

Client Suitability Review

Name		SSN/TIN	Date of Birth/Formation	
Email Address		Phone Number	Fax Number	
Legal Address (used for tax reporting purposes; no P.O. Boxes, please)				
City	State/Province	Postal Code	Country	
Occupation (if individual):	Employer Name and Address (if individual):			

Financial Situation and Needs, Liquidity Considerations, Tax Status and Risk Tolerance

For individuals:

ANNUAL INCOME (from all sources)	NET WORTH (excluding your residence)	LIQUID NET WORTH	TAX RATE (highest marginal)	ANNUAL EXPENSES (recurring)
<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> 0-15%	<input type="checkbox"/> \$50,000 and under
<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> 16-25%	<input type="checkbox"/> \$50,001-100,000
<input type="checkbox"/> \$50,001-199,999	<input type="checkbox"/> \$50,001-200,000	<input type="checkbox"/> \$50,001-200,000	<input type="checkbox"/> 26-30%	<input type="checkbox"/> \$100,001-250,000
<input type="checkbox"/> \$200,000-299,999	<input type="checkbox"/> \$200,001-500,000	<input type="checkbox"/> \$200,001-500,000	<input type="checkbox"/> 31-35%	<input type="checkbox"/> \$250,001-500,000
<input type="checkbox"/> \$300,000-500,000	<input type="checkbox"/> \$500,001-999,999	<input type="checkbox"/> \$500,001-1,000,000	<input type="checkbox"/> Over 35%	<input type="checkbox"/> Over \$500,000
<input type="checkbox"/> Over \$500,000	<input type="checkbox"/> \$1,000,000-3,000,000	<input type="checkbox"/> \$1,000,001-3,000,000		<input type="checkbox"/> N/A
<input type="checkbox"/> N/A	<input type="checkbox"/> Over \$3,000,000	<input type="checkbox"/> Over \$3,000,000		

For entities:

Net Assets (Check One) : Under \$5 Million \$5 Million to \$10 Million Over \$10 Million

For all prospective investors:

LIQUIDITY NEEDS	RISK TOLERANCE
The ability to quickly and easily convert to cash all or a portion of this investment without experiencing significant loss in value (check one): <input type="checkbox"/> Very Important <input type="checkbox"/> Somewhat Important <input type="checkbox"/> Does not matter	Investing involves risk. Different investment products and strategies involve different degrees of risk. My risk tolerance is (check one): <input type="checkbox"/> Conservative. I want to preserve my initial principal, with minimal risk, even if that means this investment does not generate significant income or returns and may not keep pace with inflation. <input type="checkbox"/> Moderate. I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and understand I could lose a portion of the money invested. <input type="checkbox"/> Significant Risk. I am willing to accept maximum risk to my initial principal to aggressively seek maximum returns, and understand that I could lose most or all the money invested.

Investment Experience, Objectives and Time Horizon

TIME HORIZON	FINANCIAL INVESTMENT EXPERIENCE	INVESTMENT OBJECTIVES
The expected period of time you plan to invest to achieve your financial goals: <input type="checkbox"/> 1 year or less <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5 years or more	Check one: <input type="checkbox"/> 1 year or less <input type="checkbox"/> 1-5 years <input type="checkbox"/> 6-10 years <input type="checkbox"/> 10-20 years <input type="checkbox"/> Over 20 years	Check all that apply: <input type="checkbox"/> Generate income for current or future expenses <input type="checkbox"/> Fund my retirement <input type="checkbox"/> Accumulate wealth <input type="checkbox"/> Preserve wealth and pass it on to my heirs <input type="checkbox"/> Market Speculation <input type="checkbox"/> Other: _____

FINRA Affiliation

Are you affiliated or associated with a Financial Industry Regulatory Authority ("FINRA") member firm: Yes No

If yes, please describe this relationship: _____

If you are a Registered Representative with a FINRA member firm, please have an appropriate party complete and certify the following:

The undersigned FINRA member firm acknowledges receipt of a notice required by the FINRA Conduct Rules.

FINRA Member Firm Name: _____ Authorized Officer Signature: _____ Date: _____, 20____

Terms and Conditions

By signing below, you represent to Collage Partners, a division of CIM Securities, LLC ("CIM") that all information provided in this Client Suitability form is accurate and complete and you further agree to notify CIM immediately of any changes or amendments to this information.

Signature of Authorized Signatory X	Date	Signature of CIM Registered Rep X	Date
Print Name of Authorized Signatory		Print Name of CIM Registered Rep	