

CONFIDENTIAL CLIENT QUESTIONNAIRE

Thank you for your interest in Rocket Capital Management, LLC. The information you provide will allow us to assist you or your financial professional to determine whether our investment approach is appropriate for you. We provide investment supervisory services, whereby we provide ongoing advice to a client or make investments on behalf of a client based on the individual needs of the client. We are not a financial planner. Our clients' accounts are managed for long-term capital appreciation through investments in equity securities, warrants, certificates of deposits, options and US government securities. You must be willing to accept high volatility and have no immediate need for liquidity in this account. For advice on asset allocation, retirement or tax planning, insurance needs or other financial matters, please talk to your broker, lawyer, accountant or other financial professional.

SECTION 1. YOUR BACKGROUND INFORMATION

1. Client / Account Title _____
Your Name, if different _____
Joint Account holder's Name _____
Broker's Name, if any _____
Your Social Security Number / Taxpayer ID Number _____
Your Birth Date _____
Joint Account holder's Birth Date _____
Are you currently retired? Yes No
Is Joint Account holder currently retired? Yes No
2. Years of Investment Experience in Stocks: _____, Warrants: _____, Options: _____; Certificates of Deposits: _____ and US government securities: _____.
3. Please indicate the type(s) of account(s) you wish to open
 - Individual
 - Joint
 - Trust / Name of Trustee(s) _____
 - Pension / Profit Sharing / 401K
Name of Trustee(s) _____
 - Regular Individual Retirement Account (IRA)
 - Rollover IRA
 - Roth IRA
 - SEP IRA
 - Corporation or other business entity, *specify* _____
 - Other, *specify* _____

Client / Account Title _____

Date _____

4. Citizenship

USA Other, *specify* _____

5. Is there a related account managed by us? (e.g., *affiliated organization, immediate family*)

No Yes, *specify* _____

SECTION 2. YOUR NET WORTH / TOTAL CLIENT ASSETS

1. How much do you plan to invest with us? Please note that this is a preliminary indication, not a commitment. \$ _____

2. Approximate client net worth (*excluding primary residence and autos*) \$ _____

3. As a percentage of the client's total liquid assets, this account will represent

Less than 20%

20 to 50%

51 to 75%

76 to 100%

SECTION 3. YOUR INCOME

1. Approximate total household gross income

\$0 - \$100,000

\$100,000 - \$300,000

\$300,000 +

Decline to provide

Not applicable

SECTION 4. YOUR INVESTMENT GOALS

1. Will there be a specific need for most or all of these funds within: _____ 3 years, _____ 3 to 5 years, _____ 5 to 10 years or _____ over 10 years?

If yes, how much? _____

How often? _____

2. Are dividends paid by securities essential in meeting current income needs? Yes No

3. Do you require regular income paid to you from this account? Yes No

Client / Account Title _____

Date _____

4. Time horizon is the number of years the account can remain invested. A short time horizon calls for a more conservative portfolio structure because there is less time to recover losses. Is your estimated investment time horizon for these assets at least 3 to 5 years? Yes No
5. Overall, is your primary investment objective for this portfolio maximum long-term capital appreciation? Yes No

SECTION 5. YOUR RISK TOLERANCE

1. Keeping in mind any return expectations you have for your Rocket Capital Management, LLC account and your tolerance for fluctuations in value, check the box that describes your risk tolerance.

- Maximizing return is most important.
 Balance between capital preservation and total return is most important.
 Capital preservation is more important than growth / appreciation.

What additional information should we know about your situation? Is there anything that might affect your future financial needs (e.g., *special health conditions or elder care*)? Are there any restrictions that you wish to impose on the management of the account, including restrictions on the investment in certain types of securities, industry groups or geographical regions?

You should periodically review the information contained in this Questionnaire. If any answer changes materially, please notify us in writing immediately. Until we receive such notice, we will rely on this information as being complete and accurate in managing your account.

2. **I recognize that risks are inherent in securities investments in that some investment decisions result in profits and others in losses. I understand that because prices of stocks often change from trade to trade, even on the same day or within the same hour, it is likely that when you purchase or sell a given security for more than one account the price will differ from account to account. I understand that companies whose securities are considered “growth stocks” by Rocket Capital Management, LLC may often in the same or related sectors or industries. Such companies may have fewer shares outstanding than more established companies, and you may take a significant aggregate position (over 10%) in one or more such companies. In addition, there is no pre-determined limit for investing in any one sector, industry or security. As a result, the stocks in my portfolio may trade more thinly and have a more limited public float than the securities of other companies. The share prices of my stocks will be volatile. If my portfolio contains growth stocks, my portfolio will be vulnerable to a less efficient market and increased trading illiquidity. I am**

Client / Account Title _____

Date _____

willing to accept the additional risks associated with this style of management and wish to engage Rocket Capital Management, LLC.

Client / Account Title _____

Date _____

You represent to us that you are making an independent investment decision to open this account and that you alone or together with your financial consultant and/or other third parties are capable of independently stating investment objective and evaluating investment risk.

Authorized Signer _____

Print name _____

Authorized Signer _____

Print name _____

Authorized Signer _____

Print name _____

Date _____