

**SAMUEL A. RAMIREZ & COMPANY, INC.
CLIENT VERIFICATION FORM**

Name: _____ Account #: _____ Date of Birth: _____
 Address: _____ Business Address: _____

Financial Profile (Household)	Annual Income	Net Worth (excl. res.)	Federal Tax Bracket	Employment Status
<\$50,000	_____	_____	10% _____	Employed _____
\$50,000-\$100,000	_____	_____	15% _____	Self Employed _____
\$100,001-\$250,000	_____	_____	27% _____	Unemployed _____
\$250,001-\$500,000	_____	_____	30% _____	Retired _____
\$500,001-\$1,000,000	_____	_____	35% _____	Homemaker _____
>\$1,000,000	_____	_____	38.6% _____	Student _____

Primary (1) and Secondary (2) Investment Objective:

Preservation of Capital _____ Emphasis on preserving existing level of assets
 Income _____ Emphasis on generating current income rather than growth
 Growth _____ Emphasis on generating capital appreciation rather than income
 Speculation _____ Emphasis on aggressive investments with above average risk
 Short Term Gain _____ Emphasis on short-term trading to leverage market volatility

Risk Tolerance:

Conservative _____ Prefer little risk and low volatility in return for lower returns
 Moderate/Conservative _____ Willing to take some risk to seek enhanced returns
 Moderate _____ Willing to assume an average amount of risk and volatility
 Moderate/Aggressive _____ The loss of principal is tolerated for potentially higher returns
 Aggressive _____ Tolerate substantial volatility/loss in pursuit of high returns

Investment Experience:

Number of years in: Equities _____ Bonds _____ Mutual Funds _____ Options _____

_____/_____
 Account Executive Signature / Date

_____/_____
 Manager Signature / Date

The above information was recorded by your Account Executive at Samuel A. Ramirez & Company, Inc. In order that we may service your account properly, please review and verify the above information. If there are any changes to be made, please mark them accordingly, sign below and return this form to us. Thank you for your cooperation.

_____/_____
 Client Signature / Date

_____/_____
 Joint Client Signature / Date