

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

PERSONAL BACKGROUND INFORMATION

Name: (First, MI, Last)		Date of Birth:		Social Security/Tax ID No.:	
Home Address:		City:		State:	Zip:
Home Phone:	2nd Phone:	Fax No:		Cell No:	
Email Address:				In what state are you registered to vote?	
Business/Profession:		Title:	Company Name:		Employed Since:
Business Address:					
City:	State:	Zip:	Business Phone:	Business Fax:	Business Cell:
Preferred address(s) to receive correspondence: Home Address <input type="checkbox"/> Business Address <input type="checkbox"/> Email Address <input type="checkbox"/>					

STATEMENT AS TO ACCREDITED INVESTOR STATUS

I am qualified to invest as an accredited investor by reason of at least one of the following (check ALL items that apply):

- ☐ 1. My net worth (either individually or with my spouse, if any), including investments and all property and other assets **excluding** my primary residence, exceeds \$1,000,000 (note: if the mortgage on your primary residence is greater than its value, please subtract such difference from your net worth).
- ☐ 2. My individual annual income was at least \$200,000 in each of the two most recent years, and I expect such income in the current year.
- ☐ 3. My annual income, jointly with my spouse, was at least \$300,000 in each of the two most recent years, and I expect such income in the current year.
- ☐ 4. All of the undersigned entity's equity owners meet at least one of the three tests listed above.
- ☐ 5. If the undersigned is a partnership, limited liability company or corporation, it has total assets in excess of \$5,000,000.
- ☐ 6. If the undersigned is a revocable trust, it was created by an investor for his or her own benefit, and such investor meets at least one of the first three tests listed above.
- ☐ 7. If the undersigned is a trust, it has total assets in excess of \$5,000,000 and its investment decisions are directed by a sophisticated person.
- ☐ 8. If the undersigned is a trust, one or more of its trustees is a bank or similar institution with the authority to direct the trust's investments.
- ☐ **OR** The undersigned is not an Accredited Investor because **None of the Above Apply**.

PRIOR INVESTMENT EXPERIENCE AND GOALS

- ☐ My business or investment experience is such that I can analyze a prospective investment and determine whether it is suitable for me.
- ☐ I normally consult with an investment advisor before making an investment decision.
- ☐ I have experience as an investor in:
- ☐ Stocks which are listed on a national securities exchange
 - ☐ Mutual funds which hold a portfolio primarily consisting of stocks
 - ☐ Taxable bonds or other debt instruments
 - ☐ Tax exempt bonds
 - ☐ Partnerships, limited liability companies, corporations which invest in real estate or real estate investment trusts (REITs)
 - ☐ Other types of investments not mentioned in any previous category (describe): _____

Please indicate your Overall Investment Objectives (Rank from 1 through 4 in order of priority; 1 = highest): ____ Growth ____ Current Income ____ Tax Deferral ____ Liquidity	Risk Tolerance (Check One): <input type="checkbox"/> Aggressive <input type="checkbox"/> Moderate <input type="checkbox"/> Conservative	Do Investment Objectives Allow Speculation? <input type="checkbox"/> No <input type="checkbox"/> Yes	Primary Source of Income: <input type="checkbox"/> Investments <input type="checkbox"/> Compensation
	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 NHCohen Capital by:

Signature

Date

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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. _____

OR

State of Issuance: _____

Other Gov't ID: _____
(Description and #)

INVESTOR REFERRALS

Do you have family or friends who you think could benefit from learning about real estate investment opportunities presented by NHCohen Capital? (All referrals will be kept confidential.)

Name:	Street Address:	
City:	State:	Zip Code:
Daytime telephone number:	Relationship:	
Email Address:		

Name:	Street Address:	
City:	State:	Zip Code:
Daytime telephone number:	Relationship:	
Email Address:		

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