

**Exhibit A**

**Client Questionnaire**

ACCOUNT NAME:

ACCOUNT NUMBER:

CLIENT CONTACT/TITLE:

ADDRESS:

CITY:

STATE:

TELEPHONE:

FAX:

EMAIL:

**CLIENT / ACCOUNT TYPE**

INDIVIDUAL

PARTNERSHIP

IRA / ROLLOVER/BSEP

ENDOWMENT/FOUNDATION

JTWRROS / TIC

UGMA / UTMA

CORPORATION

TRUST

KEOGH PLAN

401 (K) PLAN

OTHER

ERISA ACCOUNT  YES  NO

**FEE INFORMATION**

**ADVISORY FEES:**

1.00% on assets under management, *per annum*

BILLING:

Additional copies of billing to:

Name:

\_\_\_\_\_

Name:

\_\_\_\_\_

Name:

\_\_\_\_\_

Account Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Assets at Inception: \$ \_\_\_\_\_

CLIENT PROFILE

Individual Client Profile:

Occupation:

Spouse:

Annual Income:

Net Worth:

Institutional Profile:

Nature of Business: \_\_\_\_\_

Authorized Officer: \_\_\_\_\_

Annual Revenues: \_\_\_\_\_

Investment Objective:

Growth

Growth & Income

Investment Experience:

High

Medium

Low

None

ADMINISTRATION / OPERATIONS

Brokerage:  DIRECTED TO: Charles Schwab & Co., Inc.

DIRECTED TO: \_\_\_\_\_

Custodian /Trustee:

Account # \_\_\_\_\_

Firm: Charles Schwab & Co., Inc.

Address: 1958 Summit Park Drive, Suite 500  
Orlando, Florida 32810

Confirms To:  CLIENT  CONSULTANT

CUSTODIAN ONLY  OTHER

MISCELLANEOUS INFORMATION

\_\_\_\_\_  
\_\_\_\_\_

I hereby acknowledge that the information set forth in this client questionnaire is true and accurate, except as otherwise indicated below:

\_\_\_\_\_  
\_\_\_\_\_

CLIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_