

Account Title:		Account Number:	
Name (First)		(Middle)	(Last)
<input type="checkbox"/> Mailing Address	<input type="checkbox"/> Legal Address (Street)		(City) (State) (Zip)
Home Phone ()	Mobile Phone ()	Business Phone ()	
Account Suitability			
Investment Experience and Knowledge (check one) <input type="checkbox"/> None - No investment experience. Limited investment knowledge. <input type="checkbox"/> Average - Has 1-2 years experience investing in securities. General knowledge of the risks and rewards of investing in securities. <input type="checkbox"/> Above Average - Has several years experience investing in securities. Has advanced knowledge of the risks and rewards of investing in securities. <input type="checkbox"/> Sophisticated - Has many years experience investing in securities. Has extensive knowledge of the risks and rewards of investing in securities.		Time Horizon (check one) <input type="checkbox"/> Immediate (less than 1 year) <input type="checkbox"/> Short (1-5 years) <input type="checkbox"/> Medium (6-10 years) <input type="checkbox"/> Long (10+ years)	
Approximate Annual Income of Household \$ _____	Net Worth (Exclusive of Residence) \$ _____	Liquid Net Worth \$ _____	Tax Bracket _____ %
Investment Objective (check one) <input type="checkbox"/> Safety of Principal <input type="checkbox"/> Growth and Income <input type="checkbox"/> Income <input type="checkbox"/> Growth <input type="checkbox"/> Aggressive Growth <input type="checkbox"/> Speculation			
Financial Holdings/Assets Annuities \$ _____ Bonds \$ _____ Cash \$ _____ CDs \$ _____ Life Insurance - Cash Value \$ _____ Mutual Funds \$ _____ Real Estate Holdings - Excluding primary residence \$ _____ Stock \$ _____			
Risk Tolerance (check one) <input type="checkbox"/> Conservative - Accepts a low return potential. Maintains a low degree of risk. <input type="checkbox"/> Moderate - Accepts fair degree of risk including lack of liquidity, in order to pursue the potential for a modest return. <input type="checkbox"/> Aggressive - Accepts high degree of risk, including a limited loss of principal, in order to pursue the potential for a higher return. <input type="checkbox"/> Very Aggressive - Accepts maximum degree of risk, including total loss of principal, in order to pursue the maximum possible return.			
Investment Strategy (check all that apply) <input type="checkbox"/> Buy/Hold <input type="checkbox"/> Income Generation <input type="checkbox"/> Margin <input type="checkbox"/> Liquidation/Withdrawal <input type="checkbox"/> Active Trading <input type="checkbox"/> Dollar Cost Averaging <input type="checkbox"/> Asset Allocation <input type="checkbox"/> Fixed Income Laddering <input type="checkbox"/> Explicit Hold <input type="checkbox"/> Hedging <input type="checkbox"/> Diversification <input type="checkbox"/> Tax Strategy <input type="checkbox"/> Other _____			
Liquidity Needs <i>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 or incurring significant costs or penalties.</i> <input type="checkbox"/> Low (Have other sources of cash) <input type="checkbox"/> Medium (May need quick access to cash) <input type="checkbox"/> High (Primary need is liquidity)			
Client Acknowledgments and Signatures			
The information contained on this form is an accurate description of my (our) investment objectives, financial situation, and employment as it pertains to this account, policy, or contract. I (we) understand that the Client Agreement and Disclosure booklet contains a pre-dispute arbitration clause that appears on page 8 at paragraphs XVI and XVII. I (we) have reviewed the information contained. I acknowledge that the most current Client Agreement and Disclosure booklet has been provided to me by my financial representative for review of HTK policies and other regulatory disclosures relative to my investment account.			
_____	_____/_____/_____	_____	_____/_____/_____
Client Signature	Date (mm/dd/yyyy)	Client Signature	Date (mm/dd/yyyy)
_____	_____/_____/_____	_____	_____
Registered Representative Signature (1)	Date (mm/dd/yyyy)	Rep # / Split Rep #	
_____	_____/_____/_____	_____	_____
Registered Representative Signature (2)	Date (mm/dd/yyyy)	Rep # / Split Rep #	
_____	_____/_____/_____		
Registered Principal Signature	Date (mm/dd/yyyy)		