

CLIENT PROFILE FORM



PLEASE COMPLETE THIS FORM FOR ACCOUNT OWNER(S) OR LEGAL REPRESENTATIVE(S).

1. PRIMARY ACCOUNT HOLDER—ALL SECTIONS REQUIRED

Full Legal Name (First) _____ (M.I.) _____ (Last) _____

Gender: Male Female SSN _____ Birth Date _____ / _____ / _____ mm/dd/yyyy

Primary Phone Number _____ Alternate Phone Number _____

Are you: Single Married Divorced Widowed Number of Dependents _____

Legal Address (No P.O. Box) _____

City _____ State _____ Zip _____ Country _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____ Country _____

2. USA PATRIOT ACT INFORMATION

ID Type (select one): Driver's License Passport State ID Military ID Other _____

State of Issuance _____ Country of Issuance _____ ID No. _____

ID Issue Date _____ / _____ / _____ mm/dd/yyyy ID Expiration Date _____ / _____ / _____ mm/dd/yyyy

Citizenship: U.S. Citizen Resident Alien (additional paperwork is required)** Non-Resident Alien (additional paperwork is required)**

**If any owner is a resident or non-resident alien, specify country: _____
Non-resident aliens, also include a completed W-8BEN.

Country of Tax Residence (if different than country of citizenship) _____

You are a senior foreign political figure, a relative of or closely associated to a senior foreign political figure.

If yes, what country? _____

3. EMPLOYMENT STATUS

Are you currently: Employed Unemployed* Retired* Student Self Employed

*If unemployed or retired, what is your source of income? _____

Occupation _____ Employer _____

Business Address _____ Apt/Suite No. _____

City _____ State _____ Zip _____ Country _____

You or an immediate family member are affiliated with, or employed by, a stock exchange, or a member firm of an exchange or Financial Regulatory Authority (FINRA), or a municipal securities dealer. Please provide the information below.

Self Relationship _____

Company Name _____ Address _____

City _____ State _____ Zip _____ Country _____



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CLIENT PROFILE FORM



PRIMARY ACCOUNT HOLDER, CONTINUED

4. PERSONAL FINANCIAL SITUATION NEEDS, LIQUIDITY CONSIDERATIONS, AND TAX STATUS

Please tell us your best estimate as to the Account Holder's finances (please refer to the definitions provided on page 5):

Annual Income ¹ (Individual)	Annual Income (Combined Household)	Annual Expenses ² (Combined Household)
\$ _____	\$ _____	\$ _____
Net Worth ³ (Combined Household)	Liquid Net Worth ⁴ (Combined Household)	Special Expenses ⁵ (Combined Household)
\$ _____	\$ _____	\$ _____

Timeframe for Special Expenses: Within 2 Years 3-5 Years 6-10 Years Not Applicable

Tax Rate: 15% or below 16-28% Over 28%

Liquidity Needs⁶: Not Important Somewhat Important Important Very Important

General Investment Knowledge and Experience: None Limited Moderate/Good Extensive

Please check the boxes that best describe your investment experience to date.

Product	Level of Experience				Transactions Per Year		
	No Experience	Limited	Good	Extensive	0-5	6-15	Over 15
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variable Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variable Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative Investments*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equity Index Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fixed Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Alternative Investments include REITs, BDCs, DPPs, LPs, Managed Futures and any other investment with limitations on liquidity.

5. TRUSTED CONTACT PERSON

By choosing to provide information about a trusted contact person, you authorize us to contact the trusted contact person listed below and disclose information about any of your accounts to that person in the following circumstances: to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults).

Full Legal Name (First) _____ (M.I.) _____ (Last) _____

Legal Address (No P.O. Box) _____

City _____ State _____ Zip _____ Country _____

Work Phone _____ Home Phone _____ Mobile Phone _____ Email _____

Relationship to Primary Applicant/Co-Applicant _____

CLIENT PROFILE FORM



6. SECONDARY ACCOUNT HOLDER—ALL SECTIONS REQUIRED

Full Legal Name (First) _____ (M.I.) _____ (Last) _____

Gender: Male Female SSN _____ Birth Date ____/____/____ mm/dd/yyyy

Primary Phone Number _____ Alternate Phone Number _____

Are you: Single Married Divorced Widowed Number of Dependents _____

Legal Address (No P.O. Box) _____

City _____ State _____ Zip _____ Country _____

Mailing Address (if different from above) _____

City _____ State _____ Zip _____ Country _____

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Are you currently: Employed Unemployed* Retired* Student Self Employed

*If unemployed or retired, what is your source of income? _____

Occupation _____ Employer _____

Business Address _____ Apt/Suite No. _____

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Self Relationship _____

Company Name _____ Address _____

City _____ State _____ Zip _____ Country _____

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SECONDARY ACCOUNT HOLDER, CONTINUED

9. PERSONAL FINANCIAL SITUATION NEEDS, LIQUIDITY CONSIDERATIONS, AND TAX STATUS

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	No Experience	Limited	Good	Extensive	0-5	6-15	Over 15
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Variable Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Variable Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alternative Investments*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equity Index Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fixed Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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By choosing to provide information about a trusted contact person, you authorize us to contact the trusted contact person listed below and disclose information about any of your accounts to that person in the following circumstances: to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults).

Full Legal Name (First) _____ (M.I.) _____ (Last) _____

Legal Address (No P.O. Box) _____

City _____ State _____ Zip _____ Country _____

Work Phone _____ Home Phone _____ Mobile Phone _____ Email _____

Relationship to Primary Applicant/Co-Applicant _____

CLIENT PROFILE FORM



DEFINITIONS (To Be Used for Completing Sections #4 and #9, *Personal Financial Situation Needs, Liquidity Considerations and Tax Status*)

- 1. Annual Income** includes income from sources such as employment, alimony, social security, investment income, etc.
- 2. Annual Expenses** might include mortgage payments, rent, long-term debts, utilities, alimony or child support payments, etc.
- 3. 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.
- 4. 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, automobiles, expected inheritance, assets earmarked for other purposes, and investments or accounts subject to substantial penalties if they were sold or if assets were withdrawn from them.
- 5. Special Expenses** might include a home purchase, remodeling a home, a car purchase, education, medical expenses, etc. Please indicate if not applicable (n/a).
- 6. Liquidity Needs** are the extent to which a customer desires the ability or has financial obligations that dictate the need to quickly and easily convert to cash all or a portion of an investment or investments without experiencing significant loss in value from, for example, the lack of a ready market, or incurring significant costs or penalties.

SIGNATURES

E-Delivery

As a result of signing this Client Profile Form, you are advising us that your delivery preference for documents related to our firm records is to receive them via e-delivery. For client verification purposes a valid cell phone number is needed to complete e-delivery. See the **Informed Consent Agreement and Disclosure for E-Delivery** section of this form for important details about e-delivery. You may change this preference at any time.

PRIMARY ACCOUNT HOLDER

Email address to which you want e-delivery notices mailed: _____ Cell Phone Number: _____

To elect **not to participate** in e-delivery and to receive paper documents, initial here: _____

SECONDARY ACCOUNT HOLDER

Email address to which you want e-delivery notices mailed: _____ Cell Phone Number: _____

To elect **not to participate** in e-delivery and to receive paper documents, initial here: _____

By signing below, I hereby certify that the information provided on this Client Profile Form is accurate. If you are signing as a legal representative, please indicate your capacity (eg. trustee, POA, etc.).

_____ Primary Account Holder Signature	_____ Print Name	_____/_____/_____ Date
_____ Secondary Account Holder Signature	_____ Print Name	_____/_____/_____ Date
_____ Additional Signature	_____ Print Name	_____/_____/_____ Date
_____ Additional Signature	_____ Print Name	_____/_____/_____ Date

INTERNAL USE ONLY

Registered Representative / Principal Signature

_____ Representative Signature	_____ Print Name	_____/_____/_____ Date
	Rep # _____ Split _____ % (Split # and % if applicable)	
_____ Representative Signature	_____ Print Name	_____/_____/_____ Date
	Rep # _____ Split _____ % (Split # and % if applicable)	
_____ KSI Principal Signature	_____ Print Name	_____/_____/_____ Date

CLIENT PROFILE FORM



KOVACK SECURITIES, INC. / KOVACK ADVISORS, INC.

INFORMED CONSENT AGREEMENT AND DISCLOSURE FOR ELECTRONIC DELIVERY

By signing this Client Profile Form, you are electing to start receiving paperless documents about your accounts (such as New Account Notifications, Privacy Policies and Three Year Account Verification Letters) via e-delivery.

By signing the attached Client Profile Form (unless you indicate you do not want to receive these documents by e-delivery) you are providing your informed consent in order to receive electronic versions of certain documents related to all accounts with Kovack Securities, Inc. and/ or Kovack Advisors, Inc. By agreeing to electronic delivery, you will receive certain documents in paperless format instead of in hard copy. Your consent to receive documents in paperless form will be effective for all accounts and will remain effective until you notify us, in writing, that you are canceling or modifying your election. Even if you consent to electronic delivery of documents related to your accounts, you are entitled to request a paper version of any such document. To do so, you may call us at (800) 711-4078.

By signing this Client Profile Form, you are agreeing to promptly (within 10 business days) review the information we deliver to you electronically. You further agree to promptly (within 10 business days) notify us if you disagree with any of the information delivered to you electronically. You agree that all information provided in electronic format is good and effective delivery to you when sent to you or posted to the secure server, regardless of whether you access the information.

ACCOUNT INFORMATION

At times we may send information related to your account. This may include information about:

- Our annual notice of privacy practices
- Annual financial disclosures
- Periodic updates to commission and fee schedules
- Changes to account features
- Amendments to your account agreement
- Confirmation of changes to your investment objectives
- Confirmation of information provided on your new account form (within 30 days of account opening)
- Notices about changes to Form ADV (our investment advisory disclosure form) or other required disclosures

When this information is available, you will receive email notification containing instructions on how to navigate to a secure web-page where you may securely access (and download if desired) your documents. Your documents will be viewable online indefinitely.

YOUR PRIVACY

Email notifications sent to you as part of our electronic delivery process¹ will serve to notify you that a document is waiting to be viewed on a secure server. You will be able to access that document by clicking on a link provided in the email and securely logging in to view the document. You may then download or print the document. While the actual document will not be included in the email notification we send, we may include certain information to help you identify the account. This may include a portion of your name and/or a portion of your account number. Email notifications we send are not encrypted. If we receive notification (in the form of returned emails or otherwise) we may stop sending your documents via electronic delivery and commence paper mailings.

OUR VENDOR

Docupace is a vendor that has been authorized by Kovack Securities and Kovack Advisors to manage its electronic delivery process by sending you email notifications and maintaining records related to your account. Our contract with Docupace requires them to maintain the privacy and security of your account information. Our privacy policies may be viewed at www.kovacksecurities.com and www.kovackadvisors.com.

CLIENT PROFILE FORM



WHAT SOFTWARE DO I NEED?

Our electronic delivery methodology relies upon your ability to access a secure web site, to receive and view emails, and to view Adobe PDF files or HTML files (regular web hypertext). You will need a computer, internet access, email software, internet browser (such as Internet Explorer) and Adobe Reader. Adobe provides its Reader software free of charge. To download and install the software on your computer, visit <https://get.adobe.com/reader/> and follow the instructions. You may incur costs for the transmission of data, per your agreement with your internet service provider and the standard costs of ink and paper for printing documents. You may choose to view your documents online, save them on your computer or other media, or print them. For free assistance in viewing your documents, you may call us at (800) 711-4078. If you don't have Adobe Reader or are otherwise unable to view or print information from a website, **do not accept this agreement.**

DURATION OF ELECTION AND CONSENT

By signing above, you represent that you have the ability to access, view and print the documents we will deliver to you electronically as outlined above. You agree to promptly report any problems you may have accessing these documents to us. This election applies to all documents described above for this account and remains in effect until you notify us that you wish to revoke or modify this consent. It is your responsibility to notify us, in writing, if your email address changes. You may revoke or modify your consent, or change your email address. For more information on how to proceed, contact us at (800) 711-4078 or contact your investment representative. If you revoke your consent, you will be able to view the previous documents indefinitely.

1 Email notifications will be sent from one of the following domains: docupace.com and signix.com. If you use spam-blocking software, please update your settings to allow email from these domains. If you don't receive an anticipated email notice, contact us at (800) 711-4078. You should also check your email quarantine, junk mail, or spam folder periodically, as valid messages are occasionally routed to these folders by email programs.