COASTALONE

Investor Profile - Advisory Additional Holder/Participant Information Supplement

STEP 1. ADDITIONAL HOLDER/P	ARTICIPANT I	NFORMATION	
Account Registration			RR Name
Name			
	Person	Entity	
Social Security (SSN)		Holder/Particip	pant Role
Email	Date of Birth		Position Held
Home Phone	Business Phone		Mobile Phone
Legal Address (no P.O. Box)			
City		State/Province	Zip/Postal code
Country			
Mailing Address (if different from legal address)			
City		State/Province	Zip/Postal code
Country			
Primary Citizenship(s)		Additional Citizenship(s)	
Gender	Marital Status		
Male Female	Single	Married Dive	orced Domestic Partner Widowed
Employment and Industry Affiliations			
Employed Self-Employed	Retired	Unemployed	Homemaker Student
Occupation		Years Employed	Type of Business
Employer Name			
Employer's Address			
City		State/Province	Zip/Postal Code

Country

General Investment Knowledge and Experience

□ Limited □ Moderate □ Extensive □ None

Knowledge and Experience by Investment Type					
Investment	Investment Knowled	Investment Knowledge			Investment Experience
Commodities, Futures	Limited	☐ Moderate	Extensive	□ None	Since Year:
Equities	Limited	Moderate	Extensive	□ None	Since Year:
Exchange Traded Funds	Limited	☐ Moderate	Extensive	□ None	Since Year:
Fixed Annuities	Limited	☐ Moderate	Extensive	□ None	Since Year:
Fixed Insurance	Limited	☐ Moderate	Extensive	□ None	Since Year:
Mutual Funds	Limited	☐ Moderate	Extensive	□ None	Since Year:

Options	Limited	☐ Moderate	Extensive	□ None	Since Year:
Precious Metals	Limited	☐ Moderate	Extensive	□ None	Since Year:
Real Estate	Limited	☐ Moderate	Extensive	□ None	Since Year:
Unit Investment Trusts	Limited	Moderate	Extensive	□ None	Since Year:
Variable Annuities	Limited	Moderate	Extensive	□ None	Since Year:
Leveraged/Inverse ETF's	Limited	Moderate	Extensive	□ None	Since Year:
Complex Products	Limited	Moderate	Extensive	□ None	Since Year:
Alternative Investments	Limited	☐ Moderate	Extensive	□ None	Since Year:
Other:	Limited	☐ Moderate	Extensive	□ None	Since Year:

Financial Information

Annual Incon	ne					
From \$			To \$	To \$		
Net Worth (ex	ccluding primary	residence)				
From \$			То \$			
Liquid Net W	orth					
From \$			To \$			
Tax Bracket	0 –15%	🔲 15.1% - 32%	32.1% - 50%	□ 50.1% +		

Unexpired Government Identification

Government Photo ID #1		Gov	Government Photo ID #2		
Type of Unexpired Photo ID		Type of Unexpired	Type of Unexpired Photo ID		
ID Number		ID Number	ID Number		
Country of Issue		Country of Issue	Country of Issue		
Date of Issue	Date of Expiration	Date of Issue	Date of Expiration		

GOVERNEMENT ISSUED UNEXPIRED PHOTO DENTIFICATION SHOULD BE PROVIDED FOR ALL INDIVIDUALS THAT WERE NOT VERIFIED JSING NON-DOCUMENTARY METHODS, AND FOR NON-RESIDENT ALIENS, ALONG WITH AN RS FORM W-8BEN.

Are you an employee of this advisor firm?

Yes

No

Are you related to an employee at this advisor firm?			Yes	No	
Employee Name	Relationship				
Are you an employee of a broker-dea	ler?		Yes	No	i
Broker Dealer Name					
Are you related to an employee at a t	Yes	No	i		
Broker Dealer Name	Employee Name		Relationship		
Are you maintaining any other broker	Yes	No			
With what firm(s) are you maintaining	vestment Experience				
Are you or any member of your imme Member of a stock exchange or the F	Yes	No			
Employer authorization is required. W	/hat is the affiliation?				
Are you a senior officer, director, or 1	Yes	No			
Company Name(s)					

STEP 2. SIGNATURE

• I attest that the data above are accurate and complete based on information I have provided to my registered representative.