

Customer Account Record

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

Broker-Dealer Account RIA Account

Your OFG Representative is only Broker-Dealer registered, and is not registered with OFG's Investment Adviser, so your Representative has access to less of OFG's investment product offerings.

E-Mail Address: _____

Customer Opt-In for Electronic Mailings? Y / N

Account Type _____

Phone # _____

Name and Address Information

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

Primary owner	Citizen of U.S.A? If No, "Please Specify" <input type="checkbox"/> Yes <input type="checkbox"/> No Citizenship Verified By What Source? <input type="checkbox"/> US Gov't/Military ID <input type="checkbox"/> Passport	Type of ID:	<input type="checkbox"/> Drivers License <input type="checkbox"/> US Gov't/Military ID <input type="checkbox"/> Passport	State/Gov Issuer		Issue Date	
Joint owner	Citizen of U.S.A? If No, "Please Specify" <input type="checkbox"/> Yes <input type="checkbox"/> No Citizenship Verified By What Source? <input type="checkbox"/> US Gov't/Military ID <input type="checkbox"/> Passport	Type of ID:	<input type="checkbox"/> Drivers License <input type="checkbox"/> US Gov't/Military ID <input type="checkbox"/> Passport	State/Gov Issuer		Issue Date	

Employment

Job Title		Years There		Employer's Name		Retired:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <input type="checkbox"/> Below \$50,000 <input type="checkbox"/> \$200-300,000 <input type="checkbox"/> \$50-100,000 <input type="checkbox"/> \$300-500,000 <input type="checkbox"/> \$100-200,000 <input type="checkbox"/> Over \$500,000	Client's Stated Net Worth (Excluding Home) <input type="checkbox"/> Less than \$100,000 <input type="checkbox"/> \$500,000-1,000,000 <input type="checkbox"/> \$100,000-250,000 <input type="checkbox"/> \$1,000,000-3,000,000 <input type="checkbox"/> \$250,000-500,000 <input type="checkbox"/> \$3,000,000+	* Trusted Contact Person: _____	<input type="checkbox"/> Client Does Not Wish To Disclose
Estimated Tax Bracket <input type="checkbox"/> 0-10% <input type="checkbox"/> 26-30% <input type="checkbox"/> 11-15% <input type="checkbox"/> 31-35% <input type="checkbox"/> 16-25% <input type="checkbox"/> Over 35%	Estimated Liquid Assets <input type="checkbox"/> Less than \$100,000 <input type="checkbox"/> \$500,000-1,000,000 <input type="checkbox"/> \$100,000-250,000 <input type="checkbox"/> \$1,000,000-3,000,000 <input type="checkbox"/> \$250,000-500,000 <input type="checkbox"/> \$3,000,000+	* Trusted Contact Person's Phone Number: _____	

* 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

Time Horizon	Investment Strategies	Liquidity Needs
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	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	On an annual basis, what are your expected current withdrawal needs from this account? <input type="checkbox"/> Less than \$1,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$1,000 to \$25,000 <input type="checkbox"/> \$100,001 + <input type="checkbox"/> \$25,001 to \$50,000

Risk Tolerance	Please indicate your risk tolerance specific to the investments in this account.
<input type="checkbox"/> 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. <input type="checkbox"/> I am willing to accept low risk, including low volatility, and understand I could lose a modest amount of my investment. <input type="checkbox"/> I am willing to accept moderate risk, including some volatility, to seek higher returns and understand I could lose a portion of my investment. <input type="checkbox"/> I am willing to accept high risk, including high volatility, and understand I could lose a substantial amount of my investment. <input type="checkbox"/> I am willing to accept maximum risk and understand I could lose all of my investment.	

Account Description	Investment Objective					
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) _____ _____	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 Representative promptly of any material change in your Investment Objective or financial condition. Mark the appropriate box					
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JT TEN <input type="checkbox"/> UGMA/UTMA <input type="checkbox"/> COVERDELL EDUC. <input type="checkbox"/> IRA <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> Simple <input type="checkbox"/> ROLLOVER <input type="checkbox"/> 403(b) <input type="checkbox"/> 401(k) <input type="checkbox"/> 457 <input type="checkbox"/> 529	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%; text-align: center; color: red;">Conservative/ Preservation of Principal</td> <td style="width:20%; text-align: center; color: red;">Growth/ Balanced</td> <td style="width:20%; text-align: center; color: red;">Growth</td> <td style="width:20%; text-align: center; color: red;">Aggressive</td> <td style="width:20%; text-align: center; color: red;">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		
<input type="checkbox"/> TRUST <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE <input type="checkbox"/> OTHER (SPECIFY) _____ _____						

Discussion Issues	Discuss your reasons for believing 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. The client also acknowledges reviewing product-specific disclosures, fees, and other information with their OFG Representative. All persons must sign if this is a joint account. Some OFG forms may not include a client signature, but rather an attestation from the client saying they are attesting to the contents of the applicable OFG form(s), and client agrees this attestation is the equivalent as signing the form(s). The client agrees to settle any disputes with OFG Financial Services, Inc., through arbitration.		
X _____ SIGNATURE	_____	_____	DATE
X _____ JOINT TENANT SIGNATURE	_____	_____	DATE
X _____ SIGNATURE OF REGISTERED REPRESENTATIVE	_____	X _____	DATE
R/R # _____	DATE	PRINCIPAL'S APPROVAL	DATE
		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.

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