SIMONDAVIS
Asset Management, Inc.

NEW ACCOUNT TRANSMITTAL FORM (page 1 of 2)

Please complete one form for each account. Send this form with signed and completed Investment Advisory Agreement (IAA) to **kilcha@simondavisinc.com** or fax to **303-860-8956**.

Client Name*: ______________________________

If joint, list spouse/other*: ______________________________

**Names must match those on the application, and those on the signature page of the IAA.*

Email: ______________________________

Account Number: ____________________ ❑ Charles Schwab ❑ Fidelity Investments

Investment Strategy: ______________________________

Amount of Investment** $____________________ Client State of Residence __________

***Funds must come to SDAM in cash.*

INVESTOR SUITABILITY INFORMATION

Advisor may provide copy of risk profile questionnaire in lieu of completing this section.

Date of Birth (*mm/dd/yyyy*): ______________

Marital Status: ❑ *Single* ❑ *Married* ❑ *Widowed* ❑ *Divorced*

Citizenship: ❑ *U.S. Citizen* ❑ *Resident Alien (Country of citizenship*: ______________________________*)*

Income:
❑ *up to $10,000*
❑ *$10,001 to $100,000*
❑ *$100,001 to $500,000*
❑ *$500,001 to $1,000,000*
❑ *$1,000,001 to $5,000,000*
❑ *over $5,000,000*

Net Worth:
❑ *up to $10,000*
❑ *$10,001 to $100,000*
❑ *$100,001 to $500,000*
❑ *$500,001 to $1,000,000*
❑ *$1,000,001 to $5,000,000*
❑ *over $5,000,000*

Marginal Tax Bracket: ❑ *10%* ❑ *15%* ❑ *25%* ❑ *28%* ❑ *33%* ❑ *35%*

Risk Tolerance: ❑ *Conservative* ❑ *Moderate* ❑ *Growth* ❑ *Aggressive Growth*

Investment Objective: ❑ *Income* ❑ *Growth & Income* ❑ *Capital Appreciation*

Investor Experience: ❑ *No Experience* ❑ *Some Experience* ❑ *Experienced* ❑ *Significant Experience* ❑ *Expert*

For SDAM office use only: Form revised 12/2009

__________ *Verify Advisor approval with SDAM*
__________ *Check FINRA for State registration*
__________ *New Account Transmittal Form received in good order*
__________ *IAA received in good order*
__________ *Funds received at Custodian*
__________ *Send Advisor "New Account Established" email*
__________ *Update ACT with Client information*

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NEW ACCOUNT TRANSMITTAL FORM (page 2 of 2)

PRIMARY ADVISOR INFORMATION

Name: ____

Firm: ____

Email: ____

Phone: ____________________ Ext: __________ Fax: ____________________

Submittal of this signed form sent to SimonDavis Asset Management, Inc. (SDAM) acknowledges the following:

(1) Advisor has received email from SDAM confirming that they are ready to do business.
(2) Advisor and Firm are properly registered with FINRA in Client's state of residence.
(3) Advisor has provided client with SDAM Privacy Policy, Anti-Money Laundering Notification Disclosure and Part II of form ADV.
(4) Advisor has advised Client that all SDAM investment strategies are fully discretionary.
(5) Advisor has advised Client that SDAM is not responsible for tracking basis on behalf of its Clients.
(6) Advisor has advised Client that fees will be deducted directly from Client account per the signed Investment Advisory Agreement (IAA).
(7) Advisor feels that the investment strategy chosen above is suitable for Client based upon their risk profile.
(8) All funds received into Client account above will be in cash.
(9) Advisor and Client understand that this account will be invested only when this form and the IAA are received in good order.

AUTHORIZATION

Primary Advisor Signature: ______________________________ Date: ______________