# Alternative Investment Disclosure Document

I/We have received and understand the offering documents describing the material features of the offering named below.
I/We certify that this product is consistent with my/our investment objectives.

Name of Offering _____ Date of Offering Documents _____ Investment Amount _____

## Understanding of the Offering (Please Initial):

_____ I/We understand that it is my/our responsibility to have read the memorandum thoroughly and understand it prior to investing.

_____ I/We certify that I/we conform to the investing requirements as detailed in the offering documents.

_____ I/We have adequate financial means to bear the lack of liquidity and the economic risks associated with this investment. This investment, along with other alternative investments, does not exceed 10% of my/our net worth. *

_____ I/We realize that this investment may have substantial risks and may not return all, or any, of my/our initial investment and may not return any income.

_____ I/We understand that there may be special tax consequences governing this investment. If I/We do not understand these rules we will consult with our tax professional.

_____ I/We understand that I/we may be unable to resell all or part of this investment. If we choose to resell the investment we may need to do so at a substantial discount. I/We are prepared to hold the investment until maturity.

## Net Worth and Income

Net Worth (Exclusive of Primary Residence) _____ Liquid Net Worth _____

Current Annual Income (Gross) _____ Total Income Last 2 Years _____

Liquidity Needs in Excess of Income _____ Total Outstanding Debt _____

## Employment and Education

Currrent Employer _____ Current Position / Occupation _____

Years in Current Position / Occupation _____

Previous Employer and Position / Occupation _____ Years _____

If either is less than 5 years, Please provide employment history for previous 10 years (employer, position and years employed):

Highest Degree Attained _____ Year Attained _____

Client's Signature _____ Date _____ Joint Client's Signature _____ Date _____

Client's Printed Name _____ Joint Client's Printed Name _____

Registered Representative's/ IAR Signature _____ Date _____ Home Office Supervisor's Signature _____ Date _____

Registered Representative's/IAR Printed Name and Number _____

* Note: If the amount of all alternatives in the clients portfolio exceeds 10% of net worth, the financial advisor must obtain approval from a firm principal prior to subbmitting the application.