

# **ACCREDITED INVESTOR SUITABILITY FORM**

Please mail or fax this completed form to:

NHCohen Capital LLC 2 Park Avenue – 14<sup>th</sup> Floor, New York, NY 10016

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

All responses will be kept confidential

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		PERSON	AL BAC	<b>KGROUND INFO</b>	RMATION				
Name: (First, MI, Last)				Date of Birth:		Social Security/	ocial Security/Tax ID No.:		
Home Address:				City:	City: State:		Zip:		
Home Phone: 2nd Phone:				Fax No:		Cell No:			
E-mail Address:		In what sta		In what state a	ate are you registered to vote?				
Business/Profession:   Title:   Co			Company N	Company Name:			Employed Since:		
Business Address:									
City:	State:	Zip:	Business Pho	one:	Business Fax:	Ви	usiness Cell:		
To which address would you prefer th	at corresponde	nce be sent?	Home Addre	ess 🖵 Business A	ddress 🗖				
		STATEMENT	AS TO A	CCREDITED INV	ESTOR STATUS				
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):									
☐ 4. All of the undersigned ☐ 5. If the undersigned the first three test ☐ 7. If the undersigned ☐ 8. If the undersigned ☐ 18. If the undersigned ☐ 19. If the undersigned ☐ 19. If the undersigned	ned entity's is a partne is a revoca is listed abo is a trust, it	s equity owners m rship, limited liabil ble trust, it was crove. t has total assets in one or more of its t	eet at leas lity compa eated by a n excess o trustees is	st one of the three to any or corporation, it an investor for his or f \$5,000,000 and its	ests listed above.  It has total assets in her own benefit, an investment decision stitution with the au	excess of \$5, nd such inves ns are directe	income in the current year.  000,000.  Stor meets at least one of  ed by a sophisticated person rect the trust's investments.		
		PRIOR INV	ESTME!	NT EXPERIENCE	AND GOALS				
☐ Taxable bonds of Tax exempt bon☐ Partnerships, lir	an investm investor in e listed on a hich hold a or other deb ids nited liabilit	ent advisor before : a national securitie portfolio primarily ot instruments :y companies, corp	e making a es exchang consistin	n investment decisions	on. estate or real estate				
Please indicate your Overall (Rank from 1 through 4 in order of pr	iority; 1 = highe	est):	iidity	Risk Tolerance (che Aggressive Moderate Conservative	Do Investn Allow Spec		Primary Source of Income:  Investments Compensation		
Please indicate your Real Est (Rank from 1 through 4 in order of pri	ority; 1 = highe	est):	uidity		the percent of real e	nce):	%		
					-	I was referred to N	IHCohen Capital by:		

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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 NoState of Issuance:			OR	Passport No			
				Other Gov't ID:(Description and #)			
		INV	ESTOR	REFERRALS			
		-		efit from learning ab als will be kept confident		investment	
Name:	Street Addres	Street Address:		Name:	Street Address:		
City:	State:	Zip Code:		City:	State:	Zip Code:	
Daytime telephone number:	Relationship:		D	Daytime telephone number:	Relationship:	Relationship:	
E-mail Address:	I		E	-mail Address:			

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