerance: |
| Time Horizon: | Time Horizon: | Time Horizon: |
| Liquidity Needs: | Liquidity Needs: | Liquidity Needs: |
| Low Medium High | Low Medium High | Low Medium High |

Following the discussion with my client the client has decided:

To open an advisory account
To open a brokerage account

With respect to this account, the client indicated that they prefer a brokerage relationship for the following reason(s) (select all that apply):

- Client desires to invest in an annuity, 529 plan, alternative investment product or other investment not available in an advisory program, or the account value is below advisory account minimums.
- Client expects trades for the account will be mostly directed by Client without a recommendation from Client's Financial Advisor.
- Client prefers to pay transaction-based fees and/or servicing/trail fees for each buy/sell versus an ongoing asset-based advisory fee.
- Client does not desire or need ongoing account monitoring, investment advice or active management of investments.
- Client intends to employ a long-term buy-and-hold strategy with no or low trade activity.
- Client expects to regularly participate in principal trading activity, such as public offerings underwritten by Baird.
- Client expects to hold a concentrated position, and the client does not intend to diversify or sell the holding.
- Client expects to hold a high level of cash in the account and/or use cash management services.
- Client is unsure at this time and will remain in brokerage for the time being.

| Misc. | |
|--|------------------|
| CPA: | Third Party Auth |
| Attorney: | Third Party Auth |
| Alternate Mailing Address: | |
| Preferred Contact Method: | |
| Review Month(s)-per your team service model: | |
| Nickname: | |
| Family Members/Pets: | |
| Hobbies/Interests: | |
| Goals: | |

*We recommend that upon account opening Client Specialist calls the client to verify information as well as talk about further services needed. i.e.: Cash management, Baird Online, Periodic distribution or contributions.

Notes: