

TKC Wealth Management, LLC

12900 Preston Rd. Suite 700
Dallas, TX 75230

4100 Newport Place Dr. Suite 660
New Port Beach, CA 92660

Client Information and Account Form

-Natural Person, -Retirement, -Trust, -Non-Natural

☐ New Account ☐ Update Existing Account

Financial Advisor Name: _____

I. Select an Account

☐ Individual ☐ JTWROS. ☐ Tenants in Common ☐ Community Property ☐ Other _____
(only signature required XVII)

Complete Sections: A & D

☐ Traditional IRA ☐ Rollover IRA ☐ Roth IRA ☐ SEP IRA ☐ 401(K) ☐ Inherited IRA ☐ Other _____
☐ From Inherited IRA ☐ From Inherited Profit Sharing ☐ From Inherited Roth ☐ From Inherited Money Purchase

Complete Sections: A & D

☐ Trust Revocable ☐ Trust Non-Revocable ☐ Estate ☐ UGMA/UTMA ☐ Other _____

Complete Sections: B & D

Corporation
(attach corporate
resolution)
taxed as:

☐ C-Corp
☐ S-Corp

Limited Liability Company
(attach company formation docs)
taxed as:

☐ C-Corp ☐ S-Corp
☐ Partnership
☐ Sole Proprietorship

☐ Sole Proprietorship (attach company formation docs)

☐ Partnership (attach company formation docs)

☐ Trust (attach formation docs)

☐ Other _____

Status of the Business: (Mark all that apply) ☐ Operating ☐ *Non-Operating ☐ Foreign ☐ Domestic

*Can include, but are not limited to a holding company, personal investment company, shell company or similar.

Business Activity:

Complete Sections: C & D

Section A

Complete for Natural and Retirement Accounts

I. Primary Applicant - Natural and Retirement

First Name:		Middle Name:	Last Name:	
Date of Birth (MM/DD/YYYY):		Social Security Number:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		# Dependents:	Client Email Address:	
Cell Phone:	Daytime Phone: <input type="checkbox"/> Same		Evening Phone: <input type="checkbox"/> Same	
Permanent Address of Account: (Cannot be a Post Office Box)				
City:	State/Province:	Zip/Postal Code:	Country:	
Mailing Address: (If different from permanent address)				
City:	State/Province:	Zip/Postal Code:	Country:	
Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other	Country of Citizenship:	Foreign Citizens Choose One: <input type="checkbox"/> Permanent U.S. Resident (Green Card) <input type="checkbox"/> Non-Permanent U.S. Resident <input type="checkbox"/> Non-Resident of U.S.		

TKC Wealth Management, LLC is associated with non-affiliated broker dealer Landolt Securities, Inc. Member FINRA/SIPC.

U.S. Driver's License Number: (if applicable)		State of Issuance:	Expiration:
Government Identification (Required for non-U.S. residents) <input type="checkbox"/> Passport <input type="checkbox"/> Other _____		ID Number:	Country of Issuance:
Expiration:			
2 nd Identification (Required for non-US residents) <input type="checkbox"/> Utility Bill <input type="checkbox"/> Bank Stmt <input type="checkbox"/> Other _____			
Country of Tax Residence: <input type="checkbox"/> U.S. <input type="checkbox"/> Other		Country:	
Employer or if retired enter source of funds and former employer:		Occupation:	
Employer Address:			
Is the client, spouse or dependent person affiliated with any U.S. stock exchange, FINRA, a bank, a trust, or insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the client, spouse or dependent person a director, 10% shareholder or policy maker for a publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the client, spouse or dependent person a senior military, governmental or political official in a non-US country? <input type="checkbox"/> Yes <input type="checkbox"/> No			

II. Co-Applicant - (if applicable - Natural Only)

First Name:		Middle Name:	Last Name:	
Date of Birth (MM/DD/YYYY):		Social Security Number:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		# Dependents:	Client Email Address:	
Cell Phone:	Daytime Phone: <input type="checkbox"/> Same		Evening Phone: <input type="checkbox"/> Same	
Permanent Address of Account: (Cannot be a Post Office Box)				
City:	State/Province:	Zip/Postal Code:	Country:	
Mailing Address: (If different from permanent address)				
City:	State/Province:	Zip/Postal Code:	Country:	
Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other	Country of Citizenship:	Foreign Citizens Choose One: <input type="checkbox"/> Permanent U.S. Resident (Green Card) <input type="checkbox"/> Non-Permanent U.S. Resident <input type="checkbox"/> Non-Resident of U.S.		
U.S. Driver's License Number: (if applicable)		State of Issuance:	Expiration:	
Government Identification (Required for non-U.S. residents) <input type="checkbox"/> Passport <input type="checkbox"/> Other _____		ID Number:	Country of Issuance:	
Expiration:				
2 nd Identification (Required for non-US residents) <input type="checkbox"/> Utility Bill <input type="checkbox"/> Bank Stmt <input type="checkbox"/> Other _____				
Country of Tax Residence: <input type="checkbox"/> U.S. <input type="checkbox"/> Other		Country:		
Employer or if retired enter source of funds and former employer:		Occupation:		
Employer Address:				

Is the client, spouse or dependent person affiliated with any U.S. stock exchange, FINRA, a bank, a trust, or insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the client, spouse or dependent person a director, 10% shareholder or policy maker for a publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the client, spouse or dependent person a senior military, governmental or political official in a non-US country? <input type="checkbox"/> Yes <input type="checkbox"/> No	

III. Beneficiary Information – Retirement and 529 Accounts Only

Primary Beneficiary

1. Beneficiary Name:	SSN:	Date of Birth (mm/dd/yyyy)	Percentage %
<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust			
2. Beneficiary Name:	SSN:	Date of Birth (mm/dd/yyyy)	Percentage %
<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust			
3. Beneficiary Name:	SSN:	Date of Birth (mm/dd/yyyy)	Percentage %
<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust			

Contingent Beneficiary

Contingent beneficiaries receive assets only if no primary beneficiary survives you.

1. Beneficiary Name:	SSN:	Date of Birth (mm/dd/yyyy)	Percentage %
<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust			
2. Beneficiary Name:	SSN:	Date of Birth (mm/dd/yyyy)	Percentage %
<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust			
3. Beneficiary Name:	SSN:	Date of Birth (mm/dd/yyyy)	Percentage %
<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust			

Section B

Complete for Trust Accounts also Complete Trust Certification

I. Trust - Grantor, Trustee, Authorized Person #1

UTMA - Minor Information

Individual is a:	<input type="checkbox"/> Grantor <input type="checkbox"/> Trustee <input type="checkbox"/> Deceased Grantor/Settlor <input type="checkbox"/> UTMA Minor <input type="checkbox"/> Additional Individual with Appoint/Remove Authority		
Have authority to revoke or amend the trust: <input type="checkbox"/> Yes <input type="checkbox"/> No			
First Name:	Middle Name:	Last Name:	
Date of Birth (MM/DD/YYYY):	Social Security Number:		
Marital Status:	# Dependents:	Client Email Address:	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Cell Phone:	Daytime Phone:	Evening Phone:	
	<input type="checkbox"/> Same	<input type="checkbox"/> Same	
Permanent Address of Account: (Cannot be a Post Office Box)			
City:	State/Province:	Zip/Postal Code:	Country:
Mailing Address: (If different from permanent address)			
City:	State/Province:	Zip/Postal Code:	Country:

Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other		Country of Citizenship:		Foreign Citizens Choose One: <input type="checkbox"/> Permanent U.S. Resident (Green Card) <input type="checkbox"/> Non-Permanent U.S. Resident <input type="checkbox"/> Non-Resident of U.S.	
U.S. Driver's License Number:			State of Issuance:		Expiration:
Government Identification (Required for non-U.S. residents) <input type="checkbox"/> Passport <input type="checkbox"/> Other _____			ID Number:		Country of Issuance:
Expiration:					
2 nd Identification (Required for non-US residents) <input type="checkbox"/> Utility Bill <input type="checkbox"/> Bank Stmt <input type="checkbox"/> Other _____					
Country of Tax Residence: <input type="checkbox"/> U.S. <input type="checkbox"/> Other			Country:		
Employer <u>or</u> if retired enter source of funds and former employer:				Occupation:	
Employer Address:					
Is the client, spouse or dependent person affiliated with any U.S. stock exchange, FINRA, a bank, a trust, or insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is the client, spouse or dependent person a director, 10% shareholder or policy maker for a publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the client, spouse or dependent person a senior military, governmental or political official in a non-US country? <input type="checkbox"/> Yes <input type="checkbox"/> No					

I. Trust - Grantor, Trustee, Authorized Person #2			UTMA - Custodian		
Individual is a:		<input type="checkbox"/> Grantor <input type="checkbox"/> Trustee <input type="checkbox"/> Deceased Grantor/Settlor <input type="checkbox"/> UTMA Custodian <input type="checkbox"/> Additional Individual with Appoint/Remove Authority			
Have authority to revoke or amend the trust: <input type="checkbox"/> Yes <input type="checkbox"/> No					
First Name:		Middle Name:	Last Name:		
Date of Birth (MM/DD/YYYY):		Social Security Number:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		# Dependents:	Client Email Address:		
Cell Phone:	Daytime Phone: <input type="checkbox"/> Same		Evening Phone: <input type="checkbox"/> Same		
Permanent Address of Account: (Cannot be a Post Office Box)					
City:	State/ Province:	Zip/Postal Code:	Country:		
Mailing Address: (If different from permanent address)					
City:	State/ Province:	Zip/Postal Code:	Country:		
Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other		Country of Citizenship:		Foreign Citizens Choose One: <input type="checkbox"/> Permanent U.S. Resident (Green Card) <input type="checkbox"/> Non-Permanent U.S. Resident <input type="checkbox"/> Non-Resident of U.S.	
U.S. Driver's License Number:			State of Issuance:		Expiration:
Government Identification (Required for non-U.S. residents) <input type="checkbox"/> Passport <input type="checkbox"/> Other _____			ID Number:		Country of Issuance:
Expiration:					
2 nd Identification (Required for non-US residents) <input type="checkbox"/> Utility Bill <input type="checkbox"/> Bank Stmt <input type="checkbox"/> Other _____					
Country of Tax Residence: <input type="checkbox"/> U.S. <input type="checkbox"/> Other			Country:		
Employer <u>or</u> if retired enter source of funds and former employer:				Occupation:	
Employer Address:					

Is the client, spouse or dependent person affiliated with any U.S. stock exchange, FINRA, a bank, a trust, or insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the client, spouse or dependent person a director, 10% shareholder or policy maker for a publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the client, spouse or dependent person a senior military, governmental or political official in a non-US country? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I. Trust - Grantor, Trustee, Authorized Person #3

Individual is a:	<input type="checkbox"/> Grantor <input type="checkbox"/> Trustee <input type="checkbox"/> Deceased Grantor/Settlor <input type="checkbox"/> Additional Individual with Appoint/Remove Authority		
Have authority to revoke or amend the trust: <input type="checkbox"/> Yes <input type="checkbox"/> No			
First Name:	Middle Name:	Last Name:	
Date of Birth (MM/DD/YYYY):		Social Security Number:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		# Dependents:	Client Email Address:
Cell Phone:	Daytime Phone: <input type="checkbox"/> Same	Evening Phone: <input type="checkbox"/> Same	
Permanent Address of Account: (Cannot be a Post Office Box)			
City:	State/ Province:	Zip/Postal Code:	Country:
Mailing Address: (If different from permanent address)			
City:	State/ Province:	Zip/Postal Code:	Country:
Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other	Country of Citizenship:	Foreign Citizens Choose One: <input type="checkbox"/> Permanent U.S. Resident (Green Card) <input type="checkbox"/> Non-Permanent U.S. Resident <input type="checkbox"/> Non-Resident of U.S.	
U.S. Driver's License Number:		State of Issuance:	Expiration:
Government Identification (Required for non-U.S. residents) <input type="checkbox"/> Passport <input type="checkbox"/> Other _____		ID Number:	Country of Issuance:
Expiration: 2 nd Identification (Required for non-US residents) <input type="checkbox"/> Utility Bill <input type="checkbox"/> Bank Stmt <input type="checkbox"/> Other _____			
Country of Tax Residence: <input type="checkbox"/> U.S. <input type="checkbox"/> Other		Country:	
Employer <u>or</u> if retired enter source of funds and former employer:		Occupation:	
Employer Address:			
Is the client, spouse or dependent person affiliated with any U.S. stock exchange, FINRA, a bank, a trust, or insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the client, spouse or dependent person a director, 10% shareholder or policy maker for a publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the client, spouse or dependent person a senior military, governmental or political official in a non-US country? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Trust Certification (required for all Trust accounts)

Trust Name:		State/Country where organized:
Indicate the Type of Trust: <input type="checkbox"/> Revocable Living <input type="checkbox"/> Irrevocable <input type="checkbox"/> Testamentary <input type="checkbox"/> Inherited		
<input type="checkbox"/> SSN or <input type="checkbox"/> TIN	Trust Tax Number:	Date of Trust: (MM/DD/YYYY)
By whom may this trust be revoked or amended?		
Has the Original Trust Agreement Been Amended or Restated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date(s) of Amendment(s)/Restatement(s)
Trustor/Grantor Name:		
Trustor/Grantor Name:		
Trustee:		
Trustee:		
Trustee:		
Other than Grantor or Trustee-Authorized Person:		<input type="checkbox"/> N/A
Other than Grantor or Trustee-Authorized Person:		<input type="checkbox"/> N/A
Is the Beneficiary a(n): <input type="checkbox"/> Individual <input type="checkbox"/> Inherited Roth <input type="checkbox"/> Inherited Profit Sharing <input type="checkbox"/> Inherited Money Purchase <input type="checkbox"/> Inherited IRA <input type="checkbox"/> Trust <input type="checkbox"/> Entity		

Beneficiary Information (As Provided in Trust Document)	
♦ Primary:	SSN:
♦ Primary:	SSN:
♦ Contingent:	SSN:
♦ Contingent:	SSN:

Powers of the Trustee(s) and Authorized Person: The questions below refer to what powers the Trustee and Authorized Person is given under the Trust Agreement. If any of the following questions are not answered it will be presumed that the Trustee and Authorized Person does not have these powers.
1. I/We do hereby certify that the Trustee(s) and Authorized Person are authorized to act independently without the consent of the others. <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does the Trust Agreement grant the Trustee and Authorized Signer the power to delegate to others (such as an Attorney or Accountant) the power to act in a limited capacity with respect to giving investment instructions to TKC Wealth Management, LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does the Trust Agreement grant the Trustee and Authorized Signer the power to enter into transactions for the purchase and sale of securities and other investments without limitation? Check all that is permitted within the trust document. <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Private Placements <input type="checkbox"/> Alternative Investments <input type="checkbox"/> REITS <input type="checkbox"/> Certificates of Deposit <input type="checkbox"/> ETFs <input type="checkbox"/> UIT <input type="checkbox"/> Options <input type="checkbox"/> Structured Products <input type="checkbox"/> Other: _____

Indemnification

The undersigned Trustees hereby jointly and severally indemnify TKC Wealth Management, LLC. and each of its officers, directors, employees and agents from, and hold such persons harmless against any claims, judgments, surcharges, settlement amounts or other liabilities or cost of defense or settlement (including attorney's fees) arising out of or related to any actual or alleged improper or unsuitable actions taken at such Trustees, Grantors or Authorized Signers' instructions in connection with the managed account established at TKC Wealth Management or Clearing Firm or any Direct Sponsor for the Trust. This indemnification is made by the undersigned Trustees, Grantors and/or Authorized Signers both in their capacity as Trustee and Authorized Signer and in their individual capacities.

The representations and obligations stated herein shall survive termination of the Trust Agreement and the Account Agreement relating to the Trust.

Note: Trustee signature must include position as trustee or ttee.

Trustee:	Signature:	Date: _____
Trustee:	Signature:	Date: _____
Trustee:	Signature:	Date: _____
Investment Advisor:	Signature:	Date: _____

Rest of Page Intentionally Left Blank

Section C**Complete for Non-Natural**

I. Business Information			
Name of Business: (as shown on your income tax return)			Taxpayer ID Number/SSN:
Date of Creation: (MM/DD/YYYY)		State/Country where organized:	
Business Phone Number:			
Permanent Address of Account			
Address: (Cannot be a Post Office Box)			
City:	State/ Province:	Zip/Postal Code:	Country:
Mailing Address of Account: (If different than Permanent Address of Account)			
Address:			
City:	State/ Province:	Zip/Postal Code:	Country:
Definition of Control Person: Defined as an individual with significant responsibility for managing the legal entity.			
1. Control Person: Name:		Title:	Authorized Signer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		DOB:	Citizenship: SS#:
2. Control Person: Name:		Title:	Authorized Signer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		DOB:	Citizenship: SS#:
3. Control Person: Name:		Title:	Authorized Signer: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		DOB:	Citizenship: SS#:
Direct or Indirect Ownership provide name and equity interest in the entity.			
Name: _____		<input type="checkbox"/> 10% or greater for domestic non-operating business	
		<input type="checkbox"/> 10% or greater for foreign businesses	
		<input type="checkbox"/> 25% or greater-domestic operating business	
Name: _____		<input type="checkbox"/> 10% or greater for domestic non-operating business	
		<input type="checkbox"/> 10% or greater for foreign businesses	
		<input type="checkbox"/> 25% or greater-domestic operating business	
Is the business or any of its owners associated with or a senior military, governmental or political official in a non-US country? <input type="checkbox"/> Yes <input type="checkbox"/> No			

II. If Owner is a Trust – Complete Below and Trust Certification Attach Copy of Trust (If not skip to section III)
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Grantor, Trustee, Authorized Person #1			
Individual is a:	<input type="checkbox"/> Grantor <input type="checkbox"/> Trustee <input type="checkbox"/> Authorized Person <input type="checkbox"/> Deceased Grantor/Settlor <input type="checkbox"/> Additional Individual with Appoint/Remove Authority		
Have authority to revoke or amend the trust: <input type="checkbox"/> Yes <input type="checkbox"/> No			
First Name:	Middle Name:	Last Name:	
Date of Birth (MM/DD/YYYY):		Social Security Number:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		# Dependents:	Client Email Address:
Cell Phone:	Daytime Phone: <input type="checkbox"/> Same	Evening Phone: <input type="checkbox"/> Same	

Permanent Address of Account: (Cannot be a Post Office Box)			
City:	State/ Province:	Zip/Postal Code:	Country:
Mailing Address: (If different from permanent address)			
City:	State/ Province:	Zip/Postal Code:	Country:
Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other	Country of Citizenship:	Foreign Citizens Choose One: <input type="checkbox"/> Permanent U.S. Resident (Green Card) <input type="checkbox"/> Non-Permanent U.S. Resident <input type="checkbox"/> Non-Resident of U.S.	
U.S. Driver's License Number: (if applicable)		State of Issuance:	Expiration:
Government Identification (Required for non-U.S. residents) <input type="checkbox"/> Passport <input type="checkbox"/> Other _____ Expiration:		ID Number:	Country of Issuance:
2nd Identification (Required for non-US residents) <input type="checkbox"/> Driver's License <input type="checkbox"/> State/Country ID <input type="checkbox"/> Other _____		ID Number:	Country of Issuance:
Country of Tax Residence: <input type="checkbox"/> U.S. <input type="checkbox"/> Other		Country:	
Employer <u>or</u> if retired enter source of funds and former employer:		Occupation:	
Employer Address:			
Is the client, spouse or dependent person affiliated with any U.S. stock exchange, FINRA, a bank, a trust, or insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the client, spouse or dependent person a director, 10% shareholder or policy maker for a publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the client, spouse or dependent person a senior military, governmental or political official in a non-US country? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Grantor, Trustee, Authorized Person #2

Individual is a:	<input type="checkbox"/> Grantor <input type="checkbox"/> Trustee <input type="checkbox"/> Authorized Person <input type="checkbox"/> Deceased Grantor/Settlor <input type="checkbox"/> Additional Individual with Appoint/Remove Authority		
Have authority to revoke or amend the trust: <input type="checkbox"/> Yes <input type="checkbox"/> No			
First Name:	Middle Name:	Last Name:	
Date of Birth (MM/DD/YYYY):		Social Security Number:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		# Dependents:	Client Email Address:
Cell Phone:	Daytime Phone: <input type="checkbox"/> Same	Evening Phone: <input type="checkbox"/> Same	
Permanent Address of Account: (Cannot be a Post Office Box)			
City:	State/ Province:	Zip/Postal Code:	Country:
Mailing Address: (If different from permanent address)			
City:	State/ Province:	Zip/Postal Code:	Country:
Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other	Country of Citizenship:	Foreign Citizens Choose One: <input type="checkbox"/> Permanent U.S. Resident (Green Card) <input type="checkbox"/> Non-Permanent U.S. Resident <input type="checkbox"/> Non-Resident of U.S.	
U.S. Driver's License Number: (if applicable)		State of Issuance:	Expiration:
Government Identification (Required for non-U.S. residents) <input type="checkbox"/> Passport <input type="checkbox"/> Other _____ Expiration:		ID Number:	Country of Issuance:

2 nd Identification (Required for non-US residents) <input type="checkbox"/> Driver's License <input type="checkbox"/> State/Country ID <input type="checkbox"/> Other_____		ID Number:	Country of Issuance:
Country of Tax Residence: <input type="checkbox"/> U.S. <input type="checkbox"/> Other		Country:	
Employer <u>or</u> if retired enter source of funds and former employer:		Occupation:	
Employer Address:			
Is the client, spouse or dependent person affiliated with any U.S. stock exchange, FINRA, a bank, a trust, or insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the client, spouse or dependent person a director, 10% shareholder or policy maker for a publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the client, spouse or dependent person a senior military, governmental or political official in a non-US country? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Grantor, Trustee, Authorized Person #3

Individual is a:		<input type="checkbox"/> Grantor <input type="checkbox"/> Trustee <input type="checkbox"/> Authorized Person <input type="checkbox"/> Deceased Grantor/Settlor <input type="checkbox"/> Additional Individual with Appoint/Remove Authority	
Have authority to revoke or amend the trust: <input type="checkbox"/> Yes <input type="checkbox"/> No			
First Name:	Middle Name:	Last Name:	
Date of Birth (MM/DD/YYYY):		Social Security Number:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		# Dependents:	Client Email Address:
Cell Phone:	Daytime Phone: <input type="checkbox"/> Same	Evening Phone: <input type="checkbox"/> Same	
Permanent Address of Account: (Cannot be a Post Office Box)			
City:	State/Province:	Zip/Postal Code:	Country:
Mailing Address: (If different from permanent address)			
City:	State/Province:	Zip/Postal Code:	Country:
Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other	Country of Citizenship:	Foreign Citizens Choose One: <input type="checkbox"/> Permanent U.S. Resident (Green Card) <input type="checkbox"/> Non-Permanent U.S. Resident <input type="checkbox"/> Non-Resident of U.S.	
U.S. Driver's License Number: (if applicable)		State of Issuance:	Expiration:
Government Identification (Required for non-U.S. residents) <input type="checkbox"/> Passport <input type="checkbox"/> Other_____		ID Number:	Country of Issuance:
Expiration:			
2 nd Identification (Required for non-US residents) <input type="checkbox"/> Driver's License <input type="checkbox"/> State/Country ID <input type="checkbox"/> Other_____		ID Number:	Country of Issuance:
Country of Tax Residence: <input type="checkbox"/> U.S. <input type="checkbox"/> Other		Country:	
Employer <u>or</u> if retired enter source of funds and former employer:		Occupation:	
Employer Address:			
Is the client, spouse or dependent person affiliated with any U.S. stock exchange, FINRA, a bank, a trust, or insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the client, spouse or dependent person a director, 10% shareholder or policy maker for a publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the client, spouse or dependent person a senior military, governmental or political official in a non-US country? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Trust Certification (required for businesses owned by a Trust)

Trust Name:		State/Country where organized:	
Indicate the Type of Trust: <input type="checkbox"/> Revocable Living <input type="checkbox"/> Irrevocable <input type="checkbox"/> Testamentary <input type="checkbox"/> Inherited			
<input type="checkbox"/> SSN or <input type="checkbox"/> TIN	Trust Tax Number:	Date of Trust: (MM/DD/YYYY)	
By whom may this trust be revoked or amended?			
Has the Original Trust Agreement Been Amended or Restated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date(s) of Amendment(s)/Restatement(s)	
Trustor/Grantor Name:			
Trustor/Grantor Name:			
Trustee:			
Trustee:			
Trustee:			
Other than Grantor or Trustee-Authorized Person:			<input type="checkbox"/> N/A
Other than Grantor or Trustee-Authorized Person:			<input type="checkbox"/> N/A
Is the Beneficiary a(n): <input type="checkbox"/> Individual <input type="checkbox"/> Inherited Roth <input type="checkbox"/> Inherited Profit Sharing <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Inherited Money Purchase <input type="checkbox"/> Inherited IRA <input type="checkbox"/> Trust <input type="checkbox"/> Entity </div>			

Beneficiary Information (As Provided in Trust Document)	
♦ Primary:	SSN:
♦ Primary:	SSN:
♦ Contingent:	SSN:
♦ Contingent:	SSN:

Powers of the Trustee(s) and Authorized Person: The questions below refer to what powers the Trustee and Authorized Person is given under the Trust Agreement. If any of the following questions are not answered it will be presumed that the Trustee and Authorized Person does not have these powers.	
1. I/We do hereby certify that the Trustee(s) and Authorized Person are authorized to act independently without the consent of the others. <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Does the Trust Agreement grant the Trustee and Authorized Signer the power to delegate to others (such as an Attorney or Accountant) the power to act in a limited capacity with respect to giving investment instructions to TKC Wealth Management, LLC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Does the Trust Agreement grant the Trustee and Authorized Signer the power to enter into transactions for the purchase and sale of securities and other investments without limitation? Check all that is permitted within the trust document. <div style="display: flex; flex-wrap: wrap; margin-top: 5px;"> <div style="margin-right: 10px;"><input type="checkbox"/> Stocks</div> <div style="margin-right: 10px;"><input type="checkbox"/> Bonds</div> <div style="margin-right: 10px;"><input type="checkbox"/> Mutual Funds</div> <div style="margin-right: 10px;"><input type="checkbox"/> Private Placements</div> <div style="margin-right: 10px;"><input type="checkbox"/> Alternative Investments</div> <div style="margin-right: 10px;"><input type="checkbox"/> REITS</div> <div style="margin-right: 10px;"><input type="checkbox"/> Certificates of Deposit</div> <div style="margin-right: 10px;"><input type="checkbox"/> ETFs</div> <div style="margin-right: 10px;"><input type="checkbox"/> UIT</div> <div style="margin-right: 10px;"><input type="checkbox"/> Options</div> <div style="margin-right: 10px;"><input type="checkbox"/> Other: _____</div> </div>	

Indemnification

The undersigned Trustees hereby jointly and severally indemnify TKC Wealth Management, LLC. and each of its officers, directors, employees and agents from, and hold such persons harmless against any claims, judgments, surcharges, settlement amounts or other liabilities or cost of defense or settlement (including attorney's fees) arising out of or related to any actual or alleged improper or unsuitable actions taken at such Trustees, Grantors or Authorized Signers' instructions in connection with the managed account established at TKC Wealth Management or Clearing Firm or any Direct Sponsor for the Trust. This indemnification is made by the undersigned Trustees, Grantors and/or Authorized Signers both in their capacity as Trustee and Authorized Signer and in their individual capacities.

The representations and obligations stated herein shall survive termination of the Trust Agreement and the Account Agreement relating to the Trust.

Note: Trustee signature must include position as trustee or ttee.

Trustee:	Signature:	Date: _____
Trustee:	Signature:	Date: _____
Trustee:	Signature:	Date: _____
Investment Advisor:	Signature:	Date: _____

Rest of Page Intentionally Left Blank

III: Non-Natural Entity - Inherited IRA, Inherited Roth, Inherited Profit Sharing, or Inherited Money Purchase

Inherited Holder Name:

First Name:

Middle Name:

Last Name:

The individual/entity listed above inherited this entity from:

(Provide name and date inherited)

Date of Birth: (MM/DD/YYYY)

Social Security Number:

Marital Status:

☐ Single ☐ Married ☐ Divorced ☐ Widowed

Dependents:

Client Email

Address:

Cell Phone:

Daytime Phone:

☐ Same

Evening Phone:

☐ SamePermanent Address of Account:
(Cannot be a Post Office Box)

City:

State/
Province:Zip/Postal
Code:

Country:

Mailing Address:

(If different from permanent address)

City:

State/
Province:Zip/Postal
Code:

Country:

Citizenship:

☐ U.S. ☐ Other

Country of Citizenship:

Foreign Citizens Choose One:

☐ Permanent U.S. Resident (Green Card)☐ Non-Permanent U.S. Resident☐ Non-Resident of U.S.

U.S. Driver's License Number: (if applicable)

State of Issuance:

Expiration:

Government Identification (Required for non-U.S. residents)

☐ Passport ☐ Other _____

ID Number:

Country of
Issuance:

Expiration:

2nd Identification (Required for non-US residents)☐ Driver's License ☐ State/Country ID ☐ Other _____

ID Number:

Country of
Issuance:Country of Tax Residence: ☐ U.S. ☐ Other

Country:

Employer or if retired enter source of funds and former employer:

Occupation:

Employer Address:

Is the client, spouse or dependent person affiliated with any U.S. stock exchange, FINRA, a bank, a trust, or insurance company? ☐ Yes ☐ NoIs the client, spouse or dependent person a director, 10% shareholder or policy maker for a publicly traded company? ☐ Yes ☐ NoIs the client, spouse or dependent person a senior military, governmental or political official in a non-US country? ☐ Yes ☐ No**IV. Non-Natural Entity - Information on Business Owners if Not Owned by a Trust or Inherited IRA****Businessperson #1 (skip if owner is a trust or inherited and information is provided above)**

First Name:

Middle
Name:

Last Name:

The individual listed above is a :

☐ Sole Owner ☐ Joint Owner ☐ Partner ☐ Manager of Business ☐ Signer

Date of Birth: (MM/DD/YYYY)

Social Security Number:

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		# Dependents:	Client Email Address:
Cell Phone:	Daytime Phone: <input type="checkbox"/> Same	Evening Phone: <input type="checkbox"/> Same	
Permanent Address of Account: (Cannot be a Post Office Box)			
City:	State/ Province:	Zip/Postal Code:	Country:
Mailing Address: (If different from permanent address)			
City:	State/ Province:	Zip/Postal Code:	Country:
Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other	Country of Citizenship:	Foreign Citizens Choose One: <input type="checkbox"/> Permanent U.S. Resident (Green Card) <input type="checkbox"/> Non-Permanent U.S. Resident <input type="checkbox"/> Non-Resident of U.S.	
U.S. Driver's License Number: (if applicable)		State of Issuance:	Expiration:
Government Identification (Required for non-U.S. residents) <input type="checkbox"/> Passport <input type="checkbox"/> Other _____		ID Number:	Country of Issuance:
Expiration:			
2 nd Identification (Required for non-US residents) <input type="checkbox"/> Driver's License <input type="checkbox"/> State/Country ID <input type="checkbox"/> Other _____		ID Number:	Country of Issuance:
Country of Tax Residence: <input type="checkbox"/> U.S. <input type="checkbox"/> Other		Country:	
Employer <u>or</u> if retired enter source of funds and former employer:		Occupation:	
Employer Address:			
Is the client, spouse or dependent person affiliated with any U.S. stock exchange, FINRA, a bank, a trust, or insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the client, spouse or dependent person a director, 10% shareholder or policy maker for a publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the client, spouse or dependent person a senior military, governmental or political official in a non-US country? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Businessperson #2 (skip if owner is a trust or inherited and information is provided above)

First Name:	Middle Name:	Last Name:	
The individual listed above is a:	<input type="checkbox"/> Sole Owner <input type="checkbox"/> Joint Owner <input type="checkbox"/> Partner <input type="checkbox"/> Manager of Business <input type="checkbox"/> Signer		
Date of Birth: (MM/DD/YYYY)	Social Security Number:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		# Dependents:	Client Email Address:
Cell Phone:	Daytime Phone: <input type="checkbox"/> Same	Evening Phone: <input type="checkbox"/> Same	
Permanent Address of Account: (Cannot be a Post Office Box)			
City:	State/ Province:	Zip/Postal Code:	Country:
Mailing Address: (If different from permanent address)			
City:	State/ Province:	Zip/Postal Code:	Country:
Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other	Country of Citizenship:	Foreign Citizens Choose One: <input type="checkbox"/> Permanent U.S. Resident (Green Card) <input type="checkbox"/> Non-Permanent U.S. Resident <input type="checkbox"/> Non-Resident of U.S.	

U.S. Driver's License Number: (if applicable)		State of Issuance:	Expiration:
Government Identification (Required for non-U.S. residents) <input type="checkbox"/> Passport <input type="checkbox"/> Other _____ Expiration:		ID Number:	Country of Issuance:
2 nd Identification (Required for non-US residents) <input type="checkbox"/> Driver's License <input type="checkbox"/> State/Country ID <input type="checkbox"/> Other _____		ID Number:	Country of Issuance:
Country of Tax Residence: <input type="checkbox"/> U.S. <input type="checkbox"/> Other		Country:	
Employer <u>or</u> if retired enter source of funds and former employer:		Occupation:	
Employer Address:			
Is the client, spouse or dependent person affiliated with any U.S. stock exchange, FINRA, a bank, a trust, or insurance company? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the client, spouse or dependent person a director, 10% shareholder or policy maker for a publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the client, spouse or dependent person a senior military, governmental or political official in a non-US country? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section D

Financial Profile

V: Investment Objectives and Risk Tolerance

Investment Objectives and Risk Tolerance Select the categories that best describe your investment objectives (and if joint that of any co-applicants) and the risk that you are willing to assume in this account. Different investment products and strategies involve different degrees of risk. The greater the expected returns of a product or strategy, the greater the risk that you could lose some or all of your investment. Investments should be chosen based on your objectives, timeframe, and tolerance for market fluctuations. (Note that a secondary investment objective is not required)

Alternative investments require Speculation as in Investment Objective and High as a Risk Tolerance.

Select One Primary Investment Objective with your Associated Risk Tolerance = Low, Moderate, High (check one box only)				Select One Secondary Investment Objective with your Associated Risk Tolerance = Low, Moderate, High (check one box only)			
Capital Preservation	<input type="checkbox"/> Low	You may not choose a secondary investment objective if you select Capital Preservation,					
Income	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High				
Growth or Appreciation		<input type="checkbox"/> Moderate	<input type="checkbox"/> High	Income	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Speculation	Required for all Alternative Investments		<input type="checkbox"/> High	Growth or Appreciation		<input type="checkbox"/> Moderate	<input type="checkbox"/> High
				Speculation			<input type="checkbox"/> High

DEFINITIONS - Risk Tolerance

Low: Not willing to tolerate "noticeable downside market fluctuations," and is willing to forego significant upside potential, relative to the markets, to achieve this goal. Growth is not the objective.

The majority of invested money is expected be held in cash and high-quality short and intermediate-maturity bonds.

Moderate: Want average or slightly above average returns and is willing to accept some risk to get them. Expect returns similar to a basket of similarly weighted market indices. This portfolio should go up less than the markets as a whole but should also go down less when markets go down.

High (Aggressive): Investing in high/aggressive products is speculative, not suitable for all clients, and intended for experienced and sophisticated investors who are willing to bear the high risks of total loss of the investment. Alternative investments are always considered to be highly aggressive and are subject to loss of all or a substantial portion of the investment; lack of liquidity in that there may be no secondary market for the investment product; restrictions on transferring interests in the product; absence of information regarding valuations and pricing; delays in tax reporting; less regulation and higher fees than mutual funds.

DEFINITIONS - Investment Objectives

Capital appreciation: An investment objective seeking capital appreciation focusing primarily on long-term growth. This objective requires an investor to hold the investment for many years. Further, this is an investment objective for a client in a less volatile instrument generating lower rates of return and seeking to match or beat inflation.

Income: An investment objective seeking a portfolio that will produce current income while recognizing and accepting market and issuer risks inherent in investments of this type. Portfolios for individuals seeking income above the market average carry higher risks and can be more volatile than the general market.

Growth: An investment objective seeking a portfolio that will provide for above market rate capital appreciation while recognizing and accepting the risks inherent in investments of this type. Growth investments typically generate little or no current income, assume higher market risks but have the potential for higher rewards and may perform differently from the market as whole or similar investments.

Speculation: An investment objective seeks very high capital appreciation while recognizing and accepting a high degree of risk associated with such investments and strategies, including the total loss of principal. This is the most aggressive investment objective category; investments focused on speculation seek the highest gains without regard to holding period.

VI: The Investments in this Account Will Be:

☐ Less than 1/3 of my financial portfolio ☐ Roughly 1/3 to 2/3 of my financial portfolio ☐ More than 2/3 of my financial portfolio

VII: Communications: Unless you choose otherwise we will contact you by way of email.

☐ I wish to be contacted by email ☐ I wish to be contacted by USPS mail

If you requested by mail, select a single postal mailing address:

☐ Primary Applicant's mailing address ☐ Co-Applicant;s mailing address
☐ Other. Please specify: _____

VIII: This Account is planned for the following use: (select all that apply)

- ☐ Generate income for current or future expenses
- ☐ Partially fund my retirement
- ☐ Fully fund my retirement
- ☐ Accumulate wealth over the long term
- ☐ Preserve wealth for heirs
- ☐ Pay educational expenses
- ☐ Pay for a house
- ☐ Speculate in the investment markets
- ☐ Other: _____

IX: What is the source of funds for this account? (select all that apply)

- ☐ Income
- ☐ Funds from another account
- ☐ Gift
- ☐ Sale of Business or property
- ☐ Inheritance
- ☐ Pension/IRA/Retirement Savings
- ☐ Spouse/Parent/Relative
- ☐ Legal/Insurance Settlement
- ☐ Home Equity Line of Credit/Reverse Mortgage
- ☐ Social Security benefits
- ☐ Other: _____

[If a customer chooses multiple objectives that appear inconsistent, the Investment Advisor must conduct appropriate meaningful suitability determinations, as applicable, in light of such differences (e.g., clarify the customer's intent and, if necessary, reconcile and/or determine how to handle the customer's differing investment objectives).]

X: Income, Net Worth, Tax Bracket, and Time Horizon

Annual Income: ¹	Net Worth (not including home): ²	Liquid Net Worth: ³	Federal Tax Rate:	Estimated Time Horizon for This Investment:
<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> 10%	<input type="checkbox"/> Less than 3 years
<input type="checkbox"/> \$25,001-\$50,000	<input type="checkbox"/> \$25,001-\$50,000	<input type="checkbox"/> \$25,001-\$50,000	<input type="checkbox"/> 12%	<input type="checkbox"/> 3 to 6 years
<input type="checkbox"/> \$50,001-\$100,000	<input type="checkbox"/> \$50,001-\$200,000	<input type="checkbox"/> \$50,001-\$200,000	<input type="checkbox"/> 22%	<input type="checkbox"/> 6 to 12 years
<input type="checkbox"/> \$100,001-\$250,000	<input type="checkbox"/> \$200,001-\$500,000	<input type="checkbox"/> \$200,001-\$500,000	<input type="checkbox"/> 24%	<input type="checkbox"/> More than 12 years
<input type="checkbox"/> \$250,001-\$500,000	<input type="checkbox"/> \$500,001-\$1,000,000	<input type="checkbox"/> \$500,001-\$1,000,000	<input type="checkbox"/> 32%	
<input type="checkbox"/> \$500,001-\$1,000,000	<input type="checkbox"/> \$1,000,001-\$3,000,000	<input type="checkbox"/> \$1,000,001-\$3,000,000	<input type="checkbox"/> 35%	
\$ _____	\$ _____	\$ _____	<input type="checkbox"/> 37%	

Definition of Terms

1. Annual income includes income from sources such as employment, alimony, social security, investment income, etc.
2. Net worth is the value of your assets minus your liabilities. For purposes of this application, assets include stocks, bonds, mutual funds, other securities, bank accounts, and other personal property. Do not include your primary residence among your assets. For liabilities, include any outstanding loans, credit card balances, taxes, etc. Do not include your mortgage.
3. Liquid net worth is your net worth minus assets that cannot be converted quickly and easily into cash, such as real estate, business equity, personal property and automobiles, expected inheritances, assets earmarked for other purposes, and investments or accounts subject to substantial penalties if they were sold or if assets were withdrawn from them.

Annual Expenses ⁴ (Recurring)	Special Expenses ⁵ (Future/Non-Recurring)	Timeframe for Special Expenses:
<input type="checkbox"/> Under \$50,000	<input type="checkbox"/> None expected	<input type="checkbox"/> Not expecting special expenses
<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> Under \$50,000	<input type="checkbox"/> Less than 3 years
<input type="checkbox"/> \$100,001 to \$250,000	<input type="checkbox"/> \$50,001 to \$100,000	<input type="checkbox"/> 3-6 years
<input type="checkbox"/> \$250,001 to \$500,000	<input type="checkbox"/> \$100,001 to \$250,000	<input type="checkbox"/> 6 -12 years
<input type="checkbox"/> Over \$500,001	<input type="checkbox"/> Over \$250,001	<input type="checkbox"/> Greater than 12 years

Definition of Terms

4. Annual expenses might include mortgage payments, rent, long-term debts, utilities, alimony or child support payments, etc.
5. Special expenses might include a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.

XI: Trusted Contact Person

I would like to provide the name and contact information of an additional person (over the age of 18) who may be contacted about this account? Topics that may be discussed are possible financial exploitation, confirmation of the specifics of the client's current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or other information as noted immediately below by the client. Provide that person and contact information here:

Name:	Phone:
Email:	Relationship to primary applicant/co-applicant:
Address:	
<input type="checkbox"/> I do not choose to provide a trusted contact person.	

XII: Please provide us with any additional information you believe will help us more fully understand your investment profile and identify what types of investments or strategies may be suitable for you.

XIII: Financial Profile & Investment Experience

Client Initial (s)	Experience With:	Retirement Accounts \$	Non -Retirement \$	Years Investing Experience in Each Product You Have Experience With
	Bonds			<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> Over 5
	Own a Business			<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> Over 5
	Cash			<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> Over 5
	Exchange Traded Funds			<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> Over 5
	Investment Real Estate (private)			<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> Over 5
	Money Market			<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> Over 5
	Mutual Funds			<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> Over 5
	Options			<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> Over 5
	Securities Futures			<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> Over 5
	Alternative			<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> Over 5
	REITS			<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> Over 5
	Stocks			<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> Over 5
	Variable Annuities			<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> Over 5
	Margin			<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> Over 5
	Structured Products, Hedge Funds, etc.			<input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> Over 5
	TOTALS	\$	\$	
		Investment Knowledge: <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Extensive		
Other Investments				
<i>Investment Description:</i>		<i>Firm Holding Investment</i>		<i>Amount (US \$)</i>

XIV: Investment Attitudes- Client Self-Appraisal

Taking into consideration the information you have provided above regarding your Investment Objectives and Risk Tolerance; please provide more details below specific to this investment account.

1. How much risk are you willing to take to achieve a higher return?

Not at all	Moderate amount				Substantial				Enter number here:
1	2	3	4	5	6	7	8	9	

2. How willing are you to bear fluctuations in principal?

Not at all	Moderate amount				Substantial				Enter number here:
1	2	3	4	5	6	7	8	9	

3. How important is liquidity?

Not at all	Moderate amount				Substantial				Enter number here:
1	2	3	4	5	6	7	8	9	

4. How important is long term total return?

Not at all	Moderate amount				Substantial				Enter number here:
1	2	3	4	5	6	7	8	9	

5. How important is current investment income?

Not at all	Moderate amount				Substantial				Enter number here:
1	2	3	4	5	6	7	8	9	

Average**(A)**

Taking into consideration the information you have provided above regarding your Investment Objectives and Risk Tolerance; please provide more details below specific to this investment account.

1. Investment Time Horizon: What is the earliest that you expect to need funds from this account?

Time Frame	< 3 years	3-6 years	6-12 years	>12 years	Enter number here:
Score	2	4.25	5.25	6.5	

2. Client Age:

Time Frame	18-25	26-35	36-45	46-55	>55	Enter number here:
Score	1	.75	0.5	.25	0	

3. Client's Annual HH income (in Thousands): Annual income includes income from sources such as employment, alimony, social security, investment income, etc.

Time Frame	<\$25	26-49	\$50-74	\$75-99	>\$100	Enter number here:
Score	-.25	0	.25	.50	.75	

4. Number of Children:

Time Frame	0	1	2-3	>3	Enter number here:
Score	.5	.25	-.25	-.75	

5. Number of Dependents:

Time Frame	1	>1			Enter number here:
Score	0	-.25			

6. Does client own a home?

Time Frame	Yes	No			Enter number here:
Score	0	.50			

Total**(B)****Final Average (A+B)/2:**

TKC Wealth Management, LLC

Client Account Agreement

By signing below, I attest that the information provided is true and correct and may be relied upon for the purpose of evaluating my suitability and sophistication in relation to making securities recommendations. TKC Wealth Management (TKCW) will, from time to time, review this information and will confirm this information with me. However, should my investment objectives, income, risk profile or timeline change, I will notify TKC Wealth Management, LLC, in writing or by phone and have them update this information in their records and send verification to me electronically or via mail. I also acknowledge that it is my responsibility to read any prospectus or offering document of any product offered me by TKC, which contains complete information regarding investment objectives, risks and other material facts, including sales charges and that if I need further explanation of these investments to contact TKCW for further explanation to ensure that I understand the investment opportunities. I agree a photocopy, electronically scanned image or facsimile of this form, agreement and signatures shall be deemed an original for purposes of introducing this agreement into evidence as part of any proceeding involving this agreement.

I understand to comply with federal regulations information provided on this application will be used to verify my identity; my identity may be verified through the use of a database maintained by a third party. If TKC Wealth Management, LLC is unable to verify my identity, I understand it may take action by requesting additional information from me or possibly closing my account, which may result in the liquidation of my assets at their current market price, thereby exposing me to potential tax consequences and/or loss. I also understand that TKCW may share this information with Landolt Securities, Inc. or other sources in order to properly identify me or perform other needed functions to properly manage my investment accounts.

I possess the legal capacity and/or the authorization to enter into this Client Information and Account Form with TKC Wealth Management, LLC I agree that I will notify TKC Wealth Management, LLC, in writing, if this account will utilize a Third Party Authority or Power of Attorney that has discretionary control over this account. If I am purchasing a variable insurance product, mutual fund, private placement or other product being offered pursuant to a prospectus or offering document, I will require and obtain such from the Investment Advisor. I will read the prospectus or offering document and note all sections covering costs, fees, and potential risks.

I understand securities contain risks and that many factors, including but not limited to market and economic fluctuations, may have a negative effect on the value of my account. Furthermore, I represent to TKC Wealth Management, LLC that I am willing to assume these risks and I am, in fact, financially able to bear these risks. I also understand I have an affirmative obligation to notify TKC Wealth Management, LLC in writing should my financial condition change, or should my objectives differ from what is shown on the Client Information and Account Form. I understand that my Representative may offer non-securities products and services. I also understand all non-securities products and services are outside the Representative's relationship with TKC Wealth Management, LLC and, as such, I shall hold TKCW harmless for any loss I may incur associated with non-securities products and services. I further understand TKCW, is disinterested and neither approves nor

disapproves of the following non-securities products and services: various non-variable insurance products, legal advice, accounting, tax preparation, or any other non-securities products/services. For purposes of this section, "non-securities" shall include products or services labeled or designated as a non-security, but which later are determined to be a security by a court or regulatory agency.

As part of my Investment Management Agreement with TKC Wealth Management, I have opted for discretionary account management in which I have appointed TKC Wealth Management to have trading discretion on my account pursuant to a separately executed Investment Management Agreement with TKC. Should this arrangement be in place, the IMA agreement is included as a part of this account agreement by reference.

Notices shall be sent to the main office of TKC Wealth Management, LLC, currently located at 12900 Preston Road, Suite 700, Dallas, TX 75230. All written notices and communications so sent, whether by mail, messenger, overnight delivery service, or otherwise shall be deemed received on the date indicated on any resulting receipt.

Should any part, term, section or provision of this agreement be declared invalid, void or unenforceable, all remaining parts, terms, sections, and provisions hereof shall remain in full force and effect and shall in no way be invalidated, impaired or affected thereby. No waiver of any part of any term, condition, section, or provision of this Agreement shall be construed as a waiver of any subsequent term, condition, section or provision of this agreement.

Business Continuation Plan Disclosure

TKC Wealth Management, LLC's Investment Advisors may also be registered representatives of Landolt Securities, Inc., a FINRA member broker dealer. Clients may see Landolt Securities BCP plan on their website. Since the timing and impact of disasters and disruptions is unpredictable, we will have to be flexible in responding to actual events as they occur. With that in mind, we are providing you with this information on our business continuity plan.

Contacting Us – If after a significant business disruption you cannot contact us as you usually do through your Financial Advisor or at our office at (214) 389-2000, if you cannot access us through either of those means, you should contact our Custodian directly if your account is a custodial account, or your mutual fund or insurance company directly. The Custodian can be reached to provide prompt access to your funds and securities enter orders, and process other trade-related, cash,

and security transfer transactions: contact information current Custodian. can be found on your account statement. If you have purchased an alternative product, a mutual fund or an insurance product through TKCW, you should contact that company directly using the phone number provided on their statements to you.

Our Business Continuity Plan – We plan to quickly recover and resume business operations after a significant business disruption and respond by safeguarding our employees and property, making a financial and operational assessment, protecting the firm's books and records, and allowing our customers to transact business. In short, our business continuity plan is designed to permit our firm to resume operations as quickly as possible, given the scope and severity of the significant business disruption. Our business continuity plan addresses: data backup and recovery; all mission critical systems; financial and operational assessments; alternative communications with customers, employees, and regulators; alternate physical location of employees; critical supplier, contractor, bank and counterparty impact; regulatory reporting; and assuring our customers prompt access to their funds and securities if we are unable to continue our business.

Our IT dept. backs up our important records in a separate area. While every emergency situation poses unique problems based on external factors, such as time of day and the severity of the disruption, we have been advised by our clearing firm that its objective is to restore its own operations and be able to complete existing transactions and accept new transactions and payments within 4 hours. Your orders and requests for funds and securities could be delayed during this period.

Varying Disruptions – Significant business disruptions can vary in their scope, such as only our firm, a single building housing our firm, the business district where our firm is located, the city where we are located, or the whole region. Within each of these areas, the severity of the disruption can also vary from minimal to severe. In a disruption to only our firm or a building housing our firm, we will transfer our operations to a local site when needed and expect to recover and resume business within 24 hours. In a disruption affecting our business district, city, or region, we will transfer our operations to a site outside of the affected area and recover and resume business within 48 hours. In either situation, we plan to continue in business, transfer operations to our office in Colorado or current Custodian as applicable and notify you via phone how to contact us. If the significant business disruption is so severe that it prevents us from remaining in business, we will assure our customer's prompt access to their funds and securities.

For more information – If you have questions about our business continuity planning, you can contact us by phone at (214) 389- 2000 or email us at Info@tkcadvisors.com.

Privacy Notice

In accordance with the Gramm-Leach-Bliley Act of 1999, Title V, TKC Wealth Management provides you this notice of our policy for maintaining the privacy, accuracy, and security of your customer information. Our customer privacy policy covers all products, services, and support offered.

We routinely collect and maintain information about you and your account activity so we can provide appropriate, accurate, and timely products, services, and support, and to satisfy various legal, regulatory, and supervisory requirements. We do not disclose information on current or former customers to any party except as required by regulatory rules or by law. We may share information we collect with you with other financial firms with which we conduct business but only for the purposes of handling customer account transactions. We collect the following nonpublic personal information for the purposes outlined above:

- **Financial profile information.** This is information you furnish to us that we use to determine client suitability and to assist in the financial planning process. Examples are your net worth, annual income, tax bracket, investment objectives, and prior investment experience.
- **Account establishment information.** This is information you furnish to us on forms used to open accounts or establish services. Examples are your name and address, Social Security number, bank account information, and beneficiary designations.
- **Account activity information.** This is information that we receive from you and from the various entities that provide financial products or services for our customers. Examples are investment account statements, account change documents, and requests from you for specific services or support.

We value the trust you place in us. To maintain that trust, we have safeguards in place to protect the privacy of your nonpublic personal information. We restrict access to your personal and account information to only those who need to know that information to provide products, services, or support to you. We maintain physical, electronic, and procedural safeguards to protect your nonpublic personal information.

As a client of TKC Wealth Management LLC, whose Investment Advisor Representatives may also be registered representatives of Landolt Securities, Inc., you are giving TKC Wealth Management LLC and its associated persons your permission to access and use your personal and financial information and to allow that information to be used by TKC Wealth Management, our current Custodian, Third Party Issuers, Third Party Service Providers, and Landolt Securities, Inc., as appropriate for the purpose of establishing your investment management relationship with TKC Wealth Management LLC and as required by federal, state or local regulatory associations.

If you should have any questions about our customer privacy policy, please contact our main office at 214-389-2000 or contact the firm's Compliance department via email at compliance@tkcadvisors.com. You may also opt out if you wish by emailing us at compliance@tkcadvisors.com.

If you should have a complaint regarding the investment management services please contact us at compliance@tkcadvisors.com. With issues related to the brokerage products offered through Landolt Securities, Inc. (annuities, private placements, mutual funds), please contact them at info@landoltsecurities.com.

Where to Obtain Important Regulatory Information

Pursuant to regulatory requirements of the Financial Industry Regulatory Authority ("FINRA"), TKC Wealth Management, LLC directs your attention to important information offered by the FINRA regarding investing and its associated risks. You may obtain this information and information concerning registered firms and representatives by calling FINRA at (301) 590-6500, or visiting the FINRA website at www.finra.org.

I have been advised by my Investment Advisor that investor information on various investing topics are available for my review at www.sec.gov by clicking on the Investor Information tab. Information regarding the registration and disclosure information related to Investment Advisor and Register Investment Advisor entities is also available through these sources or through <https://brokercheck.finra.org>. TKC Wealth Management IARD number is 158498.

TKC Wealth Management, LLC Customer Identification Program

To help the U.S. government fight the funding of terrorism and money laundering activities, Federal law requires all U.S. financial institutions, such as TKCW, to obtain, verify and record information that identifies each individual or institution that establishes a customer relationship with such financial institutions.

If a client enters into a customer relationship with us, which includes opening an account or subscribing to an investment, we will request certain financial and legal information about such client, including such client's legal name, tax identification number and address, and the identity of any individuals with any authority or control over such client. We also verify such information to the extent required as follows:

Taking steps to check the information provided – to verify that the clients are who they say they are. Consult applicable governmental agency lists of known or suspected criminals, terrorists and terrorist organizations to determine if anyone on any such list is attempting to open or maintain an account. In certain instances, additional due diligence may be required when accounts are opened for foreign persons, institutions or other clients. The U.S. Department of the Treasury, U.S. Securities and Exchange Commission (the "SEC") and FINRA rules already require clients to provide most of this information.

If a client refuses to provide the information requested or a client's identity cannot be verified, TKCW may not be able to establish or maintain a business relationship with such client. If such client has already established a relationship with TKCW, we may have to terminate such relationship. If a client establishes a relationship with TKCW and refuses to provide this information, we may be required to report such refusal to appropriate governmental authorities.

Pursuant to U.S. regulations issued under section 311 of the USA PATRIOT Act, 31 CFR 103.192, we are prohibited from opening or maintaining a correspondent account for, or on behalf of the "Specified Institutions" or Jurisdictions of Primary Money Laundering Concern (http://www.fincen.gov/statutes_regs/patriot/section311.html). The regulations also require us to notify you that your correspondent account with our financial institution may not be used to provide the Specified Institutions with access to our financial institution. If we become aware that the Specified Institutions are indirectly using the correspondent account you hold at our financial institution, we will be required to take appropriate steps to prevent such access, including terminating your account.

Registered Non-Traded including but not limited to REITS and Business Development Companies (BDC) Disclosure

I understand that certain investments such as REITs Reg. A+ and BDCs require certain levels of income and/or net worth to qualify to purchase the product. Some states may also have specific limit restrictions. I have received and reviewed such requirements and declare that I meet or exceed these requirements. I understand that income and net worth requirements are state specific. Being an alternative type investment, I understand that these investment products possess a high probability of the loss of capital invested and lack of liquidity.

Alternative Investment Disclosure

In order to qualify for certain high-risk investments, a client must have significant net worth, set by certain rules, sufficient to withstand the risks inherent in investing in products that, by their nature, possess a high probability of the loss of capital invested and lack of liquidity.

Each proposed purchaser of an alternative investment must meet certain income and/or net worth requirements. Listed below are the requirements that must be met. If the prospective purchaser is a custodian acting for one or more minors, the information below should apply to each minor, not the custodian.

Individual with \$1 MILLION NET WORTH. A natural person whose individual net worth, exceeds \$1.0 Million excluding the value of the person's primary residence and vehicle).

Individual with. A natural person (not an entity) who: (i) in each of the preceding two years had individual income in excess of \$200,000; *AND* (ii) has a reasonable expectation of reaching the same income level in the current year.

Individual with. Commission designated professional certifications, designations or credentials or other credentials issued by an accredited educational institution. This includes in good standing Series 7, Series 65, and Series 82 licenses as qualifying natural persons.

Knowledgeable Employees. Of the fund including executive officers, directors, trustees, general partners or persons serving in a similar capacity (other than employees performing solely clerical, secretarial or administrative functions), who in connection with their regular functions, have participated in the investment activities of such private fund or other funds managed by the same or affiliated manager for at least 12 months.

REVOCABLE TRUST. A trust that is revocable by its grantors and *each* of whose grantors (i) is a natural person whose individual net worth, or joint net worth with spouse, meet or exceed the "Individuals" above qualifications; **OR** (ii) otherwise meets the requirement of an Irrevocable Trust, below.

CORPORATIONS OR COMPANIES. A corporation, company, or similar entity that (i) has at least \$5 million of assets *and* (ii) was not formed for the specific purpose of acquiring an Interest, *and* (iii) has a net worth of at least \$1.5 million; **OR**

NON-PROFIT ENTITY. An organization described in Section 501(c)(3) of the Internal Revenue Code, as amended, with total assets in excess of \$5 million (including endowment, annuity and life income funds), as shown by the organization's most recent audited financial statements and has a net worth of at least \$1.0 million; **OR**

ENTITY OWNED ENTIRELY BY ACCREDITED INVESTORS. A corporation, company, or similar entity *each* of whose equity owners is either a natural person whose individual net worth, or joint net worth with his or her spouse, exceeds \$1.0 million or an entity each of whose equity owners meets this test.

SEC. and state-registered investment advisors, exempt reporting advisers, and rural business investment companies (RBICs).

Entities Including. Indian tribes, governmental bodies, funds, and entities organized under the laws of foreign countries, and entity forms that may be created in the future that own "investments" as defined in Rule 2a51-1(b) under the Investment Company Act, in excess of \$5 million and that was not formed for the specific purpose of investing in the securities offered.

Family Offices. under the Investment Advisers Act of 1940 (a) with at least \$5 million in assets under management, not formed for the specific purpose of acquiring the securities offered and whose investment is directed by a person who has such knowledge and experience in financial and business matters that such family office is capable of evaluating the merits and risks of the investment and "family clients" meet the criteria above.

Other Institutional Investor. Any of the following entities that has a net worth of at least \$1.0 million:

A bank, as defined in Section 3(a)(2) of the 1933 Act (whether acting for its own account or in a fiduciary capacity)

A savings and loan association or similar institution, as defined in Section 3(a)(5)(A) of the 1933 Act (whether acting for its own account or in a fiduciary capacity)

A broker/dealer registered under the Exchange Act;

An insurance company, as defined in Section 2(13) of the 1933 Act;

A business development company, as defined in Section 2(a)(48) of the ICA;

A small business investment company licensed under Section 301(c) or (d) of the Small Business Investment Act of 1958, as amended; or

A private business development company as defined in Section 202(a)(22) of the Advisers Act.

Registered Non Traded including but not limited to. require certain levels of income and/or net worth to qualify to purchase the product. I have received and reviewed such requirements and declare that I meet or exceed these requirements. I understand that income and net worth requirements are state specific.

Reg A+. States may have individual investment limits.

For Tier II, individual investors can invest a maximum of the greater of 10% of their net worth or 10% of their net income in a Reg A+ offering (per offering). There are no investment limits under Tier 1

Pre-Dispute Arbitration Clause

This agreement contains a pre-dispute arbitration clause. By signing an arbitration agreement the parties 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 unless, in an eligible case, a joint request for an explained decision has been submitted by all parties to the panel at least 20 days prior to the first scheduled hearing date.
- (5) The panel of arbitrators may 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.

I understand that TKC Wealth Management, LLC is an Investment Advisor registered with the state of Texas as well as additional States. Securities are provided by our current Custodian our clearing firm and some may be provided directly from the sponsor company. Broker Dealer securities are offered through Landolt Securities, Inc. Member FINRA/SIPC. Certain employees of TKC Wealth Management, LLC are associated persons and are registered representatives of Landolt Securities, Inc. TKC Wealth Management and Landolt Securities, Inc. are not otherwise affiliated. TKC Wealth Management, LLC is affiliated with TKC Risk Advisors, LLC an insurance agency.

XV: Attestation and Signatures

Taxpayer Certification: Under penalties of perjury, I certify that:

- (1) the number shown on this form is my correct Social Security Number or Taxpayer Identification Number (or I am waiting for a number to be issued to me);
- (2) I am not subject to backup withholding because (a) I am exempt from backup withholdings or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- (3) I am a US person (including a US resident alien); or
- (4) I am a non-resident alien holding a lawfully issued social security number or awaiting issuance under a federal form W-8.
- (5) I am a non-resident alien without a lawfully issued social security number under a federal form W-8BEN.
- (6) I am a non-resident entity without a lawfully issued tax identification number under a federal form W-8BEN-E.

By signing below I acknowledge that I have read and understood all the information on this Form and have received a complete copy, including the Client Information Account Form, Arbitration Agreement, Business Continuity Plan Disclosure, the TKC Wealth Management, LLC (TKCW) Privacy Notice, and product specific disclosures. I agree that I will notify TKCW, in writing, if the investment objectives, risk profile or financial parameters of this account change. This account has been accepted in accordance with the member's policies and procedures for acceptance of accounts.

Primary Applicant Name, Trustee, Entities Authorized Signer (Print):	Primary Applicant Name, Trustee, Entities Authorized Signer, Signature:	Date: _____
Co-Applicant Name, Co-Trustee, Entities Authorized Co- Signer (Print):	Co-Applicant Name, Co-Trustee, Entities Authorized Co- Signer, Signature:	Date: _____
Co-Applicant Name, Co-Trustee, Entities Authorized Co- Signer (Print):	Co-Applicant Name, Co-Trustee, Entities Authorized Co- Signer, Signature:	Date: _____
Financial Advisor Name (Print):	Financial Advisor Signature:	Date: _____
Principal (Print):	Principal Signature:	Date: _____

XVI: Signature of Spouse in Community States – sign below only when this account is held in a community property state and the account is opened in only one spouse's name not as a joint account.

Spouse Name (Print):	Spouse Signature:	Date:
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Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin are community property states. Alaska is an opt-in community property state that gives both parties the option to make their property community property.

TKC Wealth Management, LLC

Best Interest of Client – Prudent Man Rule – Impartial Conduct Standards Disclosure-Information

1) TKC Wealth Management and the Investment Advisor are acting as fiduciaries for the recommendations and advice provided to Retirement Investors.

2) TKC Wealth Management and the Investment Advisor will comply with the impartial conduct standards.

Those include:

- a. acting in the best interest of the retirement investor;
- b. receiving no more than reasonable compensation; and
- c. not making any materially misleading statements about recommended transactions, fees and compensation, material conflicts of interest, or any other relevant matters.

3) In the scenario of advising a client to roll over from an ERISA plan to an ERISA plan or IRA the TKC Wealth Management Investment Advisor will document the reasons why the recommendation was considered to be in the best interest of the retirement investor. Support documentation will be maintained in the client file.

4) In the situation of discussing with a client the options available to rollover or transfer from another IRA or open a new IRA the Investment Advisor will document the support as to why this is in the best interest of the client.

5) TKCW Investment Advisors will monitor and update all retirement accounts.

6) TKC Wealth Management will oversee the advisor abides by the “Prudent Man Rule”. The fiduciary is required to act with care, skill prudence, and diligence under the circumstances now prevailing.

7) TKCW Advisors may provide educational information on the different options of “rolling over/transferring” retirement accounts but not advise a client in regards to specifics pertaining to their situation. When providing education on retirement accounts the Advisor would not be acting in a Fiduciary capacity.

8) If a client hires TKCW and its advisor to assist in a “rollover” action, both TKCW and the advisor will be permitted to obtain reasonable management fees for positions “rolled over” into a qualified or non-qualified account.

8) A Principal of TKCW will be reviewing Retirement account opening documents.

9) A Principal of TKCW will be conducting audits of investment advisors to include support documentation of recommendations for retirement accounts.

This document is required to be provided as a separate document or file to all retirement clients prior to or upon opening a retirement account. It will also be available on the www.tkcadvisors.com website.



Retirement Account Comparison 401(k) rolled into a Traditional or Roth Individual Retirement Arrangements (IRA) (Required before a rollover can be completed)

Client Name: _____

Social Security number: _____.

- I understand that there are various factors I need to consider before transferring my IRA account. Initial: _____
- I understand that if I transfer an existing 401(k) Plan into a Roth account I will encounter tax obligations and should consult with my tax person before making this decision. Initial: _____
- I would like to consolidate my retirement accounts. ☐ Yes ☐ No ☐ N/A

Existing Account Information		Purposed Account Information	
I have a current ERISA type Retirement Plan sponsored by my employer or past employer:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I am currently contributing the maximum matched amount allowed in the Plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I cannot continue to hold my account in my ex employers Plan:	<input type="checkbox"/> Yes I cannot <input type="checkbox"/> No I can continue		
I am vested and allowed to rollover investment while continuing to contribute to my current plan:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I meet the Plan requirements to continue to hold my Plan at my past place of employment:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
My new employer does not offer a 401(k) Plan or will not accept rollovers from previous employer plans:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I am not seeking new employment		
I have limited investment options where my 401(k) is currently held	<input type="checkbox"/> Yes <input type="checkbox"/> No	I would like to have the variety of non-proprietary products offered by TKCW. A wide range of mutual funds, stocks, bonds, Equity ETFs, annuities, Sector ETFs, and FDIC-insured CDs:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have one on one guidance where my current 401(k) is held:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

I have access to meet in person with my advisor at my current 401(k) location:	<input type="checkbox"/> Yes <input type="checkbox"/> No	I want to have One-on-one guidance—in person, online, or over the phone offered by TKCW:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have access to call my personal advisor to discuss my 401(k) with:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I have access to research tools at my current 401(k) location, free of additional charge:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
My current firm offers research reports:	<input type="checkbox"/> Yes <input type="checkbox"/> No	I would like to have research reports offered by TKCW through their Current Custodian and Black Diamond at no additional charge:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Free of charge:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
I can make withdrawals quickly & easily with my current 401(k) account manager:	<input type="checkbox"/> Yes <input type="checkbox"/> No	I would appreciate the ease of making withdrawals quickly and easily with TKCW:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have online access to my 401(k) account with my current firm:	<input type="checkbox"/> Yes <input type="checkbox"/> No	I would like the ability to access my IRA account online through TKCW's Current Custodian:	<input type="checkbox"/> Yes <input type="checkbox"/> No
My current 401(k) account has a fee for closing/transferring my account:	<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that TKCW through their Current Custodian, has no account opening/transfer fee:	<input type="checkbox"/> Yes <input type="checkbox"/> No
My current 401(k) Plan has monthly or annual fees associated with it. If I know the amount of the fee I am including it here:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$_____	I have been informed that the Current Custodian has a monthly maintenance fee of:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$_____
I manage my own 401(k) account through my employer.	<input type="checkbox"/> Yes <input type="checkbox"/> No	I want to have an advisor actively manage my IRA account and I understand I will be paying an annual management fee to TKCW.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Notes or comments:			

- ☐ I have considered and taken into account the information above and other personal factors in determining if I should transfer my 401(k) Plan to TKC Wealth Management, LLC (TKCW).
- ☐ I have determined that it is in my best interest to transfer my retirement account to TKC Wealth Management, and my investment advisor.
- ☐ I understand that my current 401(k) Plan will be rolled over into an IRA Retirement Plan. The opportunity for matching employer contributions will no longer be available.
- ☐ I understand that rolling my 401(k) Plan into a Roth Retirement account may have current tax consequences.

Client Signature: _____ Date: _____

Investment Advisor Signature _____ Date: _____

Principal Signature: _____ Date: _____



Retirement Account Comparison- Traditional and Roth

(Required before a rollover can be completed)

Client Name: _____

Social Security Number: _____

- I understand that there are various factors I need to consider before transferring my IRA account. Initial: _____
- I understand that if I transfer an existing Traditional IRA into a Roth account I will encounter tax obligations and should consult with my tax person before making this decision.
Initial: _____ **N/A** ☐
- I understand that if I transfer an existing Traditional IRA into a Traditional IRA with TKC Wealth Management my management and fee structure may be different from my current account.
Initial: _____ **N/A** ☐
- I understand that if I transfer an existing Roth IRA into a RothRA with TKC Wealth Management my management and fee structure may be different from my current account.
Initial: _____ **N/A** ☐
- I would like to consolidate my retirement accounts. ☐ Yes ☐ No ☐ N/A

Existing Account Information		Purposed Account Information	
I have limited investment options where my retirement account is currently held	<input type="checkbox"/> Yes <input type="checkbox"/> No	I would like to have the variety of non-proprietary products offered by TKCW. A wide range of mutual funds, stocks, bonds, Equity ETFs, annuities, Sector ETFs, and FDIC-insured CDs:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I am managing my own retirement account:	<input type="checkbox"/> Yes <input type="checkbox"/> No	I want to have my retirement account managed in a discretionary account by an investment advisor. I understand I will be paying a management fee for the management of my retirement account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have access to meet in person with my advisor at my current retirement account location:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I have access to call my personal advisor to discuss my retirement account:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
My current firm offers research reports:	<input type="checkbox"/> Yes <input type="checkbox"/> No	I would like to have research reports offered by TKCW through their Current Custodian and Black Diamond at no additional charge:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Free of charge:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
I have online access to my retirement account with my current investment firm:	<input type="checkbox"/> Yes <input type="checkbox"/> No	I would like the ability to access my retirement account online through TKCW's Current Custodian:	<input type="checkbox"/> Yes <input type="checkbox"/> No
My current retirement account has monthly or annual fees associated with it. If I know the amount of the fee I am including it here:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	I have been informed that the Custodian has a monthly or annual maintenance fee of:	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____

Notes or comments:

- ☐ I have considered and considered the information above and other personal factors in determining if I should transfer my retirement account to TKC Wealth Management, LLC (TKCW).
- ☐ I have determined that it is in my best interest to transfer my retirement account to TKC Wealth Management, and my investment advisor.

Client Signature

Date

Investment Advisor Signature

Date

Principal Signature

Date