

**CLIENT ACCOUNT APPLICATION**

For Joint Services Agreement



**GREEN INVESTMENT MANAGEMENT, INC.**

309 W. 7<sup>th</sup> St. Ste. 101, Fort Worth, TX 76102

**General Instructions**

By completing and signing this application Account Owner(s) is/are establishing Account(s) subject to the terms and conditions in the Green Investment Management (GIM) Joint Services Agreement Version 2.1.

Account Number

**1. Client Account Type (check only one)**

- Individual
- Joint with Rights of Survivorship (WROS)
- Joint (Tenants in Common)
- Joint (Tenants by the Entirety)
- Joint (Community Property)
- Joint (Community Property WROS)
- Custodial (UTMA/UGMA)
- Guardianship/Conservatorship
- Qualified Retirement Plan
- Company, Corporation or Other Business Entity
- IRA
- Roth IRA
- Beneficiary IRA
- Beneficiary Roth IRA
- SEP IRA
- SIMPLE IRA (Form 5304)
- Trust
- Estate
- Exempt

**2. Primary Account Owner Information**

Name of Trust, Business or Organization (if applicable)

Organization or Trust Name

Date of Trust or Plan

Entity Tax ID, EIN or SSN

Address

City

State

Zip

**Name and Contact Information**

Select One:  Owner  Trustee  Minor  Executor  Authorized Representative

Name

Date of Birth

Social Security Number

Address

City

State

Zip

Phone #  Cell  Work  Other

Phone #  Cell  Work  Other

Primary E-Mail Address - **Statement notices sent here** (please print)

**3. Additional Account Owner Information**

**Name and Contact Information**

Select One:  Additional Owner  Co-Trustee  Custodian

Co-Executor  Other: \_\_\_\_\_

Name

Date of Birth

Social Security Number

Address

City

State

Zip

Phone #  Cell  Work  Other

Phone #  Cell  Work  Other

E-Mail Address (please print)

**4. Advisor Firm and Advisor Information**

Investment Advisor Firm (Advisor Firm)

Advisor Firm Address

City

State

Zip

Investment Advisor Representative (Advisor)

Advisor Company Name

Advisor Address

City

State

Zip

**5. Employer**

Employed  Self-employed  Retired  Not employed

Occupation (previous occupation if retired)

Employer (leave blank if self-employed or retired)



**6. Suitability Questions**

Check only one answer per question.

**1. Estimated liquid net worth (cash & assets easily converted to cash)**

- \$0-\$49,999       \$200,000-\$999,999
- \$50,000-\$199,999       \$1,000,000 or more

**2. This investment is what percentage of estimated liquid net worth?**

- Under 20%       41-60%       Over 80%
- 20-40%       61-80%

**3. Annual Income (from all sources)**

- \$0-\$24,999       \$100,000-\$200,000
- \$25,000-\$49,999       Over \$200,000
- \$50,000-\$99,999

**4. Primary source of income**

- Retirement saving (including Social Security payments)
- Current Earnings
- Other Investments or savings

**5. Describe your income**

- Declining     Stable       Rising       Rising rapidly

**6. Months of emergency funds, separate from this investment**

- (estimated liquid net worth divided by monthly budget)
- Under 3     3-8       9-12       Over 12

**7. Experience in investing in stocks & bonds and/or mutual funds**

- Severely limited. Fully dependent on advice from professionals.
- Basic understanding of markets, stocks, bonds & mutual funds.
- Good understanding. Able to discuss simple financial concepts.
- Understands asset allocation and is accustomed to researching and selecting securities as investments.

**8. Planned investment holding period (excluding income needs)**

- 3-5 years     6-9 years     10 years & Over

**9. General investment objectives**

- Income     Income & Growth     Growth     Aggressive Growth

**10. Is income needed immediately from this investment?**

- Yes
- How much income? (as a percent of this investment principal)**
- 1-2%     3-5%     6-7%     Over 7%

- No
- When will income or principal be needed?**
- 1-2 years     3-5 years     6-9 years     10 years & Over

**11. Risk tolerance or the ability to accept short-term fluctuations in the value of this investment. Note: You should be prepared for the possibility of negative returns on this investment in some years.**

- Low       Medium       High

**12. Current age bracket**

- 0-20       36-50       65 and over
- 21-35       51-64       Not applicable

Account Number

**7. Investment Model & Percentage**

Select the Model(s) you have determined to be the most suitable. GIM will review the selection to determine if your choice is appropriate in light of your financial and risk tolerance as provided in Section 6, Suitability Questions. <sup>(1)</sup> Please indicate any investment restrictions in Section 8.

**Please Note: Some custodians may only allow 1 model per account. The minimum balance required per model is \$25,000. No more than 3 models should be selected per portfolio. Not all models are available at all Custodians.**

<u>% of Portfolio</u>	<u>Model Name</u>
	<b>GIM Guardian Models</b>
_____	Fixed Income
_____	Balanced Income 30/70
_____	Conservative Balanced 50/50
_____	Balanced 60/40
_____	Balanced Growth 75/25
_____	Balanced Mosaic
_____	Global Stock
_____	Equity Mosaic
_____	Alternatives
_____	Sector
_____	Country
	<b>GIM Tax Aware Models</b>
_____	Tax Aware 50/50
_____	Tax Aware 60/40
_____	Tax Aware 75/25
	<b>Saratoga Capital Management Models</b>
_____	Dynamic Moderate Balanced
_____	Dynamic Aggressive Balanced
_____	Dynamic Aggressive Equity
	<b>GIM Global Strategic Models</b>
_____	Balanced (restricted availability)
_____	Balanced Tax Aware (restricted availability)
_____	<b>Other (with approval)</b> _____
	<b>Confident Retirement Plan</b>
_____	Income and Growth Bucket combined (percentage in each bucket is dependent on current rates and required income needed from investment)
_____	<b>Total (must equal 100%)</b>

<sup>(1)</sup> If no allocation is chosen, client assets will be placed in cash. Advisor Firm will properly secure the client's permission prior to effecting securities transactions in client accounts managed on a non-discretionary basis pursuant to California Code of Regulation, Section 260.237.2(f)(1).

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**8. Investment Restrictions**

Client may provide Manager with reasonable individual restrictions here. Restrictions are subject to Manager approval.

**9. Manager’s Fee Adjustments (if applicable)**

The annual fee is listed in Section 5 of GIM Joint Services Agreement. Adjustments are subject to Manager approval. The Combined “Management Fee” which includes GIM’s Management Fee and the Advisor Firm’s Fee should not exceed 3% annually.

**10. Advisor Firm’s Fee**

The annual fee below is for non-discretionary investment advisory services provided by Advisor and Advisor Firm listed in Section 4 pursuant to Section 2(V)(B) of the GIM Joint Services Agreement Version 2.1. The Combined “Management Fee” which includes GIM’s Management Fee and the Advisor Firm’s Fee should not exceed 3% annually.

<u>Account Assets</u>		
First \$250,000	_____	%
Next \$250,000	_____	%
Next \$500,000	_____	%
Next \$4 Million	_____	%
Over \$5 Million	_____	%

Confident Retirement Plan Annual Rate \_\_\_\_\_ %

Account Number

**11. Management Fees Payment Method**

Management fees will be deducted from Account unless one of the following options is selected:

- Client will pay fees with a check.
- Redeem fees from a separate account.

Note: Fees deducted from non-qualified variable annuities may be taxable.

**12. Account Size**

Approximate initial value of portfolio

**13. Interested Third Party Information (optional)**

Complete below if you want to authorize a 3<sup>rd</sup> party to receive statements in addition to Account Owner(s).

Name

Company (if applicable)

E-Mail Address (please print)

**14. Signatures**

By signing below, Client hereby certifies, under penalties of perjury, that the information contained within this Client Account Application is complete and correct and can be relied upon to establish Client Account. Client has read and agrees to all of the terms and conditions, policies and disclosures of the Green Investment Management Joint Services Agreement Version 2.1 (Agreement), all of which are made available to me by my advisor and via the website, www.GIMLink.com. Client hereby represents to have the full power, authority and capacity to execute this Agreement.

Client acknowledges receipt of Form ADV Part 2; a disclosure statement containing the equivalent information; or a disclosure statement containing at least the information required by 2A Appendix 1 of Form ADV, if the client is entering into a wrap fee program sponsored by the investment adviser. If the appropriate disclosure statement was not delivered to the client at least 48 hours prior to the client entering into any written or oral advisory contract with this investment adviser, then the client has the right to terminate the contract without penalty within five business days after entering into the contract. For the purposes of this provision, a contract is considered entered into when all parties to the contract have signed the contract, or, in the case of an oral contract, otherwise signified their acceptance, any other provisions of this contract notwithstanding. Client also acknowledges receipt of Form ADV Part 2 for Advisors Firm.

Client is aware of the fees for which Client is responsible including Manager’s Fee (as disclosed in Agreement, Section 5), Custodial Fees (if applicable, as disclosed in Agreement, Section 6), Manager’s Fee Adjustments (if applicable, as disclosed in Application, Section 9) and Advisor Firm Fees (if applicable, as disclosed in Application, Section 10. Client acknowledges that Client may pay more or less than other clients receiving the same services. **Client understands that Agreement, Section 2(V)(L), contains a predispute arbitration clause.**

Official Name of Client (type or print)

Client’s Signature

Date

Joint Client Name (type or print, if applicable)

Joint Client’s Signature (if applicable)

Date

**Acknowledged By:**

Advisor Firm (type or print)

Authorized Person & Title (type or print)

Authorized Person’s Signature

Date

**Acceptance by Green Investment Management, Inc.**

GIM Authorized Person’s Signature

Date