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## **INVESTOR SUITABILITY EVALUATION**

## PERSONAL & CONFIDENTIAL ALL INFORMATION WILL BE KEPT CONFIDENTIAL

| PERSONAL INFORMA                | TION   |                         |              |            |                                  |         |                |            |
|---------------------------------|--------|-------------------------|--------------|------------|----------------------------------|---------|----------------|------------|
| Applicant/Investor Name:        |        |                         |              |            |                                  |         |                |            |
| Mobile Phone Number             |        | Home/ Work Phone Number |              |            | Email Address                    |         |                |            |
| Gender O Male O Fer             | male   |                         | rital<br>tus | ○ Single   | 0                                | Married | O Divorced     | O Widowed  |
| Date of Birth (mm/dd/yyyy)      |        | Place of Birth (        | City/C       | Country)   |                                  | Country | y of Citizensh | ip         |
| Passport Issued by (Country)    | ) Pass | port Number             | Pass         | port Issue | d (D                             | ate)    | Date Passpo    | rt Expires |
| PRESENT ADDRESS: Street Address |        |                         |              |            |                                  |         |                |            |
| City                            | State  | /Province               | Country      |            | Postal/Zip Code                  |         |                |            |
|                                 |        |                         |              |            |                                  |         |                |            |
| IF YOU ARE CURRENT              | TLY IN | NSIDE THE U             | SA, I        | PLEASE     | PR                               | OVIDE   | THE FOLI       | OWING:     |
| Type of US Visa                 |        | Visa Issuance D         | ate          |            | I-94 Issuance Date (attach copy) |         |                |            |
| Visa Expiry Date                |        |                         |              |            | I-94 Expiry Date                 |         |                |            |
| Date of Last Entry Into US      |        | Place of Last Ent       |              | ntry       | ry Into US                       |         |                |            |
|                                 |        |                         |              |            |                                  |         |                |            |

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| Full Legal Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Maiden Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                               | Gender O Male O Female                                                                                 |  |  |
| Date of Birth (mm/dd/yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Place of Birth (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | City/Country)                                                                                                                                 | Country of Citizenship                                                                                 |  |  |
| Passport Issued by (Country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Passport Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Passport Issued (Da                                                                                                                           | nte) Date Passport Expires                                                                             |  |  |
| INFORMATION ABOUT Y                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OUR CHILDREN:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                               |                                                                                                        |  |  |
| Number of Children under age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 21 Ages                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                               | Attending U.S. Schools?                                                                                |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |                                                                                                        |  |  |
| CURRENT EMPLOYMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                               |                                                                                                        |  |  |
| Employer (Name of Business)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Business Address                                                                                                                              |                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |                                                                                                        |  |  |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | State/Province                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                                                                                                                       | Postal/Zip Code                                                                                        |  |  |
| City<br>Job Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | State/Province Start Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country  Annual Salary                                                                                                                        | Postal/Zip Code Other Compensation                                                                     |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |                                                                                                        |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                               |                                                                                                        |  |  |
| Job Title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Start Date  INVESTOR STATUS (TO C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Annual Salary  COMPLY WITH U.S. REGUL                                                                                                         | Other Compensation  LATIONS, YOU MAY BE                                                                |  |  |
| Job Title  FINANCIAL CONDITION:  DETERMINATION OF ACCREDITED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Start Date  INVESTOR STATUS (TO C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Annual Salary  COMPLY WITH U.S. REGUL NET WORTH AND INCOME                                                                                    | Other Compensation  ATIONS, YOU MAY BE                                                                 |  |  |
| Job Title  FINANCIAL CONDITION:  DETERMINATION OF ACCREDITED REQUESTED TO SUPPLY DOCUMENTO THE undersigned is an accredited item that applies):  O Y N 1. My net we have a supplication of the supplication of | Start Date  INVESTOR STATUS (TO CONTS TO SUPPORT YOUR Notestor by reason of at leason of the control of the con | Annual Salary  COMPLY WITH U.S. REGUL  NET WORTH AND INCOME  east one (1) of the followi                                                      | Other Compensation  ATIONS, YOU MAY BE E) Ing (select YES for every  ), including home(s), investments |  |  |
| Job Title  FINANCIAL CONDITION:  DETERMINATION OF ACCREDITED REQUESTED TO SUPPLY DOCUME!  The undersigned is an accredited item that applies):  O Y N 1. My net wand all poor item and all poor item item that applies is an accredited item that applies item that appl | Start Date  INVESTOR STATUS (TO CONTS TO SUPPORT YOUR Notestor by reason of at leason of at leas | Annual Salary  COMPLY WITH U.S. REGUL NET WORTH AND INCOME east one (1) of the followi or with my spouse, if any , is at least US\$1,000,000. | Other Compensation  ATIONS, YOU MAY BE E) Ing (select YES for every  ), including home(s), investments |  |  |

| SECURITY INFORMATION:                                                                                                                                                       |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Have you or your spouse ever filed for Bankruptcy? O Yes O No  If yes, explain (use separate page if necessary)                                                             |  |  |  |  |  |
|                                                                                                                                                                             |  |  |  |  |  |
| Have you or your spouse ever been convicted of a crime? O Yes O No                                                                                                          |  |  |  |  |  |
| If yes, explain (use separate page if necessary)                                                                                                                            |  |  |  |  |  |
| Have you or your spouse ever been denied entry to the United States? O Yes O No  If yes, explain (use separate page if necessary)                                           |  |  |  |  |  |
| Have you previously applied for a U.S. immigrant or non-immigrant visa and been denied? O Yes O No If yes, explain (use separate page if necessary)                         |  |  |  |  |  |
| Will you be able to clearly document that the cash required to make your investment comes from a lawful source? O Yes O No  If no, explain (use separate page if necessary) |  |  |  |  |  |

## **VERIFICATION**

Please supply copies or send via fax or email two (2) of the following for the Applicant/Investor and Spouse:

- 1. Valid government issued drivers license including photograph.
- 2. Valid passport (copy of picture page).
- 3. National Identity card if available.
- 4. Copy of current US visa (if inside the United States).
- 5. Copy of I-94 (if inside the United States).

I hereby acknowledge that the information provided is accurate and truthful as of this date. My signature on this page allows Birch Capital to review the information.

Signature or Full Name

DATE (mm/dd/yyyy)

**Contact Us** 

Birch Capital LLC 150 E. Palmetto Park Road Suite 800 Boca Raton, FL 33432 J. Bruce Ricciuti bruce@birchcapital.com +1 781.431.2600 (office) +1 781.431.1363 (fax)