

# Customer Account Record

OFG Financial Services, Inc., Townsite Plaza #2, Suite 105, Topeka, KS, 66603 Tele. # 785-233-4071

- Broker-Dealer Account  
 RIA Account

E-Mail Address: \_\_\_\_\_

Customer Opt-In for Electronic Mailings? Y / N

## Name and Address Information

Phone # \_\_\_\_\_

Social Security Number or Tax ID Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

Joint Owner \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

If account for:  UGMA/UTMA  Coverdell Education Savings  529 Plan

Custodian or Responsible Person: \_\_\_\_\_

Minor's Complete Name \_\_\_\_\_

SS # \_\_\_\_\_

DOB \_\_\_\_\_

## Citizenship

	Citizen of U.S.A? If No, "Please Specify" <input type="checkbox"/> Yes <input type="checkbox"/> No Citizenship Verified By What Source?	Type of ID: <input type="checkbox"/> Drivers License <input type="checkbox"/> US Govt'/Military ID <input type="checkbox"/> Passport	State/Gov Issuer	Issue Date
Primary owner			ID#	Expiration Date
Joint owner			ID#	Expiration Date

## Employment

Job Title \_\_\_\_\_

Years There \_\_\_\_\_

Employer's Name (State Previous Employer if Retired) \_\_\_\_\_

Retired:  Yes  No

## Client Profile

Is Client an Associated Person of Another Member Firm of FINRA?

Yes  No If "Yes," Name \_\_\_\_\_

Is Client Related to an OFG Financial Services, Inc., Employee or R/R?

Yes  No If "Yes," Name and Relationship \_\_\_\_\_

Marital Status (Please Check)

Single  Married

If Married, Name of Spouse \_\_\_\_\_

Address (If Different) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Client's Annual Income From All Sources

\_\_\_ Below \$50,000 \_\_\_ \$200-300,000  
\_\_\_ \$50-100,000 \_\_\_ \$300-500,000  
\_\_\_ \$100-200,000 \_\_\_ Over \$500,000

Client's Stated Net Worth (Excluding Home)

\_\_\_ Less than \$100,000 \_\_\_ \$500,000-1,000,000  
\_\_\_ \$100,000-250,000 \_\_\_ \$1,000,000-3,000,000  
\_\_\_ \$250,000-500,000 \_\_\_ \$3,000,000+

\* Trusted Contact Person:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Information Provided By Or Based On Information From The Client  
 Client Does Not Wish To Disclose

Estimated Tax Bracket

\_\_\_ 0-10% \_\_\_ 26-30%  
\_\_\_ 11-15% \_\_\_ 31-35%  
\_\_\_ 16-25% \_\_\_ Over 35%

Estimated Liquid Assets

\_\_\_ Less than \$100,000 \_\_\_ \$500,000-1,000,000  
\_\_\_ \$100,000-250,000 \_\_\_ \$1,000,000-3,000,000  
\_\_\_ \$250,000-500,000 \_\_\_ \$3,000,000+

\* Trusted Contact Person's Phone Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Client Refused: This category allows you to document when a client has declined to provide financial information.

Client Must Initial \_\_\_\_\_

\* By providing information to OFG about a trusted contact person, you as the customer authorize OFG to contact the trusted contact person listed above and to disclose information about the account to that person in the following circumstances: (1) to address possible financial exploitation, (2) to confirm the specifics of the customer's current contact information or health status, (3) to confirm the identity of any legal guardian, executor, trustee or holder of a power of attorney, or (4) as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults).

## Investment Experience

Please check the products/strategies that best reflect your investment experience to date. (Please check one or more.)

\_\_\_ None \_\_\_ Bonds \_\_\_ Options \_\_\_ Alternative Investments  
\_\_\_ Stocks \_\_\_ Mutual Funds \_\_\_ Annuities \_\_\_ Other

## Other Investment Accounts

<b>Time Horizon</b> When do you expect to begin withdrawing significantly from the principal? <input type="checkbox"/> Under 5 years <input type="checkbox"/> 5 to 10 years <input type="checkbox"/> Over 10 years	<b>Investment Strategies</b> Check all that apply <input type="checkbox"/> Diversification of Investments <input type="checkbox"/> Buy-and-Hold <input type="checkbox"/> Dollar Cost Averaging <input type="checkbox"/> Stock and Bond Trading <input type="checkbox"/> Speculation	<b>Liquidity Needs</b> On an <u>annual</u> basis, what are your expected current withdrawal needs from this account? <input type="checkbox"/> Less than \$1,000 <input type="checkbox"/> \$50,000 to \$100,000 <input type="checkbox"/> \$1,000 to \$25,000 <input type="checkbox"/> \$100,000 + <input type="checkbox"/> \$25,000 to \$50,000
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**Risk Tolerance** Please indicate your risk tolerance specific to the investments in this account.

I am willing to accept minimal risk, even if that means my investment does not generate significant income or returns and may not keep pace with inflation.  
 I am willing to accept low risk, including low volatility, and understand I could lose a modest amount of my investment.  
 I am willing to accept moderate risk, including some volatility, to seek higher returns and understand I could lose a portion of my investment.  
 I am willing to accept high risk, including high volatility, and understand I could lose a substantial amount of my investment.  
 I am willing to accept maximum risk and understand I could lose all of my investment.

<b>Account Description</b> Type of Account (Please Check One or More) <input type="checkbox"/> STOCK <input type="checkbox"/> Cash <input type="checkbox"/> Margin <input type="checkbox"/> MUTUAL FUND <input type="checkbox"/> VARIABLE ANNUITY <input type="checkbox"/> FIXED ANNUITY <input type="checkbox"/> MUNICIPAL BOND <input type="checkbox"/> OTHER (SPECIFY) _____ _____	<b>Investment Objective</b> Your Investment Objective should reflect the level of overall risk you are willing to assume in seeking returns for your account. The range of Investment Objectives from which you may choose is shown below. PLEASE ADVISE YOUR Financial Consultant promptly of any material change in your Investment Objective or financial condition.  <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Client is to initial the appropriate box</b> </div> <table style="width:100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width:20%; padding: 5px;">Conservative/ Preservation of Principal</td> <td style="border: 1px solid black; width:20%; padding: 5px;">Growth/ Balanced</td> <td style="border: 1px solid black; width:20%; padding: 5px;">Growth</td> <td style="border: 1px solid black; width:20%; padding: 5px;">Aggressive</td> <td style="border: 1px solid black; width:20%; padding: 5px;">Target Date Funds</td> </tr> </table>	Conservative/ Preservation of Principal	Growth/ Balanced	Growth	Aggressive	Target Date Funds
Conservative/ Preservation of Principal	Growth/ Balanced	Growth	Aggressive	Target Date Funds		

**Discussion Issues** Discuss your reasons for believing that the investment recommended is in the best interest of your client based on client's age, annual income, net worth, tax status and stated investment objectives.

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**Share Class** Which share class is used? (circle one) Mutual Funds – A or C ; Variable Annuities – B C or L  
 Why is this share class used?  
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**Confirmation** The undersigned certifies that all information on this form page 1 and 2 is correct, and agrees to notify OFG of any future changes to the information contained in this Customer Account Record (CAR). If purchasing an annuity product, client acknowledges receiving and reading "Fixed and Variable Annuity Disclosure Form". The client acknowledges receiving a current Prospectus for the product(s) purchased. The client acknowledges receiving OFG's Form CRS and discussing the contents of Form CRS with their OFG Representative. All persons must sign if this is a joint account. The client agrees to settle any disputes with OFG Financial Services, Inc., through arbitration.

X \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE

X \_\_\_\_\_ DATE \_\_\_\_\_  
 JOINT TENANT SIGNATURE

X \_\_\_\_\_ DATE \_\_\_\_\_  
 SIGNATURE OF REGISTERED REPRESENTATIVE

X \_\_\_\_\_ DATE \_\_\_\_\_  
 PRINCIPAL'S APPROVAL

R/R # \_\_\_\_\_ How Long Has R/R Known Client? \_\_\_\_\_



TOWNSITE PLAZA, BLDG. NO. 2, SUITE 105  
 120 SE 6TH AVE.  
 TOPEKA, KANSAS 66603-3515  
 (785) 233-4071 FAX (785) 233-5746

MEMBER FINRA/SIPC

## Privacy Notice

OFG Financial Services, Inc. takes your privacy very seriously. We share a commitment to protect your privacy and the confidentiality of your personal and financial information. This notice is to let you know how we collect information about you, the type of information we collect and what we may disclose to our affiliates and nonaffiliated third parties.

### Collection of Information

In the course of serving or administering your customer relationship, we collect a variety of nonpublic personal information which is provided by you, as well as other sources. Specific language and examples may not apply to all customers, and the information we collect varies accordingly.

Examples include:

- Information on your new account application, mutual fund application, annuity application and related forms, such as name, address, date of birth, Social Security number, gender, marital status, assets, income investment option elections;
- Information about your relationship with us, such as products, investments or services purchased and account balances;
- Information provided by your employer, benefits plan sponsor or association regarding any group product you may have, such as name, address, Social Security number, age, income and marital status;
- Information from a consumer reporting agency as permitted by law;
- Medical information submitted as part of an insurance application or

claim, which is used only for the specific purposes authorized by you or by law.

### Sharing and Use of Information

While acknowledging the importance of protecting customer information, we may find it necessary in the course of conducting business to disclose information we collect about you, as described above, in some or all of the following circumstances:

- Information may be shared with our affiliates to enable them to provide customer service or account maintenance.
- Information may be shared with nonaffiliated third parties (as permitted by law) who are assisting us by performing services or functions on our behalf, such as agents, registered representatives, mutual fund companies, insurance companies and brokerage firms.
- Information may be shared with other financial service companies, such as banks, mutual fund companies, insurance companies and securities brokers or dealers, with whom we have written marketing agreements.
- Information may be shared with nonaffiliated third parties as permitted or required by law, such as compliance with a subpoena, fraud prevention or compliance with an inquiry from a government agency or regulator.
- Personal health information will be shared only with proper written authorization or as required by law. We will not share medical information for marketing purposes.

### Protecting the Information

We are committed to uphold our pledge to maintain the security of our customer's personal information. To ensure such information is used only in the manner we have described, we have instituted the following safeguards:

- Employees are required to comply with our privacy policies and procedures, which exist to protect the confidentiality of customer information.
- Employees access the information only on a business need-to-know basis, such as to administer or service a customer request or order.
- You can help maintain your privacy by taking such precautions as protecting all your PIN numbers and not disclosing confidential information to unknown callers.
- From time to time, you may receive privacy-related communications from other companies or entities not affiliated with us, including those that may have a joint marketing agreement with us. We encourage you to review all of these communications carefully.
- The agent or registered representative with whom you work to obtain OFG Financial Services, Inc. financial products and services may use the personal information about you in his or her own files to advise you of other products or to help you with your overall financial strategy and plans.
- We maintain physical, electronic and procedural safeguards that comply with federal standards to maintain the confidentiality of your nonpublic personal information.

"To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents."

### FINRA Public Disclosure Program and Complaints

The Financial Industry Regulatory Authority (FINRA) has made available to investors a Public Disclosure pamphlet for your information.

To obtain a copy of the brochure, please contact the FINRA at 1-800-289-9999 or visit their website at [www.finra.org](http://www.finra.org).

Any complaints related to your account should be directed to OFG's Compliance Department at (785) 233-4071.