

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	NAL BACI	KGROUND INFOR	MATION					
Name: (First, MI, Last)	Date of Birth:		Social Securit	Social Security/TaxID No.:						
Home Address:				City:		State:	State: Zip:			
Home Phone: 2nd Phone:				Fax No:		Cell No:	Cell No:			
E-mail Address:						In what sta	te are you reg	istered to vote?		
						l				
Business/Profession: Title:			Company Name:				Employed Sir	ice:		
Business Address:										
City:	State:	Zip:	Business Pho	one:	BusinessFax:		Business Cell:			
To which address would you prefer th	at corresponde	nce be sent?	Home Addre	ess Business A	.ddress 🗆					
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):										
□ 5. If the undersigned the first three test □ 7. If the undersigned □ 8. If the undersigned □ 8.	l is a partner l is a revocal is listed abor l is a trust, it l is a trust, o	rship, limited liabi ble trust, it was cr ve. has total assets in the or more of its	lity compa eated by a n excess of trustees is	st one of the three to ny or corporation, it in investor for his or f \$5,000,000 and its a bank or similar ins	has total assets i her own benefit, investment decisi titution with the	and such inv ons are direc	estor meet cted by a so	s at least one of ophisticated person.		
		PRIOR INV	ESTMENT	Γ EXPERIENCE AN	ID GOALS					
☐ Taxable bonds of Tax exempt bor☐ Partnerships, lir	an investment investor in a listed on a chich hold a corrother debonds	ent advisor before in national securitie portfolio primarily it instruments cy companies, corp	e making and es exchang y consisting	n investment decisione	n. state or real esta					
Please indicate your Overall I (Rank from 1 through 4 in order of pr	iority; 1 = highe	est):		Risk Tolerance (che Aggressive I) Noderate	Allow Sp	stment Objective peculation?	nvest	ry Source of Income: tments pensation		
GrowthCurrent_Inco Please indicate your Real Esta	omeTa ate Objectiv		luidity	Conservative	he percent of rea			·		
(Rank from 1 through 4 in order of pri		Please estimate the percent of real estate in your investment portfolio (excluding personal residence):%								
GrowthCurrent Inco	omeTa	ax DeferralLiq	juidity			I was referred	to NHCohen Ca	apital 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 CONFIDENTIAL AND SHALL NOT BE SHARED WITH ANY OTHER PROVIDER OR VENDOR. 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 F	REFERRALS			
Do you have family or fr presented by NHCohen				•	l estate investm	ent opportunities	
Name:	Street Address	Street Address:		me:	Street Address:	Street Address:	
City:	State:	Zip Code:	Cit	y:	State:	Zip Code:	
Daytime telephone number:	Relationship:	Relationship:		ytime telephone number:	Relationship:	Relationship:	
E-mail Address:				mail Address:			

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



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 <u>Privacy Policy</u>.

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 separate Accredited Investor Suitability Form (blank form enclosed).

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.



ACCREDITED INVESTOR SUITABILITY FORM Completion Guidelines

To Trustees of Irrevocable Trusts:

Please <u>complete</u> and <u>sign as Trustee</u> the suitability form in the name of the Trust. In determining accredited status for the Trust, please:

Check box 4 if such item is correct as to all of the Trust's beneficiaries.

In such case, please have each beneficiary <u>complete</u> and <u>sign</u> as an individual a separate Accredited Investor Suitability Form (blank form enclosed). These additional forms are required for the Irrevocable Trust to qualify as an Accredited Investor.

and/or;

Check box 6 if the Trust has total assets in excess of \$5 million and its investment decisions are directed by a sophisticated person.

For both forms, please review carefully and complete all sections of Prior Investment Experience and Goals.

Please call NHCohen Capital at 212-498-6962 with any question.