

Exhibit A: Financial Adviser Client Suitability
Please complete one per client account.

Financial Adviser Client Suitability

Account Name: _____ GCA Account Number: _____

1. Client Information

Client Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone – Office: _____ Home: _____ Cell: _____

E-Mail: _____

2. Portfolio Type

- | | | | |
|---|---|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Individual/Joint | <input type="checkbox"/> Corporate | <input type="checkbox"/> Foundation | <input type="checkbox"/> Endowment |
| <input type="checkbox"/> IRA | <input type="checkbox"/> Profit Sharing | <input type="checkbox"/> Pension | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Taft Hartley | <input type="checkbox"/> Other: _____ | | |

3. Investment Strategy

Client is employing Adviser to manage the Account using the following strategy(ies);

SMA Investment Strategies: *(If using two or more strategies please note which percentage for*

each) Large Cap: _____ % Taxable Large Cap: _____ % Dividend Inc.: _____ %

Taxable Fixed: _____ % Non-Taxable Fixed: _____ % (State:) **Diversified**

ETF Asset Allocation Strategies:

GCA Global Balanced (ETF) _____ % GCA International Equity (ETF) _____ %

Approximate starting market value: _____

Funded with: Cash Securities Both

4. Tax Status

Account Tax Status: Taxable Tax-Exempt Tax Lot Method: FIFO High-Cost

Tax ID No.: _____ Tax Year Ends: _____

Tax Lot Method: FIFO High-Cost LIFO Other: _____

5. ERISA

Is this an ERISA Account? Yes No

6. Proxy Voting

GCA votes proxies according to GCA's Proxy Voting Policy (available upon request):

- Yes, GCA votes proxies No, GCA does not vote proxies

7. Investment Restrictions

List any account investment restrictions below. If none, please indicate "none" below.

Are there written investment policy guidelines for the portfolio? Yes No

If yes, please provide a copy.

8. Broker-Dealer Custodian:

Firm: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Financial Adviser: _____ Telephone: _____

E-mail: _____ Fax: _____

9. Fees

Check applicable box and fill in commission rate:

Wrap Fee (Fee to GCA: _____)

Transactional Charges (Please provide commission rate for equities: _____ %)

10. Signatures

The account referenced above is ready for investment subject to the information provided in this Investment Authorization. The undersigned agrees that this investment is suitable for the client.

Authorized Representative (Signature)

Date

Authorized Representative (Print Name)

Title

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Please complete one per client account.

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1. Client Information

Client Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone – Office: _____ Home: _____ Cell: _____

E-Mail: _____

2. Portfolio Type

- | | | | |
|---|---|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Individual/Joint | <input type="checkbox"/> Corporate | <input type="checkbox"/> Foundation | <input type="checkbox"/> Endowment |
| <input type="checkbox"/> IRA | <input type="checkbox"/> Profit Sharing | <input type="checkbox"/> Pension | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Taft Hartley | <input type="checkbox"/> Other: _____ | | |

3. Investment Strategy

Client is employing Adviser to manage the Account using the following strategy(ies);

SMA Investment Strategies: *(If using two or more strategies please note which percentage for each)*

- | | | |
|--|--|---|
| <input type="checkbox"/> Large Cap: _____% | <input type="checkbox"/> Tax-Mgd Large Cap: _____% | <input type="checkbox"/> Div & Income: _____% |
| <input type="checkbox"/> Taxable Fixed: _____% | <input type="checkbox"/> Non-Taxable Fixed: _____% | State: _____ |

Diversified ETF Asset Allocation Strategies:

- | | |
|---|--|
| <input type="checkbox"/> Global Balanced (ETF) _____% | <input type="checkbox"/> International Equity (ETF) _____% |
|---|--|

Approximate starting market value: _____

Funded with: Cash Securities Both

4. Tax Status

Account Tax Status: Taxable Tax-Exempt

Tax ID No.: _____ Tax Year Ends: _____

Tax Lot Method: FIFO High-Cost LIFO Other: _____

5. ERISA

Is this an ERISA Account? Yes No

6. Proxy Voting

Greenwood Capital votes proxies according to GCA's Proxy Voting Policy (available upon request):

Yes, Greenwood Capital votes proxies No, Greenwood Capital **does not** vote proxies

7. Investment Restrictions

List any account investment restrictions below. If none, please indicate "none" below.

Are there written investment policy guidelines for the portfolio? Yes (**Please Provide**) No

8. Broker-Dealer Custodian:

Firm: _____ Account #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Financial Adviser: _____ Telephone: _____

E-mail: _____ Fax: _____

9. Fees

Check applicable box and fill in commission rate:

Wrap Fee (Fee to GCA: _____)

Transactional Charges (Please provide commission rate for equities: _____ %)

10. Signatures

The account referenced above is ready for investment subject to the information provided in this Investment Authorization. The undersigned agrees that this investment is suitable for the client.

Authorized Representative (Signature)

Date

Authorized Representative (Print Name)

Title