



New Transaction Application

Representative Name	Rep Code	Percentage
Split Representative Name	Rep Code	Percentage

Use for opening new accounts,
adding funds into an existing
account.

☐ NEW ACCOUNT ☐ ADDITIONAL FUNDS IN AN EXISTING ACCOUNT EXISTING ACCOUNT NUMBER: _____

A Information about Your New or Existing Account

Account Recommendation – choose one

☐ Mutual Fund

NON-QUALIFIED

- | | |
|---------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Individual Account | <input type="checkbox"/> Trust* |
| <input type="checkbox"/> Joint Account | <input type="checkbox"/> Corporation* |
| <input type="checkbox"/> 529 Plan | <input type="checkbox"/> Non-Profit* |
| <input type="checkbox"/> UGMA / UTMA** | <input type="checkbox"/> Other Non-Qualified |

** (Uniform Gift/Transfers to Minors Act)

☐ Variable Annuity /Life

- ☐ Traditional IRA
☐ Roth IRA
☐ Simple IRA
☐ SEP IRA

☐ Indexed Annuity

QUALIFIED*

- ☐ Plan Participant
☐ 403B
☐ 457
☐ Other Qualified

*Additional forms and disclosures may be required

Amount of Transaction: \$ _____

Name of Investment (Vendor Name): _____

Account Title

This sale is: ☐ Solicited ☐ Unsolicited ☐ Annuity to Annuity Transaction

Account Title

Account Title 2 (use this line for co-owners, beneficiaries, trusts or trustees or other information needed in the title)

Legal Address

Apt/Suite No.

City

State

ZIP Code

Country

Home Phone

Cell Phone

Email Address

Social Security Owner 1

Date of Birth Owner 1

Social Security Owner 2

Date of Birth Owner 2

B Tell Us How You Intend to Use This Account

The more we know about you and your goals for this account, the better we can serve you. Please answer the following questions to help us determine whether this investment and strategies are in your best interest.

Investment Objectives and Investment Time Horizon

The investments in this account will be (check one):

- ☐ Less than 1/3 of my financial portfolio
☐ Roughly 1/3 to 2/3 of my financial portfolio
☐ More than 2/3 of my financial portfolio

I plan to use this account for the following (check all that apply):

- ☐ Generate income for current or future expenses
☐ Wholly fund my retirement ☐ Steadily accumulate wealth over the long term
☐ Preserve wealth and pass it on to my heirs ☐ Pay for education
☐ Pay for a house ☐ Market participation ☐ Other:

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Please select the degree of risk you (and any co-applicants, if applicable) are willing to take with the assets in your accounts. The risk tolerance for this particular investment is:

- ☐ **Conservative.** I (we) want to preserve my (our) initial principal, with minimal risk, even if that means account(s) do not generate significant income or returns and may not keep pace with inflation.
- ☐ **Moderately Conservative.** I (we) am (are) willing to accept low risk to my (our) initial principal, including low volatility, to seek a modest level of portfolio returns.
- ☐ **Moderate.** I (we) am willing to accept some risk to my (our) initial principal and tolerate some volatility to seek higher returns and understand I (we) could lose a portion of the money invested.
- ☐ **Moderately Aggressive.** I (we) am willing to accept high risk to my (our) initial principal, including high volatility, to seek high returns over time, and understand I (we) could lose a substantial amount of the money invested.
- ☐ **Significant Risk.** I (we) am (are) willing to accept maximum risk to my (our) initial principal to aggressively seek maximum returns, and understand I (we) could lose most, or all, of the money invested.

The expected period of time you plan to hold this particular investment:

- ☐ Under 1 year ☐ 1-2 years ☐ 3-5 years
☐ 6-10 years ☐ 11-20 years ☐ Over 20 years

c Tell Us About Your Investment Goals

All questions must be answered in detail. None or not applicable cannot be accepted. Attach additional pages, if needed.

1

Why are you seeking a recommendation from your registered representative? What are you trying to accomplish with this investment? Please describe what you are hoping this recommendation will provide for your financial situation. Be as detailed as possible.

Please tell us how you are funding this account (check all that apply):

- ☐ Current Income ☐ Pension or Retirement Savings* ☐ Funds from Another Account* ☐ Replacing Life Insurance* ☐ Gift
☐ Sale of Business or Property ☐ Insurance Payout ☐ Extra funds from bank account ☐ Inheritance ☐ Social Security Benefits
☐ Home Equity Line of Credit/Reverse Mortgage* ☐ Other – Please describe: _____

**May require additional forms and disclosures*

What are your approximate liquid assets?

\$ _____

When do you hope to retire (in years)?

_____ ☐ Retired

Do you plan to add additional funds to this investment?

☐ Yes ☐ No

Do you anticipate taking distributions from this investment?

- ☐ Not Anticipating Distribution ☐ Occasional Distributions ☐ Systematic Withdrawals
☐ Lump Sum ☐ Annuitization ☐ Required Minimum Distribution

If taking distributions, when do you anticipate taking distributions from this investment?

☐ Less Than 1 Year ☐ 1 – 3 Years ☐ 3 – 5 Years ☐ 5 + Years

2

Tell us about your current financial situation. For example, but not limited to: How you plan to fund major emergency expenses? Do you have life insurance? Do you have a plan to fund long term care, if needed? Are you supporting family members? Are they supporting you? Specific future goals (e.g. college, wedding, home purchase)? Do you have allocation and diversification of other investments elsewhere? Do you consider yourself an experienced investor? Do you have a tax advisor?

D Understand the Recommendation

Attach additional pages if needed

Additional Funds to Existing Recommendation

☐ This is additional funding, continuing a previous recommendation.

Date of Initial Recommendation: _____

-If you are investing additional money to an existing account within the last 12 months, and the client's situation has not changed, you do not need to answer the following questions. Note that other forms may still need to be provided.

Please Note: Transfers and rollovers are separate recommendations and must be explained below. If you are adding additional funds not from another investment, of \$10,000 or more, please describe the reason for the addition to the existing investment.

New or Updated Recommendation

All questions must be answered in detail. None or not applicable cannot be accepted.

Did you liquidate another investment to generate these funds? ☐ Yes ☐ No

3

Did your representative explain mutual funds and/or annuities to you? Why did you choose a mutual fund or annuity?

Past performance does not guarantee future results. The investment return and principal of an investment will fluctuate so that your shares, when redeemed, may be worth more or less than the original cost. All costs for this recommendation must be considered but lowest cost is not the sole consideration. If a recommendation offers an option that you want, then additional cost may be appropriate.

4

Did your representative offer a choice of companies that offer products to fit your needs? Why did you choose the company you are now investing in. If you are transferring funds from another investment, briefly explain why you are moving the funds.

To:

From:

Name of Investment Company(s)

5

What benefit does this new or additional investment provide you? Please note what this recommendation provides that the existing investment does not.

6

There is a cost to this investment. How is it appropriate?

7

No investment is perfect. What disadvantages did your representative discuss with you about this recommendation? What advantages are you losing by moving from your current investment? Costs may include upfront or backend sales charges, annual and/or continuing fees, as well as possible surrender charges.

E Your Personal Information

Do you have other accounts with us?

☐ No - A new Client Information Form **MUST** be included with this application.

OR

☐ Yes (choose one of the following)

☐ A new Client Information Form is included with this application.

OR

☐ I have received a copy of and reviewed the current Client Information Form on file with Fortune Financial Services and agree the information is current and there have been no changes to my/our address, financial condition (income, expenses, assets) employment situation, liquidity needs, tax status or risk tolerance. *NOTE: If any of the information needed to be corrected, I have notified my representative and have completed an updated form.*

INCORPORATION BY REFERENCE.

All terms, provisions, disclosures, and agreements set forth in the Fortune Financial Services, Inc. Client Information Form are hereby incorporated herein by reference with the same force and effect as though fully set forth herein.

F Review and Submit this Application

Confirmations and Signatures – Please Read Carefully

By signing this Application, you affirm that you have received and read the Client Relationships Summary, this Application and any supplemental documents governing this relationship. You affirm that the information you have provided is accurate and you agree to notify us of any changes in the information provided. You agree that this recommendation is in your best interest.

signatures

Primary Owner Name (please print)	Primary Owner Signature	Date
Co-Owner, et al. Name (please print)	Co-Owner, et al. Signature	Date
Representative Signature		Date
INTERNAL USE ONLY		
<input type="checkbox"/> OFAC review attached <input type="checkbox"/> The client information form has been reviewed in conjunction with this New Transaction Application.		
		Date
Approving Principal Signature		

Internal Use only