

Exhibit A

Client Questionnaire

DATE:

ACCOUNT NAME:

ACCOUNT NUMBER:

CLIENT CONTACT/TITLE:

ADDRESS:

CITY:

STATE:

TELEPHONE:

FAX:

EMAIL:

CLIENT / ACCOUNT TYPE

INDIVIDUAL

PARTNERSHIP

IRA / ROLLOVER/BSEP

ENDOWMENT/FOUNDATION

JTWROS / 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: _____
