

DIRECT ACCOUNT FORM

REP CODE: RBJ

[X] New Account [] Account Transfer
[] Account Update

1. ACCOUNT SETUP

No. of Account Holders: 1 (Owners, Trustees, Custodians, Authorized Individuals, etc.)

Non-Qualified Accounts

- Individual
Transfer on Death:
TOD - Individual
TOD - Joint Tenants with Rights of Survivorship
TOD - Joint Tenants in Entirety Joint:
Tenants with Rights of Survivorship
Tenants in Common
Tenants in Entirety
Community Property
Custodial:
UGMA
UTMA
529 Plan
Estate:
Administrator
Executor
Personal Representative
Foreign

Qualified Accounts

- Traditional IRA
Roth IRA
Rollover IRA
SEP
SIMPLE
IRA Beneficiary Distribution Account
Roth IRA Beneficiary Distribution Acct.
401(k) Plan
403(b)/457 Plan
Pension Plan

Entity Accounts

- Trust:
Under Agreement
Under Will
Corporation:
C Corporation
S Corporation
Partnership
Unincorporated Association
Limited Liability Company
C Corporation
S Corporation

Other: American Funds Simple IRA

2. PRIMARY ACCOUNT HOLDER

Personal Information

For Tenants in Common, indicate this holder's share: %

Form fields for personal information including: FULL LEGAL NAME, DATE OF BIRTH, COUNTRY OF CITIZENSHIP, DAY PHONE, EVENING PHONE, SOCIAL SECURITY NO. / TAXPAYER ID NO., E-MAIL, TYPE OF GOVERNMENT-ISSUED ID, ID NUMBER, SINGLE/DIVORCED/WIDOWED, MARRIED, NO. OF DEPENDENTS, LEGAL ADDRESS, MAILING ADDRESS, CITY, STATE, ZIP/POSTAL CODE, COUNTRY.

PRIMARY ACCOUNT HOLDER (continued)

Employment Status: Employed Not Employed Retired

I am a control person or affiliate or an immediate family/household member of a control person or affiliate of the a publicly traded Company under SEC Rule 144 (this would include, but is not limited to, a director, 10% shareholder, policy-maker officer, and members of the board of directors).

IF RETIRED OR NOT EMPLOYED PROVIDE SOURCE OF INCOME

OCCUPATION

St. POaul's Tectile
EMPLOYER NAME

Farmington NY 14425
CITY STATE ZIP/POSTAL CODE

COMPANY NAME COMPANY SYMBOL/CUSIP

I am 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. If yes, provide name of Member Firm.

MEMBER FIRM NAME

I am a senior foreign political figure or a family member or close relative of a senior foreign political figure.

3. ENTITY ACCOUNT INFORMATION

ENTITY NAME

COUNTRY OF ORGANIZATION DATE OF INCEPTION (Required for Trusts)

TAXPAYER ID NO.

ENTITY ID DOCUMENT (Trust Document, Corporate Resolution, etc)

LEGAL ADDRESS (No P.O. Boxes)

MAILING ADDRESS: Same as Legal Address

ADDRESS LINE 1

ADDRESS LINE 1

ADDRESS LINE 2

ADDRESS LINE 2

CITY STATE ZIP/POSTAL CODE

CITY STATE ZIP/POSTAL CODE

COUNTRY

COUNTRY

4. SUSTAINABILITY

Financial Position

Do not include primary residence, personal possessions, household goods, primary vehicles, or non-appraised collectibles in Estimated Net Worth. All values should be joint for married couples. Special expenses include planned, one-time capital expenditures such as a new car, home improvements, education expenses, etc.

Estimated Net Worth: \$ _____

Federal Tax Bracket

Annual Household Income: \$ _____

10% - 15% 33% - 35%

Investable / Liquid Assets: \$ _____

25% - 28% over 35%

Annual Household Expenses: \$ _____

Account Funding Source (Check all that apply)

Special Expenses

None known at this time

Asset appreciation Legal/insurance settlement

0 - 2 years \$ _____

Business revenue Sale of assets

3 - 5 years \$ _____

Inheritance Saving from earnings

6 - 10 years \$ _____

Transfer Other: _____

Description: _____

Investment Profile

Please rank your Investment Purpose(s) and Investment Objective(s) for this account in order of importance (#1 being the highest). Please limit the number of choices for each to three (i.e. do not number each and every available purpose or objective).

Investment Purpose:

- Save for education
- Save for retirement
- Save for short-term goal(s)
- Generate income
- Accumulate wealth
- Preserve wealth
- Market speculation
- Other: _____

Risk Tolerance (select one):

- Conservative
- Moderately Conservative
- Moderate
- Moderately Aggressive
- Aggressive
- Combination (please specify): _____

Investment Objectives:

- Preservation of capital
- Income
- Capital appreciation
- Speculation
- Trading profits
- Growth and income
- Other: _____

Investment Time Horizon (select one):

- Short (Under 5 years)
- Intermediate (5- 10 years)
- Long (Over 10 years)
- Combination - (please specify): _____

Investment Product Knowledge

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

| | None | Limited | Good | Extensive |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| CD's | <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"/> |
| Stocks | <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"/> |
| ETF's | <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"/> |
| Fixed Annuities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Indexed Annuities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Variable Annuities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fixed Life Insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Variable Life Insurance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Alternative Investments (REIT's, BDC's, OI & Gas, Royalties, Limited Partnerships) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Investments/Assets Held Away

Provide total value of investments/assets held away from J.W. Cole Financial and approximate dollar amounts for each category. Please include IRA/ROTH IRA funds under the investment types they are held in.

| | | | |
|--|----------|------------------------------|----------|
| Checking/Savings | \$ _____ | Fixed Annuities | \$ _____ |
| Certificates of Deposit | \$ _____ | Indexed Annuities | \$ _____ |
| Money Markets | \$ _____ | Variable Annuities | \$ _____ |
| Stocks/ETFs | \$ _____ | Cash Value of Life Insurance | \$ _____ |
| Mutual Funds | \$ _____ | 401(k) or other pension | \$ _____ |
| Other (specify) | \$ _____ | | |
| Total dollar amount of Investment/Assets Held Away \$ _____ | | | |

5. ADDITIONAL ACCOUNT HOLDERS

Use this section to provide personal information on any **additional individuals** associated with this account (such as a joint owner, authorized individual, custodian, administrator, additional trustee, additional partner, participant, or 529 Plan Beneficiary).

For Tenants in Common, indicate this holder's share: _____%

Personal Information

FULL LEGAL NAME (First, Middle, Last)

DATE OF BIRTH (mm/dd/yyyy)

COUNTRY OF CITIZENSHIP

DAY PHONE

EVENING PHONE

SOCIAL SECURITY NO. / TAXPAYER ID NO.

E-MAIL

TYPE OF GOVERNMENT-ISSUED ID

ID NUMBER

SINGLE/DIVORCED/WIDOWED NO. OF DEPENDENTS: _____
 MARRIED

STATE/COUNTRY OF ID ISSUANCE

ID EXPIRATION DATE

LEGAL ADDRESS (No P.O. Boxes):

MAILING ADDRESS: Same as Legal Address

ADDRESS LINE 1

ADDRESS LINE 1

ADDRESS LINE 2

ADDRESS LINE 2

CITY STATE ZIP/POSTAL CODE

CITY STATE ZIP/POSTAL CODE

COUNTRY

COUNTRY

Employer Information and Affiliations

Employment Status: Employed Not Employed Retired

IF RETIRED OR NOT EMPLOYED, PROVIDE INCOME SOURCE

OCCUPATION

EMPLOYER NAME

CITY STATE ZIP/POSTAL CODE

Check this box if you are a control person or affiliate or an immediate family/household member of 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-maker officer, and members of the board of directors). If yes, provide name of company.

COMPANY NAME

COMPANY SYMBOL/CUSIP

Check this box if 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. If yes, provide name of Member Firm

MEMBER FIRM NAME

I am a senior foreign political figure, or a family member or close relative of a senior foreign political figure.

6. CUSTOMER ACCOUNT PRE-DISPUTE ARBITRATION AGREEMENT

This agreement contains a pre-dispute arbitration clause. By signing an arbitration agreement, the parties agree as follows:

(A) All parties to this agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed.

(B) Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify an arbitration award is very limited.

(C) The ability of the parties to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings.

(D) The arbitrators do not have to explain the reason(s) for their award unless, in an eligible case, a joint request for an explained decision has been submitted by all parties to the panel at least 20 days prior to the first scheduled hearing date.

(E) The panel of arbitrators will typically include a minority of arbitrators who were or are affiliated with the securities industry.

(F) The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court.

(G) The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this agreement.

All controversies that may arise between us (including, but not limited to controversies concerning any account, order or transaction, or the continuation, performance, interpretation or breach of this or any other agreement between us, whether entered into or arising before, on or after the date this account is opened) shall be determined by arbitration in accordance with the rules then prevailing of the Financial Industry Regulatory Authority (FINRA) as I may designate. If I do not notify you in writing of my designation within five (5) days after I receive from you a written demand for arbitration, then I authorize you to make such designation on my behalf. I understand that judgment upon any arbitration award may be entered in any court of competent jurisdiction.

No person shall bring a putative or certified class action to arbitration, nor seek to enforce any Pre-Dispute Arbitration Agreement against any person who has initiated in court a putative class action; or who is a member of a putative class action who has not opted out of the class with respect to any claims encompassed by the putative class action until: (i) the class certification is denied; or (ii) the class is decertified; or (iii) the customer is excluded from the class by the court. Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this agreement except to the extent stated herein.

7. ACCOUNT AGREEMENT AND SIGNATURE

*Each account holder must initial both statements below.

e _____ I have received a copy of J.W. Cole Financial's Privacy Policy and the Business Continuity Plan. I understand the content of each document and have had my questions answered by my J.W. Cole Financial Representative.

b _____ I have received all related prospectus(s) for each individual investment that I have chosen, which describes risk factors, fees and surrender charges that may apply. In addition, I understand that all investments bound by this agreement are subject to market fluctuation, investment risk and possible loss of principal.

ACCOUNT AGREEMENT

I have received J.W. Cole's Customer Identification Program notice and understand that to help the government fight the funding of terrorism and money laundering activities, federal law requires J.W. Cole to obtain, verify, and record information that identifies each person who opens an account.

I have verified the account information within and request J.W. Cole Financial to open the Account in the name(s) set forth below. I understand that the requested account contains a Pre-Dispute Arbitration Agreement stated above. I have read and understand the terms and conditions that will govern my account and agree to be bound by them as currently in effect and as amended from time to time.

ACCOUNT HOLDER NAME (PRINT) _____

CO-ACCOUNT HOLDER NAME (PRINT) _____

ACCOUNT HOLDER SIGNATURE _____ DATE _____

CO-ACCOUNT HOLDER SIGNATURE _____ DATE _____

Robert Barley, Jr.
FINANCIAL ADVISOR NAME (PRINT) _____

REGISTERED PRINCIPAL NAME (PRINT) _____

FINANCIAL ADVISOR SIGNATURE _____ DATE _____

REGISTERED PRINCIPAL SIGNATURE _____ DATE _____