

CLIENT ACCOUNT PROFILE FORM INSTRUCTIONS

Complete each applicable section of the Client Account Profile Form. Failure to complete all applicable sections will result in processing delays and the OSJ's inability to capture the required books and records and perform an independent evaluation of the account's suitability for the investment suggested and/or purchased. Lack of required information may result in the account not being opened.

Instructions

- This form must be completed with all new Variable Annuity applications, all new Variable Life applications, all new Fixed Annuity applications, new Equity Indexed Annuity applications, new 529 applications, new CRIA Programs applications, new purchases of Direct Mutual Funds, new Group Annuity applications, Limited Partnerships and all other investment products and Change of Broker Dealer requests. This form may also be used to submit changes to Account Profile for above-mentioned Investment Accounts for all account types (e.g. IRA, Individual, 401k, etc.).
- Fill out all information. If client/account owner has multiple accounts, a separate Account Profile Form must be completed for each account.
- In accordance with Section 326 of the USA Patriot Act, Signator Registered Representatives must ask to see and collect certain information to verify the identity of customer(s) opening the account. Additional identification documents may be requested, and Signator may reject or close the account/contract or policy at current value, at any time, based on findings as they apply to these requirements.
- Client/account owner signs this form to certify the accuracy of the information provided.
- Representative signs this form, certifying accuracy, and notes Signator Rep Number.
- Principal indicates approval of suitability and acceptance on behalf of Signator, and notes Signator Principal Number. The Date Application Received by OSJ and Date Sent to Carrier section must also be completed. Indication of Principal approval may be documented by approval in Account Center.
- Maintain a copy of the signed Account Profile Form and accompanying documents for suitability validation in the client file.
- Please note that account or transaction information included on this Account Profile is not considered trade instructions. All applications must be forwarded separately for processing to the fund company/carrier upon receipt in good order and after principal approval.
- For Trusts, UGMA/UTMA, Corporations, Partnerships, and Estates: the form should be completed so that it reflects the financial information and objectives of the account owner (the minor, the trust, or entity).
- Registered Representatives will be held responsible for losses incurred from failure to follow the above procedures.

CLIENT ACCOUNT PROFILE FORM

Please select one:

- New Account Record—Variable Annuity, Variable Life, Fixed Annuity, Equity Indexed Annuity, 529 Plan, CRIA programs, Direct Mutual Fund, Group Annuity, Limited Partnerships, etc. (For Brokerage accounts, please complete the Brokerage application.)
- Change of Broker Dealer (Only complete Sections A–E)
List existing Account/Policy/Contract Number: _____
- Update to existing Account Record (Variable Life, Variable Annuity, Mutual Fund, Limited Partnerships, etc.)
List existing Account/Policy/Contract Number: _____

SECTION A: ACCOUNT DETAILS

Product Type: Please check the box that corresponds to the product(s) the client is purchasing/transferring and enter the company and product name.

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Variable Annuity | <input type="checkbox"/> Variable Life | <input type="checkbox"/> 529 College Savings Plan | <input type="checkbox"/> Real Estate Investment Trust |
| <input type="checkbox"/> Group Annuity | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Equity Indexed Annuity | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Fixed Annuity | <input type="checkbox"/> Advisory Account | <input type="checkbox"/> Mutual Fund | |

Company _____

Product Name (Pre-approved products only) _____

Account Type: (choose one)

Non-Qualified Accounts

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> UGMA/UTMA |
| <input type="checkbox"/> Joint with Right of Survivorship | <input type="checkbox"/> Executor |
| <input type="checkbox"/> Joint Tenants in Common | |
| <input type="checkbox"/> Joint by the Entirety | |
| <input type="checkbox"/> Joint Tenants in Community Property | |

Qualified Accounts

- | | |
|--|---|
| <input type="checkbox"/> IRA | <input type="checkbox"/> IRA BDA |
| <input type="checkbox"/> Roth IRA | <input type="checkbox"/> Coverdell/Educ IRA |
| <input type="checkbox"/> Simple IRA | <input type="checkbox"/> 401(k) Individual |
| <input type="checkbox"/> SEP IRA | <input type="checkbox"/> 403(b) Individual |
| <input type="checkbox"/> Custodial IRA | <input type="checkbox"/> Keogh |

Entity Accounts

- | |
|--|
| <input type="checkbox"/> Trust |
| <input type="checkbox"/> Limited Liability Corporation |
| <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Other: _____ |

*For ERISA Qualified Plans, including 401(k)s, 403(b) ERISA, Pension Plans, Money Purchase Plans, Profit Sharing Plans and Defined Benefit Plans, please complete the ERISA Qualified Account Profile form.

SECTION B: PRIMARY OWNER—PERSONAL INFORMATION

Please provide personal information on the primary individual associated with this account; such as owner for individual or joint accounts, the minor for UTMA/UGMA accounts. For entity owned accounts, please provide personal information on the authorized person(s), administrator, trustee, partner, etc. and complete the Entity Information in Section D, page 4. Legal address and verification of ID is not required for a minor on a UTMA/UGMA account.

Full Legal Name *First, Middle, Last* _____

Social Security No. / Taxpayer ID No. _____ Date of Birth *mm/dd/yyyy* _____

Legal Address Information

No P.O. Boxes

Mailing Address Information

If same as Legal Address, leave blank

Address line 1 _____

Address line 1 _____

Address line 2 _____

Address line 2 _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Country _____

Country _____

Country of Citizenship

USA Patriot Act Information (Required by Federal Law)

Country of Citizenship _____

Driver's License (*not valid form of identification for Non-U.S. citizen.*)

State _____ ID Number _____ Issue Date *mm/dd/yyyy* Expiration Date *mm/dd/yyyy*

Country of Dual Citizenship (*if applicable*) _____

State ID (*not valid form of identification for Non-U.S. citizen.*)

State _____ ID Number _____ Issue Date *mm/dd/yyyy* Expiration Date *mm/dd/yyyy*

Marital Status

- | | | |
|----------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> Domestic Partner | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Married | <input type="checkbox"/> Widowed | Number of Dependents: _____ |

Passport

Country _____ ID Number _____ Issue Date *mm/dd/yyyy* Expiration Date *mm/dd/yyyy*

Employment Information

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Employed (<i>include details below</i>) | <input type="checkbox"/> Student |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Retired | <input type="checkbox"/> US Military |

Permanent Resident Card

Country _____ ID Number _____ Issue Date *mm/dd/yyyy* Expiration Date *mm/dd/yyyy*

Employer Name _____

Visa

Country _____ ID Number _____ Issue Date *mm/dd/yyyy* Expiration Date *mm/dd/yyyy*

Occupation _____ Years with this Employer _____

Other

Address line 1 _____

Contact Information

Address line 2 _____

Home Phone _____ Business Phone _____

City _____ State _____ Zip _____ Country _____

Mobile Phone _____ E-mail Address _____

Affiliations

Is client affiliated with, or employed by, a stock exchange, or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer?

Yes No

If yes, please specify entity below. If this entity requires its approval for client to open this account, please provide a copy of the letter.

- Broker-Dealer or Municipal Securities Dealer
 State or Federal Securities Regulator
 FINRA or other Self Regulatory Organization*
 Investment Adviser

*Including a national securities exchange, registered securities association, registered clearing agency or the Municipal Securities Rulemaking Board.

Same as Employer

Name of entity(ies)

Is client a control person or affiliate or an immediate family/household member of a control person or affiliate of a publicly traded company under SEC Rule 144 (this would include, but is not limited to, a director, 10% share holder, policy-making officer, and members of the board of directors)? Yes No If yes, provide name of company:

Company Name Company Symbol/CUSIP

Is client a senior foreign political figure, or a family member or close relative of a senior foreign political figure? Yes No

Country

Is client or immediate family an employee of John Hancock or subsidiaries? Yes No

SECTION C: ADDITIONAL OWNER-PERSONAL INFORMATION

Please provide personal information on any additional individuals associated with this account; such as joint owners, additional authorized person, administrator, trustee, partner, or custodian of UTMA/UGMA account.

Full Legal Name First, Middle, Last

Social Security No./ Taxpayer ID No. Date of Birth mm/dd/yyyy

Legal Address Information

No P.O. Boxes

Mailing Address Information

If same as Legal Address, leave blank

Address line 1

Address line 1

Address line 2

Address line 2

City State Zip

City State Zip

Country

Country

Country of Citizenship

USA Patriot Act Information (Required by Federal Law)

Country of Citizenship

Driver's License (not valid form of identification for Non-U.S. citizen.)

Country of Dual Citizenship (if applicable) Country of Tax Residence

State ID Number Issue Date mm/dd/yyyy Expiration Date mm/dd/yyyy

Marital Status

State ID (not valid form of identification for Non-U.S. citizen.)

- Single Domestic Partner Divorced
 Married Widowed Number of Dependents: _____

State ID Number Issue Date mm/dd/yyyy Expiration Date mm/dd/yyyy

Employment Information

Passport

- Employed (include details below) Student
 Self-employed Unemployed
 Retired US Military

Country ID Number Issue Date mm/dd/yyyy Expiration Date mm/dd/yyyy

Employer Name

Permanent Resident Card

Occupation Years with this Employer

Country ID Number Issue Date mm/dd/yyyy Expiration Date mm/dd/yyyy

Address line 1

Visa

Address line 2

Country ID Number Issue Date mm/dd/yyyy Expiration Date mm/dd/yyyy

City State Zip Country

Other

Affiliations

Is client affiliated with, or employed by, a stock exchange, or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer?

Contact Information

Home Phone Business Phone

Mobile Phone E-mail Address

Is client a control person or affiliate or an immediate family/household member of a control person or affiliate of a publicly traded company under SEC Rule 144 (this would include, but is not limited to, a director, 10% share holder, policy-making officer, and members of the board of directors)? Yes No If yes, provide name of company:

Yes No

If yes, please specify entity below. If this entity requires its approval for client to open this account, please provide a copy of the letter.

- Broker-Dealer or Municipal Securities Dealer
 State or Federal Securities Regulator
 FINRA or other Self Regulatory Organization*
 Investment Adviser

*Including a national securities exchange, registered securities association, registered clearing agency or the Municipal Securities Rulemaking Board.

Same as Employer

Name of entity(ies)

SECTION D: ENTITY OWNER INFORMATION

Provide information if the account owner is an entity. Be sure to also provide in Section B, personal information for at least one individual associated with this account.

Entity Name _____ Tax ID Number _____ Date of Trust _____

Legal Address Information

No P.O. Boxes

Address line 1 _____

Address line 2 _____

City _____ State _____ Zip _____

Country _____

Mailing Address Information

If same as Legal Address, leave blank

Address line 1 _____

Address line 2 _____

City _____ State _____ Zip _____

Country _____

Verification of Identification

- Certified Articles of Incorporation Government-Issued Business License
- Trust Agreement Partnership Agreement Other (Must be approved by SII)

Contact Information

Home Phone _____ Business Phone _____

Mobile Phone _____ E-mail Address _____

SECTION E: FINANCIAL INFORMATION

Financial Information

Please complete the information below as it applies to the client(s) of this account or sub-account(s), contract, or policy.

1. Annual Income (From all sources) **2. Estimated Net Worth** (Excluding residence)

\$ _____
Specify Amount

\$ _____
Specify Amount

3. Liquid Net Worth

4. Annual Expenses

\$ _____
Specify Amount

\$ _____
Specify Amount

Tax Bracket

- 0-15% 16-24% 25-28% Over 28% N/A if Entity

Investment Objectives

For this account, please indicate the client's goals as they apply to the fund selection or sub account selection.

Investment Objectives (Select Only One)

Risk Tolerance (Select Only One)

- Capital Preservation Conservative
- Income Moderate Conservative
- Growth with Income Moderate
- Growth Moderate Aggressive
- Aggressive Aggressive

Time Horizon: _____

(please list specific number of years)

The ability to quickly and easily convert to cash all or a portion of the investments in this account without experiencing significant loss in value from, for example, the lack of a ready market, or incurring significant costs or penalties is (check one):

- Very Important Somewhat important
- Important Does not matter

Decision Making (check all that apply)

- Client consults with broker, investment adviser, CPA, or other financial professional.
- Client generally makes own decisions and/or consults with co-applicant(s).
- Client discusses investment decisions with family and/or friends.

Percentage of Portfolio

The Investments in this account will be approximately (check one):

- Less than 1/3 of my financial portfolio
- Between 1/3 to 2/3 of my financial portfolio
- More than 2/3 of my financial portfolio

How Does Client Intend To Use This Account?

They plan to use this account for the following (check all that apply):

- Generate income for current or future expenses
- Partially fund my retirement
- Wholly fund my retirement
- Steadily accumulate wealth over the long term
- Preserve wealth and financial legacy
- Pay for education
- Pay for a house
- Market speculation
- Death Benefit
- Tax Deferred Growth
- Annuitized Payment
- Replace Family Income
- Estate Settlement Costs and Taxes
- Charitable Gift Insurance Plan
- Other: _____

Additional Client Information

Please provide any additional information not requested above that will help to more fully understand the client's investment profile.

Investment Experience

Please indicate the client's experience as it applies to this account or sub-account(s), contract, or policy.

Specific Investment Experience

	Extensive	Good	Limited	None
Mutual Funds/ETFs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variable Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternatives (i.e. REIT/LP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Transactions Per Year

	0-5	6-15	Over 15
Mutual Funds/ETFs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variable Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternatives (i.e. REIT/LP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Investments

Please provide additional information about the client's investments to help more fully understand the client's investment profile and identify what types of investments or strategies may be suitable.

Assets

Total Value of Assets \$ _____ Allocated by: Dollars (\$) Percentage (%)

Mutual Funds _____	Variable Annuities _____	Alternatives (i.e. REIT/LP) _____	Securities Futures _____
Stocks _____	Fixed Annuities _____	Options _____	Foreign Security _____
Bonds _____	Cash Equivalents _____	Foreign Currency _____	Other _____

Suitability Determination

Please provide the details on how it was determined that the proposed purchase is in the best interest of the client. Please do not reference other documents (i.e., fact finder and risk profiles). For life insurance policies, please indicate how you arrived at the death benefit.

SECTION F: PRODUCT INFORMATION

Please complete the information on the product being purchased/transferred.

Annuity

\$ _____ Investment Amount _____ Length of Surrender Schedule (in Years)

Please indicate if any of the following riders have been selected

- Guaranteed Minimum Withdrawal Benefit Guaranteed Account Value Benefit Step Up Death Benefit
- Guaranteed Minimum Accumulation Benefit Enhanced Earning Death benefit Other: _____
- Guaranteed Minimum Income Benefit Nursing Home Waiver

Purchase Justification

(If this is a replacement, please completed section H)

Please provide the specific benefits of the purchase (check all that apply):

- Death Benefit Guarantee Tax Deferred Growth Investment Options
- Living Benefit (please specify) _____ Annuitization Others (please specify) _____

Life Insurance

\$ _____ Initial Premium Amount \$ _____ Planned Annual Premium \$ _____ Face Amount

Please indicate if any of the following riders have been selected

- Spousal Term Accidental Death Benefit Waiver of Premium
- Accelerated Death Benefit Child Term Long Term Care
- Return of Premium Cash Value Enhancement Overloan Protection
- Extended No Lapse Guarantee Other: _____

Do you currently have any additional Life Insurance coverage? Yes No \$ _____ Death Benefit Amount

Mutual Fund Breakpoint Qualifications

Please indicate whether the client or any eligible household member holds shares of any funds, or has a Letter of Intent on file at any company, that would qualify for a breakpoint.

Yes No

If yes, please specify:

- Breakpoint Letter of Intent Rights of Accumulation

Company _____	(\$ amounts)	Company _____	(\$ amounts)

If the client is not taking advantage of a breakpoint opportunity, please explain why.

Fund/Sub Account/Alternatives Info

\$ _____ Investment Amount Allocated by: Dollars (\$) Percentage (%)

Amount	Fund Name/Sub Account/Portfolio	Amount	Fund Name/Sub Account/Portfolio
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION G: SOURCE OF FUNDS

Payment Type

- Check Cashiers/Bank Check Wire Money Order (may not be accepted for all product types) No payment received with application

Please check the source of funds and answer the questions below

- | | | | |
|---|--|---|---------------------------------------|
| <input type="checkbox"/> Salary/Current Income | <input type="checkbox"/> Savings | <input type="checkbox"/> Legal/Insurance Settlement | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Asset Appreciation | <input type="checkbox"/> Business Revenue | <input type="checkbox"/> Mutual Fund Redemption | <input type="checkbox"/> Rollover |
| <input type="checkbox"/> Sale of Assets | <input type="checkbox"/> Savings from Earnings | <input type="checkbox"/> Insurance Surrender/Withdrawal | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Annuity Surrender/Withdrawal | <input type="checkbox"/> Stock Redemption | <input type="checkbox"/> Transfer in Kind | |

If the source of funds is from a mutual fund, the reason for the redemption is:

- Performance did not meet expectations The investment objective has changed Other: _____

Redeemed Product Information

Life Insurance, Annuities, and Mutual Funds

Policy/Contract/Account # (s)	Policy/Contract/Account Value (\$ amounts)
Company/Fund Name	Surrender Charges (\$ amounts)
Product Name	Net Surrender Value (\$ amounts)
(Insurance policies only) Is the existing policy a MEC? <input type="checkbox"/> Yes <input type="checkbox"/> No	(Annuity contracts only) Contract Type <input type="checkbox"/> Qualified <input type="checkbox"/> Non Qualified

SECTION H: REPLACEMENT INFORMATION

Is this transaction a replacement? Yes (If yes, please complete the following section) No

Replacement Justification

Please provide the specific benefits of the replacement that cannot be found on the existing policy/contract (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Increased Death Benefit | <input type="checkbox"/> Increased Investment Options (please specify) | <input type="checkbox"/> Guarantees (please specify) |
| <input type="checkbox"/> Bonus, Lower Premiums, Riders (please specify) | <input type="checkbox"/> Lower Fees | <input type="checkbox"/> Other (please specify) |

Please provide the specific disadvantages of the replacement (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Surrender Charge | <input type="checkbox"/> Increased Fees | <input type="checkbox"/> Interest Rate Decrease |
| <input type="checkbox"/> New Surrender Schedule | <input type="checkbox"/> Decreased Investment Options | <input type="checkbox"/> Loss of Riders (please specify) |
| <input type="checkbox"/> Decreased Death Benefit | <input type="checkbox"/> Loss of Guarantees (please specify) | |
| <input type="checkbox"/> Other (please specify) | <input type="checkbox"/> Tax Liability | |

Has the client exchanged any other policy/contract within the past 36 months? Yes (please specify) No

<input type="checkbox"/> Life <input type="checkbox"/> Annuity	_____	\$ _____
	Date (mm/dd/yyyy)	Surrender Charge
<input type="checkbox"/> Life <input type="checkbox"/> Annuity	_____	\$ _____
	Date (mm/dd/yyyy)	Surrender Charge
<input type="checkbox"/> Life <input type="checkbox"/> Annuity	_____	\$ _____
	Date (mm/dd/yyyy)	Surrender Charge
<input type="checkbox"/> Life <input type="checkbox"/> Annuity	_____	\$ _____
	Date (mm/dd/yyyy)	Surrender Charge

If the client has a guaranteed income or withdrawal rider on the existing policy/contract, please indicate what rider and the base value at the time of surrender.

Is there an existing loan on the current policy/contract? Yes (If yes, please complete the following section) No

Is the outstanding loan carrying over to the new policy/contract? Yes No

If No, what is the taxable amount \$ _____

Are you the writing agent on the policy/contract that will be replaced? Yes No

Replacement Comparison Chart

Existing Policy/Contract	Cost/Benefit \$/%	Proposed Policy/Contract
<input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Traditional Life <input type="checkbox"/> Variable Life <input type="checkbox"/> Equity Index Annuity	Policy/Contract Type	<input type="checkbox"/> Fixed Annuity <input type="checkbox"/> Variable Annuity <input type="checkbox"/> Traditional Life <input type="checkbox"/> Variable Life <input type="checkbox"/> Equity Index Annuity
	Age at Issue	
\$ Current	Total Death Benefit	\$ At Issue
Remaining Surrender Period (In Years)	Length of Surrender Charge Period	Length of Proposed Surrender Period (In Years)
	Annual Premium (Life Insurance Policies Only)	
	Annual Maintenance Fee (Annuity)/ Administrative Expense Charge (Life Insurance)	
	Total Annual Fund Expenses (Annuity)/ Total Asset Based Charges (Life Insurance)	
	Mortality & Expense Risk Charge (Annuity)/ Maximum Sales Charge (Life Insurance)	
	Rider Fees	
	Total Fees (M&E&A plus rider fees)	

Please note that if the death benefit or living benefit rider under the existing annuity contract is greater than or equal to the current surrender value of the existing contract, then the client must be made aware of the disadvantages associated with this replacement transaction.

SECTION I: TRUSTED CONTACT INFORMATION

If we are unable to reach you, you authorize us to contact the person listed below and to disclose information about you in order to confirm the specifics of your current contact information, health status, and the identity of any legal guardian, executor, trustee, or holder of a power of attorney.

Note: Your back-up contact should not be a co-applicant. You authorize us to contact the person(s) listed below if: (i) we are unable to reach you and there appears to be unusual activity regarding your account; (ii) we are unable to reach you for a reasonable period of time irrespective of any unusual account activity; or (iii) if we become concerned about your mental or physical health (for example, if we think you are acting out of character). Naming someone as your Trusted Contact does not give that person authority to transact business on your behalf and does not give Signator the authority to release details of your account to that person. Our goal in asking for your Trusted Contact is to provide an additional layer of security to our relationship with you.

Your Trusted Contact should be an adult. You may change your Trusted Contact at any time. We will NOT provide confidential information about your account holdings, values, etc., to or take trading instructions from your Trusted Contact, unless you specifically authorize us, in writing, to do so.

First Name	Middle Name	Last Name
Address		Apt./Suite No.
City	State	Zip
Work Phone	Home Phone	Mobile Phone
Email Address		

CLIENT ACKNOWLEDGMENTS

Please review the following acknowledgments for all accounts, contracts and policy types and sign below.

For all accounts, contracts or policy types:

- 1. I (We) acknowledge that I (We) have received a prospectus for the product that I am (We are) purchasing. I (We) have discussed the material information in the prospectus, including charges and expenses, with my representative, and I (We) agree with the recommendation to purchase this product excluding fixed annuities.
2. If the source of funds for the investment to be purchased is from the sale of another investment/insurance policy, I (We) understand the potential tax consequences resulting from the sale and the fact that I (We) may have paid a sales charge/commission on the product surrendered or redeemed.
3. I (We) received the Signator Investors, Inc. and Signator Welcome Brochure, which highlights important information about Signator Investors, Inc. and investment products that I (We) may be considering to purchase.
4. If I am a client of my representative's previous firm, I also understand that I can continue to hold my existing investment(s) at that firm.

For Class B-Share Mutual Funds:

- 1. I (We) acknowledge that My (Our) representative has reviewed with Me (Us) the FINRA Mutual Fund Analyzer which compares expenses and charges of this Class B share purchase with those of a Class A share purchase. (This is required for purchases between \$50,000 and \$99,999.)
2. I (We) acknowledge that any Class B share purchases at \$100,000 or over will not be accepted.
3. I (We) understand that Signator Investors, Inc. may cancel this trade if deemed inappropriate to My (Our) financial goals and objectives.

For Class C-Share Mutual Funds:

- 1. I (We) acknowledge that My (Our) representative has reviewed with Me (Us) the FINRA Mutual Fund analyzer which compares expenses and charges of this Class C share purchase with those of a Class A share purchase. (This is required for purchases between \$50,000 with \$500,000.)
2. I (We) acknowledge that any Class C share purchases at \$500,000 or over will not be accepted.
3. I (We) understand that Signator Investors, Inc. may cancel this trade if deemed inappropriate to My (Our) financial goals and objectives.

For Limited Partnerships:

- 1. I (We) have received and read a current offering document for the Limited Partnership selected and understand the investment objectives and suitability requirements of the partnership.
2. I (We) understand that this is an illiquid investment, and should I (We) need to sell this asset at any time, I (We) risk selling at a loss, not finding any buyer or losing My (Our) entire investment.
3. I (We) understand that a portion of the distributions received from this investment may represent a return of principal.

For 529 Plans:

- 1. If purchasing a 529 plan, I (We) understand that a plan offered by my (our) state of residence may provide tax benefits that are not affordable to a plan sponsored by another state.

All controversies that may arise between you and Signator, concerning any subject matter, issue, or circumstance whatsoever, arising before, on, or after the date this account is opened, shall be determined by arbitration in accordance with the rules then prevailing of the Financial Industry Regulatory Authority (FINRA) or any securities self-regulatory organization or securities exchange of which the person, entity, or entities against whom the claim is made is a member. Judgment upon any arbitration award may be entered in any court of competent jurisdiction.

For Resolving Disputes-Arbitration: This agreement contains a pre-dispute arbitration clause. Under this clause, which becomes binding on all parties when you sign your account application, you, we, and Signator agree as follows:

- 1. All parties to this agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed.
2. Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify an arbitration award is very limited.
3. The ability of the parties to obtain documents, witness statements, and other discovery is generally more limited in arbitration than in court proceedings.
4. The arbitrators do not have to explain the reason(s) for their award.
5. The panel of arbitrators will typically include a minority of arbitrators who were or are affiliated with the securities industry.
6. The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court.
7. The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this agreement.

No person shall bring a putative or certified class action to arbitration, nor seek to enforce any predispute arbitration agreement against any person who has initiated in court a putative class action; or who is a member of a putative class action who has not opted out of the class with respect to any claims encompassed by the putative class action until; 1) the class certification is denied; or 2) the class is decertified; or 3) the customer is excluded from the class by the court. Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this agreement except to the extent stated herein.

The account application was solicited in the state of _____

THE INVESTOR INFORMATION CONTAINED ON THIS FORM ACCURATELY DESCRIBES MY (OUR) INVESTMENT OBJECTIVE, FINANCIAL SITUATION AND EMPLOYMENT AS IT PERTAINS TO THIS ACCOUNT, POLICY OR CONTRACT. THIS AGREEMENT CONTAINS A PRE-DISPUTE ARBITRATION CLAUSE LOCATED ABOVE.

Client/Owner Signature

Primary Account Owner Signature Date mm/dd/yyyy Secondary Account Owner Signature Date mm/dd/yyyy

I certify that I have seen the customer's identification noted above for new accounts

Registered Representative

Additional Registered Representative

Registered Representative Name (Print) Agency Number Representative Number Registered Representative Name (Print) Agency Number Representative Number

Registered Representative Signature Date mm/dd/yyyy Registered Representative Signature Date mm/dd/yyyy

Registered Principal

Registered Principal Name (Print) Registered Representative Number Agency Number

Registered Principal Signature Date mm/dd/yyyy

Date Application Received at OSJ mm/dd/yyyy Date Sent to Carrier mm/dd/yyyy