



Please complete and sign this application, along with any required supplemental forms identified through this application process. Please attach a copy of your driver's license, passport or another type of government-issued identification. If you are not a U.S. citizen, please attach a copy of your Green Card. Any missing information may delay the processing of your account.

Please remember to notify us if you experience a significant life change, such as the birth of a child, marriage, divorce, death of a spouse, loss of a job, change in financial situation, etc.

1 Please Tell Us About Yourself

A. Primary Account Owner Information/Representative/Trustee

Contact Information

Mr. Mrs. Ms. Dr. Suffix Sr. Jr.

First Name Middle Name Last Name

Permanent Address Apt/Suite No.

City State ZIP Code

Work Phone Home Phone Mobile Phone Email Address

Please check if you have been at your current home address for less than one year.

Mailing Address (if different from above) Apt/Suite No.

City State ZIP Code

Are you:

Single Married Divorced Widowed Number of Dependents:

Date of Birth (mm/dd/yyyy) Social Security or Taxpayer ID Country of Citizenship

Employment Status

Are you currently:

Employed Self-Employed Not Employed Retired Student Other:

Job Title Occupation

Employer Years with this Employer

Business Address



## D. Financial Situation and Needs, Liquidity Considerations, and Tax Status

Please tell us your best estimate as to:

ANNUAL INCOME <sup>1</sup> (from all sources)	NET WORTH <sup>2</sup> (excluding your residence)	LIQUID NET WORTH <sup>3</sup>	TAX RATE (highest marginal)
<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> 0-15%
<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> 16-25%
<input type="checkbox"/> \$50,001-100,000	<input type="checkbox"/> \$50,001-200,000	<input type="checkbox"/> \$50,001-200,000	<input type="checkbox"/> 26-30%
<input type="checkbox"/> \$100,001-250,000	<input type="checkbox"/> \$200,001-500,000	<input type="checkbox"/> \$200,001-500,000	<input type="checkbox"/> 31-35%
<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"/> Over 35%
<input type="checkbox"/> Over \$500,000	<input type="checkbox"/> \$1,000,001-3,000,000	<input type="checkbox"/> \$1,000,001-3,000,000	
	<input type="checkbox"/> Over \$3,000,000	<input type="checkbox"/> Over \$3,000,000	

  

ANNUAL EXPENSES <sup>4</sup> (recurring)	SPECIAL EXPENSES <sup>5</sup> (future, non-recurring)	LIQUIDITY NEEDS
<input type="checkbox"/> \$50,000 and under	<input type="checkbox"/> \$50,000 and under	The ability to quickly and easily convert to cash all or a portion of the investments in this account without experiencing significant loss in value from, for example, the lack of a ready market, or incurring significant costs or penalties is (check one)
<input type="checkbox"/> \$50,001-100,000	<input type="checkbox"/> \$50,001-100,000	
<input type="checkbox"/> \$100,001-250,000	<input type="checkbox"/> \$100,001-250,000	
<input type="checkbox"/> \$250,001-500,000	<input type="checkbox"/> \$250,001-500,000	
<input type="checkbox"/> Over \$500,000	<input type="checkbox"/> Over \$500,000	
	<i>Timeframe for special expenses:</i>	<input type="checkbox"/> Very important
	<input type="checkbox"/> Within 2 years	<input type="checkbox"/> Important
	<input type="checkbox"/> 3-5 years	<input type="checkbox"/> Somewhat important
	<input type="checkbox"/> 6-10 years	<input type="checkbox"/> Does not matter

<sup>1</sup> **Annual income** includes income from sources such as employment, alimony, social security, investment income, etc.

<sup>2</sup> **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.

<sup>3</sup> **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.

<sup>4</sup> **Annual expenses** might include mortgage payments, rent, long-term debts, utilities, alimony or child support payments, etc.

<sup>5</sup> **Special expenses** might include a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.

## E. Investment Risk Tolerance

Investing involves risk. Different investment products and strategies involve different degrees of risk. The higher the expected returns of a product or strategy, the greater the risk that you could lose most of your investment. Investments should be chosen based on your objectives, timeframe, and tolerance for market fluctuations.

Please select the degree of risk you (and any co-applicants, if applicable) are willing to take with the assets in this account.

- Conservative.** I want to preserve my initial principal in this account, with minimal risk, even if that means this account does not generate significant income or returns and may not keep pace with inflation.
- Moderately Conservative.** I am willing to accept low risk to my initial principal, including low volatility, to seek a modest level of portfolio returns.
- Moderate.** I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and understand I could lose a portion of the money invested.
- Moderately Aggressive.** I am willing to accept high risk to my initial principal, including high volatility, to seek high returns over time, and understand I could lose a substantial amount of the money invested.
- Significant Risk.** I am willing to accept maximum risk to my initial principal to aggressively seek maximum returns, and understand I could lose most, or all, of the money invested.

## A. Account Type

Please mark the account type(s) you are opening. You may use this form to open more than one type of account. For qualified retirement accounts such as defined benefit and profit sharing accounts, please contact us for the appropriate form at 703-207-7005.

### Personal Accounts

- Individual
- Joint – Rights of Survivorship
- Joint – Tenants in Common
- Joint – Community Property
- Joint – Tenants by Entirety
- Custodial (UGMA/UTMA). {Please Complete Section 5}
- Living Trust {Must attach copy of Trust Documents} Trust Name: \_\_\_\_\_

### Retirement Accounts

- SEP IRA {if new, attach IRS Form 5305}
- IRA Rollover {if with former employer 401K, contact employer}
- Traditional IRA
- Roth IRA
- SIMPLE IRA {if new, attach IRS Form 5305}

### Business Accounts {Must attach organizational documents showing entity name, trustees or authorized signers}

- Corporation Type: **S or C:** \_\_\_\_\_
- General Partnership
- Limited Liability Company Type: **S or C:** \_\_\_\_\_
- Sole Proprietorship
- Unincorp organization (Nonprofit)
- Limited Partnership
- Irrevocable Trust: \_\_\_\_\_
- Endowment: \_\_\_\_\_

Minor's Name (First, Middle, Last) \_\_\_\_\_ Minor's Birth Date \_\_\_\_\_ Minor's Social Security Number \_\_\_\_\_

Minor's Name (First, Middle, Last) \_\_\_\_\_ Minor's Birth Date \_\_\_\_\_ Minor's Social Security Number \_\_\_\_\_

Minor's Name (First, Middle, Last) \_\_\_\_\_ Minor's Birth Date \_\_\_\_\_ Minor's Social Security Number \_\_\_\_\_

## B. Beneficiary Information

I hereby designate the following primary beneficiary (ies) to receive payment of the value of my IRA upon my death. In the event that my primary beneficiary (ies) do not survive me, the funds are to be designated to my contingent beneficiary(ies). You may change your beneficiary (ies) at any time by giving written notice to us.

### A. Primary Beneficiary (ies):

Percentage Share %	Name	SSN	Relationship	Birth Date
<b>=100%</b>				

**B. Contingent Beneficiary (ies):**

Percentage Share %	Name	SSN	Relationship	Birth Date
<b>=100%</b>				

Spousal consent is required in certain States if you are married and designate a beneficiary other than, or in addition to, the spouse. I hereby consent to and join in the designation of beneficiary (ies) above.



\_\_\_\_\_

Spouse Signature

Print Name

Date

**3 Tell us How You Intend to Use This Account**

The more we know about you and your goals for this account, the better we can serve you. Please answer the following questions about your investment objectives and investment time horizon to help us determine which investment products and strategies are suitable for you.

**Investment Objectives and Investment Time Horizon**

*The investments in this account will be (check one):*

- 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

*My primary goal for this account is:*

- Generate income for current or future expenses
- Partially fund my retirement
- Wholly fund my retirement
- Steadily accumulate wealth over the long term
- Preserve wealth and pass it on to my heirs
- Pay for education
- Pay for a house
- Market speculation
- Other: \_\_\_\_\_

*The expected period of time you plan to invest to achieve your financial goal(s):*

- Under 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- 11-20 years
- Over 20 years

**Other Information**

*Please provide us with any additional information not requested above that you believe will help us more fully understand your investment profile and identify what types of investments or strategies may be suitable for you.*

---



---



---



---

## 4 Tell us How You Will Fund this Account

We generally require that you fund your account no more than 30 days after opening it. Funding options include: 1) You may make your check payable to: Folio Investments. Mail to: Folio Investments Attn: Cash Management 8180 8th FLR Greensboro, Drive, Mclean, VA 22102. 2) Attach a recent copy of your account statement to transfer to your account with a completed transfer form. 3) Wire money into your account. Please call us for wiring instructions, or 4) You may complete this section to link a bank account to your brokerage account for automatic deposits or withdrawals. This is a free service.

**To use this bank link, you will need to log into your account, after it is created, approve the bank link and verify the micro-deposits that will be made into your bank account in the next 2-3 business days. The bank account must be registered in your name.**

Bank Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Checking or Savings Account? \_\_\_\_\_ Bank Name: \_\_\_\_\_

*Please tell us how you are funding this account (click Yes or No):*

Yes No

Income

Pension or retirement savings

Funds from another account

Gift

Sale of business or property

Yes No

Insurance payout

Inheritance

Social Security benefits

Home Equity Line of Credit/Reverse Mortgage

Other: \_\_\_\_\_

## 5 Tell Us You Want to Work With Us

### Signatures

---

Primary Applicant Name (please print)

Primary Applicant Signature

Date

Co-Applicant Name (please print)

Co-Applicant Signature

Date

### Azzad Asset Management: Internal Use Only

---

Approved

Not Approved

Chief Compliance Officer Signature

Date