

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.

<u>Determination of Accredited Investor Status</u> (Please note the following):

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

For a **Partnership, Limited Liability Company or Corporation:** read carefully items 4 and 5, and check <u>ALL</u> items that apply.

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

- 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: <u>complete</u> and <u>sign as Trustee</u> in the name of the Trust.

• 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 and 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 by:

FAX: 855-856-6483; EMAIL: InvestorServices@NHCohenPartners.com or MAIL TO:

NHCohen Capital LLC | 2 Park Avenue, 14th Floor | New York, NY 10016 T (212) 498-6960 Member FINRA

[The Accredited Investor Suitability Form follows this page]



ACCREDITED INVESTOR SUITABILITY FORM

Please mail or fax this completed form to:

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 INFOR	RMATION			
Name: (First, MI, Last)						Social Security	Social Security/Tax ID No.:	
Home Address:				City:				Zip:
nome Address.			,			,	Ζι ρ .	
Home Phone: 2nd Phone:				Fax No:		Cell No:		
E-mail Address:				<u> </u>		In what state are you registered to vote?		
Business/Profession: Title: Compar		Company N	Name:		E	Employed Since:		
Business Address:								
City:	State:	Zip:	Business Pho	one.	Business Fax:	1	Business Cell:	
City.	State.	Σιρ.	Dusiness i ne	nic.	Dusiness Fax.		business cen.	
To which address would you prefer tha	t corresponde	nce be sent?	Home Addre	ess 🗆 Business A	ddress 🖵			
		STATEMENT	AS TO A	CCREDITED INV	ESTOR STATUS			
I am qualified to in	vest as an	accredited inve	stor by r	eason of at least o	ne of the followin	g (check A	LL items t	hat apply):
☐ 4. All of the undersigned ☐ 5. If the undersigned ☐ 6. If the undersigned the first three tests ☐ 7. If the undersigned ☐ 8. If the undersigned OR	ned entity's is a partner is a revocal is listed about is a trust, it is a trust, or	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	0 in each of the two ments one of the three teamy or corporation, it in investor for his or f \$5,000,000 and its a bank or similar instance of the Above A	ests listed above. Thas total assets in her own benefit, an investment decision with the au	excess of \$5 nd such inve	5,000,000. estor meets ted by a sop	at least one of phisticated person
		PRIOR INV	'ESTMEN	NT EXPERIENCE	AND GOALS			
☐ Taxable bonds o ☐ Tax exempt bond ☐ Partnerships, lim	an investme investor in a listed on a nich hold a r other deb ds nited liabilit	ent advisor before : a national securitie portfolio primarily ot instruments :y companies, corp	e making a es exchang consistin	n investment decisio	on. estate or real estate			
Please indicate your Overall II (Rank from 1 through 4 in order of pricate of the control of the	ority; 1 = highe	est):	idity	Risk Tolerance (Che Aggressive Moderate Conservative	Do Investm Allow Spec		□Invest	Source of Income: tments pensation
Please indicate your Real Esta (Rank from 1 through 4 in order of pric GrowthCurrent Inco	ority; 1 = highe	est):	uidity	Please estimate the percent of real estate in your investment portfolio (excluding personal residence):%				
					_	I was referred to	NHCohen Capit	tal by:

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	Passport No Other Gov't ID: (Description and #)			
State of Issuance:							
		INV	ESTOR REFERRALS				
-		-	uld benefit from learning ab All referrals will be kept confiden		e investment		
Name:	Street Address:		Name:	Street Address:			
City:	State:	Zip Code:	City:	State:	Zip Code:		
Daytime telephone number:	Relationship:		Daytime telephone number:	Relationship	Relationship:		
E-mail Address:			E-mail Address:	E-mail Address:			

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