Llenroc Capital LLC

Client Investment Characteristics Questionnaire

Client Name (s) ______________________________

Name of Account ______________________________

Client representative ______________________________

Estimated Annual Income ____________________

Account Type	
New Account or	☐
Revision of existing account	☐
Taxable account or	☐
Non-Taxable account	☐

Investment Experience	
0-5 years	☐
6-15 years	☐
16-30 years	☐
Over 30 years	☐

Investment Objective	
Conservative Growth	☐
Income & Safety	☐
Growth & Income	☐

Net worth	
Total net worth	______________________________
Liquid net worth	______________________________
Amount invested with Llenroc	______________________________

Additional Information	
Restrictions and/or securities or industries client does not wish to be represented in account	
Please inform us of any material withdrawals client plans to make in the future and any planned regular smaller withdrawals. Please also inform us of any other special instructions	

I will notify Llenroc Capital in writing if there are any changes to my investment objectives.

Client One

Signature ______________________________

Date of birth ____________ **SS #** ____________________

Client Two

Signature ______________________________

Date of birth ____________ **SS #** ____________________

Today's Date ____________________