



INCREASED RISK ACKNOWLEDGEMENT AND RELEASE	
Printed Name of Custodian	
Printed Name of Minor	
Account Number	
Investment Strategy(ies) selected for this account considered above average risk and volatility	
<input type="checkbox"/> Government Long/Short <input type="checkbox"/> Aviator <input type="checkbox"/> High Yield Long/Short <input type="checkbox"/> Gold <input type="checkbox"/> Oil <input type="checkbox"/> Precious Metals 1.5X <input type="checkbox"/> Precious Metals Long 1.5X/Short 1.0X <input type="checkbox"/> Other _____	<input type="checkbox"/> Classic Long/Short <input type="checkbox"/> Crescendo <input type="checkbox"/> Alternative <input type="checkbox"/> Silver <input type="checkbox"/> Precious Metals 1.0X <input type="checkbox"/> Precious Metals Long 1.0X/Short 1.0X <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____

I (Name of Custodian) \_\_\_\_\_, acknowledge that I have selected an investment strategy(ies) on behalf of this minor child (Name of Minor on account) \_\_\_\_\_

that are generally considered to be above average risk and volatility and may not be suitable for a minor's investment objective and/or financial situation. I acknowledge that Atlas Capital has advised that the selected strategy(ies) may not be appropriate for a custodial account. Custodian further acknowledges that Atlas Capital has explained to me the potential adverse financial consequences associated with an investment in this investment strategy(ies), including, but not limited to, increased market volatility and loss of principal. I confirm that no portion of the investment(s) in the above listed strategy(ies) is needed to meet child support obligations or educational expenses. I fully understand the increased risks, and am fully prepared to accept any and all adverse consequences resulting from this decision. On behalf of myself and my heirs, successors and assigns, release and hold harmless Atlas Capital Management and each of its officers, directors, owners, employees, representatives, and agents from any and all adverse consequences or liability resulting from this decision, including loss of principal.

<b>Custodian Signature</b>		<b>Date</b>
<b>Name of Financial Services Professional</b>		
<b>Financial Services Professional Signature</b>		<b>Date</b>