Accredited Investor Questionnaire

1. RETURN OF FORM. All responses will be kept confidential. After you complete and sign this form, please mail, fax or email it to:

Mike Barna Trading System Lab 7227 Glenview Drive San Jose, CA 95120 <u>mike@tradingsystemlab.com</u> Fax: 408-300-1098 Phone: 408-356-1800

2. PERSON COMPLETING THIS FORM

- a. Name: (First, Middle Initial, Last): _____
- b. Date of Birth: _____
- c. Home Address:
- d. State in which you are registered to vote: _____
- e. Home Telephone: _____
- f. Cell Phone:
- g. Email Address:
- h. Business/Profession:
- i. Title: _____
- j. Company Name: _____
- k. Employed Since: _____
- 1. Business Address: _____
- m. Business Telephone: _____

3. CONTACT METHOD FOR COMMUNICATIONS. To which place would you prefer that communications be sent?

Home Address
Business Address

- _____ Email Address
- Other (please specify):

4. ENTITY INFORMATION. If you are submitting this form on behalf of an entity (corporation, limited liability company, etc.), employee benefit plan or trust with assets of at least \$5 million, please complete the following:

a. Name of entity, plan or trust: ______

b. Name of state where entity, plan or trust was formed: _____

and check any of the following boxes that apply:

_____ The undersigned is a corporation, partnership, business trust or charitable

organization with assets in excess of \$5 million that was not formed to acquire securities offered by the company presenting this questionnaire;

_____ The undersigned is a bank, a savings and loan association, a broker or dealer registered pursuant to Section 15 of the Securities Exchange Act of 1934, an insurance company, an investment company registered under the Investment Company Act of 1940, a business development company as defined in Section 2(a)(48) of that Act, a Small Business Investment Company licensed by the U.S. Small Business Administration under section 301(c) or (d) of the Small Business Investment Act of 1958, a private business development company as defined in Section 202(a)(22) of the Investment Advisors Act of 1940;

The undersigned is an employee benefit plan a) either established and maintained by a government entity or governed by the Employee Retirement Income Security act of 1974 (ERISA) and in either case with total assets in excess of \$5 million, or b) governed by ERISA and where investment decisions are either made by a bank, savings and loan association, insurance company, or registered investment adviser or, if a self-directed plan, with investment decisions made solely by persons that are accredited investors;

_____ The undersigned is a trust with assets of at least \$5 million, not formed to acquire securities offered by the company presenting this questionnaire, and whose purchases are directed by a sophisticated person who, either alone or with his/her independent purchaser representative, has such knowledge and experience in financial and business matters that he/she is capable of evaluating the merits and risks of a prospective investment.

If you have checked any of these items, please skip to the signature lines at the bottom.

5. OVERALL INVESTMENT OBJECTIVES. Please rank your investment objectives from 1 through 4 in order of priority; 1 being the highest):

_____ Growth

_____ Current Income

_____ Tax Deferral

_____ Liquidity

6. RISK TOLERANCE. Please check one :

_____ Aggressive

_____ Moderate

____ Conservative

7. SPECULATION. Do your investment objectives allow speculation?

8. ACCREDITED INVESTOR STATUS; please check every item that applies:

_____ My net worth (either individually or with my spouse, if any), excluding the value

of my personal residence¹ but including all other investments, property and other assets, is at least \$1,000,000.

_____ My individual annual income was at least \$200,000 in each of the two most recent years, and I expect such income in the current year.

_____ My annual income, jointly with my spouse, was at least \$300,000 in each of the two most recent years, and I expect such income in the current year.

_____ The undersigned is signing for an entity and all of the entity's equity owners meet at least one of the three tests listed above.

_____ The undersigned is signing for an organization not formed for the specific purpose of acquiring the securities offered with total assets in excess of \$5,000,000;

_____ The undersigned is a revocable trust created by the undersigned for his or her own benefit who meets at least one of the first three tests listed above.

9. EDUCATION. Please list your highest level of education and any degrees (including field if applicable) that you have received::

10. LICENSES. Please list any job-related licenses that you hold or have held in the past:

11. JOB EXPERIENCE. Please briefly summarize any job experience that you have had that may show familiarity with business matters and/or investments:

12. PRIMARY SOURCE OF INCOME:

Investments Compensation

13. PRIOR INVESTMENT EXPERIENCE; please check all that apply:

I have experience as an investor in:

- _____ Stocks which are listed on a national securities exchange.
- _____ Mutual funds which hold a portfolio primarily consisting of stocks.
- _____ Taxable bonds or other debt instruments.
- _____ Tax exempt bonds.
- _____ Partnerships, limited liability companies, corporations which invest in real estate or real estate investment trusts (REITs).

_____ Other types of investments not mentioned in any of the previous categories (please describe): ______

¹ The "value of primary residence" is excluded from the net worth calculation. Any mortgage secured by the primary residence up to its fair market value may also be excluded. However, indebtedness secured by the residence in excess of the value of the home should be considered a liability and deducted from the investor's net worth.

14. PORTFOLIO. Please estimate the percentage of your assets that you currently have in each category:

- _____ Stocks (including mutual funds)
- _____ Bonds
- _____ Certificates of Deposit/Loans/Savings Accounts
- _____ Principal Residence
- _____ Vacation Home(s)
- _____ Rental Property
- Ownership of business(es) in which you are actively involved
- _____ Other _____

Date: _____

Sign Name	

Print Name:	
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Name of Entity, Pension Plan or Trust, if applicable: _____