

ACCREDITED INVESTOR SUITABILITY FORM Completion Guidelines

To establish your eligibility for our new offerings, please complete the Accredited Investor Suitability Form. Your personal information will be treated as strictly private – please see our Privacy Policy.

Determination of Accredited Investor Status

For an **Individual**, please read carefully items 1, 2 and 3, and check ALL items that apply.

For a **Partnership, Limited Liability Company or Corporation**, please read carefully items 4 and 5, and check ALL items that apply.

For a **Revocable Trust**, please <u>complete</u> and <u>sign as Trustee</u> in the name of the Trust.

- Please read carefully items 6, 7 and 8, and check ALL items that apply.
- In addition, please have the Grantor of the Trust <u>complete</u> and <u>sign</u> as an individual a <u>separate</u> Accredited Investor Suitability Form.

For an Irrevocable Trust, please complete and sign as Trustee in the name of the Trust.

• Please read carefully items 7 and 8, and check ALL items that apply.

If **NONE** of items 1 through 8 apply, please check the box:

"The Undersigned is not an Accredited Investor because None of the Above Apply."

Prior Investment Experience and Goals

Please indicate with a ✓ each area of *Prior Investment Experience and Goals*.

- Overall Investment Objectives <u>and</u> Real Estate Objectives should be ranked with a *different* number from 1 through 4 for each item, with "1" being the highest priority. Do not enter a check mark or repeat the same number rank.
- Please answer the remaining questions regarding **Risk Tolerance**; **Speculation**; **Primary Source** of **Income**; and **percent of real estate in your investment portfolio** (excluding personal residence).

Please review to assure **all sections are completed**, sign, date and return the form electronically or print the Accredited Investor Suitability Form and mail to: NHCohen Capital LLC, 2 Park Avenue, 14th Floor, New York, NY 10016. If you have any question, please call NHCohen Capital Investor Services at 212-498-6962.

[The Accredited Investor Suitability Form follows this page]



ACCREDITED INVESTOR SUITABILITY FORM

Please mail, fax or email (investorservices@nhcohenpartners.com) this completed form:

NHCohen Capital LLC 2 Park Avenue - 14th Floor, New York, NY 10016

Member FINRA T (212) 498-6960 F (855) 856-6483 www.nhcohenpartners.com

All responses will be kept confidential

			PERSON/	AL BACK	GROUND INFO	RMATIO	N			
Name: (First, MI, Last)					Date of Birth:			Social Security/Tax ID No.:		
Home Address:					Gty.		State:		Zip:	
Home Phone: 2nd Phone:				Fax No:			Cell No:			
Email Address:				In wh			In what state	what state are you registered to vote?		
Business/Profession:		Title:		Company Name:			E	Employed Since:		
Business Address:								l		
Фtу.		State: Zip:		Business Ph	one:	Business Fax		В	Business Cell:	
Preferred address	s(s) to receive correspo	ondence:	Home Address 🖵	Business A	ddress 🗆 Email A	ddress 🗖		'		
					CCREDITED INV					
I a	m qualified to in	nvest as a	n accredited inve	estor by	reason of at least of	one of the	followin	g (check A	LL items	that apply):
☐ 6. In the state of the state	f the undersigned he first three tes f the undersigned f the undersigned	d is a revoca ts listed abo d is a trust, d is a trust,	able trust, it was co ove. it has total assets one or more of its	reated by in excess of trustees i		rherown sinvestme nstitution	benefit, a	and such inve	estor mee ted by a s	
			PRIOR INV	ESTMEN	IT EXPERIENCE	AND G	OALS			
☐ Inorn☐ Ihave	nally consult with e experience as ar Stocks which ar Mutual funds w Taxable bonds o Tax exempt boo Partnerships, li	naninvestm ninvestorin relisted on which hold a or other de nds mited liabili	nent advisor befor n: a national securiti portfolio primari bt instruments ity companies, cor	e making es exchan ly consisti	-	ion. estate or				
	cate your Overall rough 4 in order of pric	ority; 1 = highe	st):	idity	Risk Tolerance (co	neck One):	Do Investr Allow Spe		□Inves	y Source of Income: stments pensation
GrowthCurrent IncomeTax DeferralLiquidity Please indicate your Real Estate Objectives (Rank from 1 through 4 in order of priority; 1 = highest): Growth Current Income Tax Deferral Liquidity				Please estimate the percent of real estate in your investment portfolio (excluding personal residence):%						
				· · · /				I was referred to N	NHCohen Cap	oital by:
Signature			Date				-			

ACCREDITED INVESTOR SUITABILITY FORM

CUSTOMER IDENTIFICATION PROGRAM

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account. This Notice answers some questions about our Customer Identification Program.

What types of information will I need to provide?

When you open an account, we are required to collect information such as the following:

- Your name
- Date of Birth
- Address
- Identification Number
 - U.S. Citizen: taxpayer identification number (social security number or employer identification number)
 - Non-U.S. Citizen: taxpayer identification number, passport number, and country of issuance, alien identification card number, or government issued identification showing nationality, residence, and a photograph of you.

You may also need to show your driver's license or other identifying documents.

A corporation, partnership, trust or other legal entity may need to provide other information, such as its principal place of business, local office, employer identification number, certified articles of incorporation, government-issued business license, a partnership agreement or a trust agreement.

U.S. Department of the Treasury, Securities and Exchange Commission, FINRA, and the New York Stock Exchange rules already require you to provide most of this information. These rules also may require you to provide additional information, such as your net worth, annual income, occupation, employment information, investment experience and objectives, and risk tolerance.

ALL INFORMATION WILL BE USED ONLY BY NHCOHEN CAPITAL LLC. SUCH INFORMATION SHALL REMAIN ABSOLUTELY CONFIDENTIAL AND MAY BE SHARED WITH ANY OTHER PROVIDER OR VENDOR IN VERY LIMITED CIRCUMSTANCES. PLEASE SEE OUR PRIVACY POLICY.

Please indicate one of the following and enclose a copy of your identification with form.

Driver's License No				Passport No					
State of Issuance:			OR	Other Gov't ID:(Description and #)					
		INV	/ESTOR R	EFERRALS					
Do you have family opportunities prese		•		-		te investment			
Name:	ne: Street Address:		Name	Name:		Street Address:			
City:	State:	Zip Code:	City:		State:	Zip Code:			
Daytime telephone number:	er: Relation shi p:		Dayti	me telephone number:	Relation shi p:				
Email Address:	'		Email	Address:	'				

If any question, please contact NHCohen Capital Investor Services at: 212-498-6962 or investorservices@nhcohenpartners.com.