

* Denotes Required Field
 ** Denotes Required Field, if applicable
 *** Denotes Optional Field

CLIENT & ACCOUNT QUESTIONNAIRE

RR1 <u>C7P</u>	RR2 <u>C7P</u>
Prefix	eSign: Y N
Was another Teammate Involved? Y N	
If Yes, Teammate:	

TYPE OF ACCOUNT

Simple IRA

PRIMARY ACCOUNT HOLDER*

Full Legal Name (First, Middle, Last)			
Cell Phone	Home Phone	Email**	
Legal Address*			
Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country
Mailing Address <input type="checkbox"/> Same as Legal Address			
Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country
Check one: <input type="checkbox"/> Single <input type="checkbox"/> Married # of Dependents _____			
Check one: <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien			
Country of Citizenship		Country of Tax Residency	
Check one: <input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth (MM DD YYYY)	Type of Government-Issued ID
ID Number	State/Country of ID Issuance	ID Issuance Date	ID Expiration Date

Employer Information (If retired or not employed must provide former occupation, employer name and income source)
 Check one: Employed Retired Not Employed

Employer Start Date***	Occupation***	Employer Name*** JBR	Income Source**
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Affiliations** (if applicable)

- You are, or an immediate family/household member is, a senior foreign political figure.
 You are, or an immediate family/household member is, a control person or affiliate of a publicly traded company under SEC Rule 144. This would include, but is not limited to, a director, 10% shareholder, policy-making officer and members of the Board of Directors.

Company Name	Cusip or Symbol
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- You are affiliated with, or employed by, a stock exchange, or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer.

SECONDARY ACCOUNT HOLDER** (if applicable)

Full Legal Name (First, Middle, Last)		
Cell Phone	Home Phone	Email**

Investment and Insurance Products:

• Are not FDIC or any other Government Agency Insured • Are not Bank Guaranteed • May Lose Value

Legal Address

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

Mailing Address Same as Legal Address

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

Check one: Single Married # of Dependents _____ Check one: US Citizen Resident Alien

Country of Citizenship		Country of Tax Residency	
Check one: <input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth (MM DD YYYY)	Type of Government-Issued ID
ID Number	State/Country of ID Issuance	ID Issuance Date (if available)	ID Expiration Date

Employer Information (If retired or not employed must provide former occupation, employer name and income source)

Check one: Employed Retired Not Employed

Employer Start Date***	Occupation***	Employer Name***	Income Source**
------------------------	---------------	------------------	-----------------

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- You are, or an immediate family/household member is, a control person or affiliate of a publicly traded company under SEC Rule 144. This would include, but is not limited to, a director, 10% shareholder, policy-making officer and members of the Board of Directors.

Company Name	Cusip or Symbol
--------------	-----------------

You are affiliated with, or employed by, a stock exchange, or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer.

Financial Position - Choose the range that best describes your situation or provide the dollar amount.

Annual Income

From all sources

- \$0-\$25,000
 \$25,000-\$50,000
 \$50,000-\$100,000 Over
 \$100,000
 \$ _____
 (Specify Amt. if > \$100,000)

Estimated Net Worth

Excluding primary residence

- 0-\$50,000
 \$50,000-\$100,000
 \$100,000-\$500,000
 Over \$500,000
 \$ _____
 (Specify Amt. if > \$500,000)

Investible/Liquid Assets

Including Cash and Securities

- 0-\$50,000
 \$50,000-\$100,000
 \$100,000-\$500,000
 Over \$500,000
 \$ _____
 (Specify Amt. if > \$500,000)

Account Funding Source

- Asset Appreciation
 Business Revenue
 Inheritance
 Legal/Insurance Settlement
 Sale of Assets
 Savings from Earnings
 Other: Employer

Federal Tax Bracket

- 15% or below
 21% - 27.5%
 Over 27.5%

Annual Expenses

Recurring

- \$0-\$50,000
 \$50,000-\$100,000
 \$100,000-\$250,000
 Over \$250,000
 \$ _____
 (Specify Amt. if > \$250,000)

Special Expenses

Future and non-recurring

- \$0-\$50,000
 \$50,000-\$100,000
 \$100,000-\$500,000
 Over \$500,000
 \$ _____
 (Specify Amt. if > \$500,000)

Special Expenses Timeframe

- Within 2 years
 3-5 years
 6-10 years

Additional Suitability Information

Investment Profile*

Investment Objectives

Rank your investment objectives for this account in order of importance (1 being the highest).

- ____ Preservation of Capital
 ____ Income
1 Growth & Income
 ____ Capital Appreciation
 ____ Speculation
 ____ Trading Profits
 Other: _____

Risk Tolerance

- Conservative
 Moderately Conservative
 Moderate
 Moderately Aggressive
 Aggressive

Investment Time Horizon

- Near Term Very Short
 Short Intermediate
 Long

General Investment Knowledge

- Limited
 Good
 Extensive

Investment Product Knowledge

Check either None, Limited, Good, or Extensive based on your knowledge of the following:

	None	Limited	Good	Extensive
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short Term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variable Contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative Investments (to include Limited Partnerships, Futures, Foreign Currency and Foreign Securities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Margin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Decision-Making Experience***

Must check one for each statement:

- I consult with my broker Yes No
- I make my own decisions Yes No
- I consult with my family/friends Yes No

Assets Held Away* – Provide total value of assets held away and percentages for each type of asset. Total of all percentages must equal 100%.

Total value of assets held away: \$	Stocks	Bonds	Short Term	Mutual Funds
	%	%	%	%
	Options	Variable Contracts	Annuities	Alternative Investments
	%	%	%	%
	Other			
				Percent Total
				0
				%

ACCOUNT CHARACTERISTICS*

One or more holders are employees of your Broker/Dealer* Yes No

One or more holders are employees of the Bank associated with your Broker/Dealer* Yes No

Cost Basis

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> FIFO - FIRST IN, FIRST OUT | <input type="checkbox"/> HICO - HIGH COST IN, FIRST OUT | <input type="checkbox"/> HICL - HIGH COST IN, FIRST OUT, LONG TERM | <input type="checkbox"/> HICL - HIGH COST IN, FIRST OUT, SHORT TERM |
| <input type="checkbox"/> LIFO - LAST IN, FIRST OUT | <input type="checkbox"/> LOCO - LOW COST IN FIRST OUT | <input type="checkbox"/> LOCL - LOW COST IN, LONG TERM | <input type="checkbox"/> LOCL - LOW COST IN, SHORT TERM |
| <input type="checkbox"/> INFI - INTRADAY FIRST IN, FIRST OUT | <input type="checkbox"/> TXSN - TAX SENSITIVE | <input type="checkbox"/> STTS - SHORT TERM TAX SENSITIVE | |

Tax Certification (US Citizen / Resident Alien / NRA) _____

Service Instructions*

- | | |
|---|---|
| Proceeds from Sales | Security Purchases |
| <input checked="" type="checkbox"/> Hold Proceeds | <input checked="" type="checkbox"/> Hold in Street Name |
| <input type="checkbox"/> Remit by Check | |
| <input type="checkbox"/> DBSX | |

Core Account Investment Vehicle

Investment Vehicle Symbol / Name

- QPERQ Truist Bank Single Bank Level Rate Sweep - Non-Managed (Commission based SEP, SIMPLE, Qualified Plan & Non-US Accounts)
- QTMNQ Tiered Rate Multibank Sweep - Non-Managed - (Taxable commission based Accounts & commission based IRA Accounts)
- QAMCQ Truist Bank Single Bank Level Rate Sweep - Managed - (Advisory/Managed IRA Accounts, Qualified Plan and Non-US Accounts)
- QTTMQ Level Rate Multibank Sweep - Managed - (Taxable Advisory/Managed Accounts)
- TOTXX Federated Treasury Obligations Fund TR Shares - (Commission based Keogh & Solo 401K Accounts)
- TOIXX Federated Treasury Obligations Fund IS Shares - (Advisory/Managed Keogh & Solo 401k Plan Accounts)

Dividend/Distribution Income

Check one:

Note that any dividend/distribution income sent to a DVP account will remain there pending additional instructions.

- Handle all dividends and distributions like sales proceeds
- Reinvest mutual fund and equity dividends; handle all other distributions like sales proceeds.
- Reinvest mutual fund dividends; handle all other distributions like sales proceeds
- Reinvest equity dividends; handle all other distributions like sales proceeds

Will this account settle through, or be linked to, a Truist bank account?*

Yes No

Truist Bank Standing Instructions***

Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Truist ABA Number
Truist Bank Account Number	

Duplicate Mailing Information*

- | | | |
|---|-------------------------------------|---|
| Do you wish to send NAP/RAP information to all account holders | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Do you wish to send duplicate statement and or confirm to third parties | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Send this party duplicate | <input type="checkbox"/> Statements | <input checked="" type="checkbox"/> Trade Confirmations |

Name			
Address Line 1		Address Line 2	
City	State Providence	Zip/Postal Code	Country

Primary Trusted Contact Person—Account Owner 1—**

Check here if you would like to waive adding TCP

Full Legal Name (First, Middle, Last)		Relationship to Account Owner	
Daytime Phone	Evening Phone	Email	
Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

Primary Trusted Contact Person—Account Owner 2—**

Check here if you would like to waive adding TCP

Full Legal Name (First, Middle, Last)		Relationship to Account Owner	
Daytime Phone	Evening Phone	Email	
Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

BENEFICIARY INFORMATION (for Transfer on Death (TOD) or IRA Accounts)** Social Security/Taxpayer ID Number or Date of Birth is required for each beneficiary. Electing "Per Stirpes" indicates that if the specified beneficiary (ies) predeceases you, his or her share of the account will pass through to his or her descendants. Before making a Per Stirpes designation, consult with an estate-planning attorney and see the Customer Agreement. *If you make any Per Stirpes designation, provide name of executor or other contact.*

Contact/Executor Name

Primary Beneficiaries/FBO

Select one: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust		Beneficiary Name		<input type="checkbox"/> Per Stirpes	
		Check one: <input type="checkbox"/> SSN <input type="checkbox"/> TIN		Social Security/Taxpayer ID		Date of Birth/Trust MM DD YYYY	
				Country of Citizenship/Organization		Share Percentage %	
				Name of Trustee(s) (if applicable)			

Select one: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust		Beneficiary Name		<input type="checkbox"/> Per Stirpes	
		Check one: <input type="checkbox"/> SSN <input type="checkbox"/> TIN		Social Security/Taxpayer ID		Date of Birth/Trust MM DD YYYY	
				Country of Citizenship/Organization		Share Percentage %	
				Name of Trustee(s) (if applicable)			

Select one: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust		Beneficiary Name		<input type="checkbox"/> Per Stirpes	
		Check one: <input type="checkbox"/> SSN <input type="checkbox"/> TIN		Social Security/Taxpayer ID		Date of Birth/Trust MM DD YYYY	
				Country of Citizenship/Organization		Share Percentage %	
				Name of Trustee(s) (if applicable)			

TRUST ACCOUNT INFORMATION (if applicable)**

Trust Name		Country of Organization		Country of Tax Residency	
Check one: <input type="checkbox"/> SSN <input type="checkbox"/> TIN		Social Security/Taxpayer ID Number		Trust Date (Required for Trusts)	
ID Number		State/Country of ID Issuance		ID Issuance Date/ Date of Formation	
				ID Expiration Date	

Legal Address

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

Mailing Address Same as Legal Address

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

IRA Beneficiary Distribution Account Information (Only required for IRA BDA and Roth IRA BDA accounts**)

Original Depositor Information

First Name	Middle Name	Last Name	
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth MM DD YYYY	Date of Death MM DD YYYY

Complete this section **ONLY** if you have checked either the Estate, Entity or Trust check box in "Type of IRA BDA Account" or if the Custodian or Guardian/Conservator is an entity. A Certification of Beneficial Ownership form may be required. Consult with your investment representative.

Enter full entity name as evidenced by the relevant formation document (e.g., trust document, partnership agreement, corporate resolution).

Estate/Entity/Trust Name		
Taxpayer ID Number	Trust Date <i>required for trusts</i>	State/Country

For Trusts, can the Trust be Amended or Revoked? Yes *Provide name below.* No

For Trusts, provide the name of the person who can appoint/remove authority. ▶

First Name	Middle Name	Last Name
First Name	Middle Name	Last Name

SIMPLE IRA Account Information (Only required for SIMPLE IRA accounts)

Company Name	JBR, Inc.	
Company TIN	Company Phone Number	540-368-9321

Investment and Insurance Products:

- Are not FDIC or any other Government Agency Insured • Are not Bank Guaranteed • May Lose Value