OMNI Brokerage
INVESTMENT REAL ESTATE ™
10542 S. Jordan Gtwy, Ste 330, SLC, UT 84095
p: 801-553-1031 • omni1031.com • Member FINRA/SIPC

CLIENT SUITABILITY FORM – Confidential

Based on the following information the Registered Representative of _____ office of OMNI Brokerage, Inc. has offered to assist me in finding replacement property in exchange for real property that I have sold or might sell. The information below will be used to determine whether a 1031 exchange might fit my investment needs and objectives.

RELINQUISHED PROPERTY

Relinquished Property (or potential relinquished property information)

Sale Price (after closing cost): $_____

Debt in Property: $_____

Cash Out (if any): $_____

Exchange Amount: $_____

Adjusted Cost Basis: $_____

Property Type: _____ Location: _____

Estimated Close of Escrow : _____

INVESTOR ACCREDITATION

Accredited Investor Qualification:
Tenant-in-Common investments are offered exclusively to "accredited investors" as defined by Rule 501 under Regulation D of the Securities Act of 1933. Please indicate which guideline below qualifies you or your entity as an "accredited investor":

For Individual investors:

_____ Income in excess of $200,000 in each of the two most recent years, or joint income with spouse in excess of $300,000 in each of those years; or

_____ Net worth or joint net worth in excess of $1,000,000 (including equity in home)

For Entities:

_____ Total assets in excess of $5,000,000; or

_____ EACH and EVERY entity owner is accredited as an individual

INVESTMENT EXPERIENCE

Investment Experience in Years:

_____ Mutual Funds _____ Variable Annuities

_____ Partnerships _____ 1031 Exchanges

_____ Stocks _____ REITs

_____ Real Estate _____ Other

INVESTOR SUITABILITY

Investment Time Horizon:

❑ Long Term: (10+ years)

❑ Intermediate: (3-10 years)

❑ Short Term: (under 3 years)

State Tax Bracket: _____%

What % of assets are currently invested in DPPs* ? _____%

*DPPs (Direct Participation Programs) are illiquid securitized investments which provide flow-through treatment to the investor as a result of business operations. DPPs are most commonly structured as Limited Partnerships, but could be structured as S-Corporations, LLCs, General Partnerships, Joint Ventures or TICs.

Suitability:
Investment Objective: The investment objectives are overall objectives for the entire account and may be inconsistent with a particular holding and the account's performance at any time. Please note: Achievement of the stated investment objective is a long-term goal for the account. (check all that apply)

❑ Income: Designed for capital protection and steady cash flow

❑ Growth & Income: Designed for steady cash flow with capital appreciation over time

❑ Growth: Designed for mid to long-term appreciation with less emphasis on current cash flow

❑ Aggressive Growth: Designed for above average returns primarily from capital appreciation with little or no emphasis on current cash flow

❑ Speculation: Designed for maximal returns through capital appreciation from higher risk investments

❑ Tax Advantaged: Designed for tax savings, deferral or other tax benefits

Risk Tolerance: (Using the key below circle only one)

1 2 3 4 5 6 7 8 9 10

1–4 Low: (e.g., Money Market, CDs, Treasuries, Municipal & Government Bonds, Fixed Annuities, All Cash Real Estate)

5–7 Moderate: (e.g., Moderately Leveraged Real Estate, Corporate & High Yield Bonds, Large Company Stocks)

8–10 High: (e.g., Highly Leveraged Real Estate, International & Small Company Stocks, Oil & Gas, Margined Stocks, Options, Futures, Venture Capital)

I have had a relationship with _____, Registered Representative, since _____(month), ____(day) of _____(year).

Source of introduction: ❑ referral ❑ seminar ❑ website ❑ advertisement ❑ other: _____

Title to relinquished property (if known): _____

Client's Name (please print) _____ Client's Signature _____ Date _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Client's Name (if joint account) _____ Client's Signature (if joint account) _____ Date _____

Registered Representative's Name (please print) _____ Registered Representative's Signature _____ Date _____

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