

New Account Form

Please complete this form to establish an investment account managed by Robert W. Colby Asset Management, Inc. (**Colby**). Please **fax** this completed form to **1-646-349-3151**. We prefer fax in order to save time and postage. If you cannot fax, please mail this form to Robert W. Colby Asset Management, Inc., 40 Wall St., 28th Floor, NY, NY 10005.

The information below will be used ONLY to establish your account with Robert W. Colby Asset Management, Inc. and with Folio Institutional, our recommended custodian. If you have any questions or want help with this form, please call Bill Anderson, CEO of Robert W. Colby Asset Management, Inc., at phone number 1-646-652-6879.

Name		Telephone	
Street Address		Email	
City		Birth Date	
State + Zip			
Social Security #			
Annual Income	\$ _____ to \$ _____ (Range)		
Employment	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self Empl
		<input type="checkbox"/> Retired	<input type="checkbox"/> Homemaker
Net Worth (ex. Home)			
Employer		Occupation	
Employer's Address			
Employer's City, St, Zip			

Are you, or is any member of your immediate family, an employee of a broker/dealer, specialist firm, member firm of a stock exchange, FINRA (Financial Industry Regulatory Authority), or a Senior Officer, Director or 10% shareholder of a publicly traded company?

Yes No

If Yes, provide employee name, employer name, and/or publicly traded company and stock symbol below.

Employee Name _____ Employer's Name _____

Stock Symbol _____ Employer's Address _____

City _____ State _____ ZIP _____

1. Bank Account Reference—Bank Name and Address _____

2. Are you or is anyone with an interest in this account a senior military, governmental, or a political official in a non-U.S. country or closely associated with an immediate family member of such an official?

Yes No

If Yes give the name of the official, office held, and country: _____

3. Is this account a **Private Banking Account** as defined under the USA PATRIOT ACT? , i.e., an account that is established or maintained for the benefit of one or more non-U.S. persons, requires a minimum aggregate deposit of funds or other assets of not less than \$1,000,000, and is assigned to a bank employee who is a liaison between the financial institution and the non-U.S. person?

Yes No

4. Is this an account for a **Foreign Bank** as defined under the USA PATRIOT ACT?

Yes No

Accounts I wish Robert W. Colby Asset Management, Inc., to manage for me:

Existing Account Type	Current Custodian	Account Number	Amount to Transfer	Ticker Symbols	New Account Type
<i>Example: Old 401k</i>	<i>Fidelity</i>	<i>123-456789</i>	<i>Entire Account</i>	<i>AAPL, FMAGX, INTC, IBM, CASH</i>	<i>Rollover IRA</i>
<i>Example: Roth IRA</i>	<i>Schwab</i>	<i>98765432</i>	<i>Only \$ 75,000</i>	<i>CASH</i>	<i>Roth IRA</i>
Account 1:					
Account 2:					
Account 3:					

If this is a **Joint Account**, please provide the following information for the Joint Tenant:

Name		Telephone	
Street Address		Email	
City		Birth Date	
State + Zip			
Social Security #			
Annual Income	\$ _____ to \$ _____ (Range)		
Employment	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self Empl
	<input type="checkbox"/> Retired	<input type="checkbox"/> Homemaker	
Net Worth (ex. Home)			
Employer		Occupation	
Employer's Address			
Employer's City, St, Zip			

For **Joint Tenant**, are you, or is any member of your immediate family, an employee of a broker/dealer, specialist firm, member firm of a stock exchange, FINRA (Financial Industry Regulatory Authority), or a Senior Officer, Director or 10% shareholder of a publicly traded company?

Yes No

If Yes, provide employee name, employer name, and/or publicly traded company and stock symbol below.

Employee Name _____ Employer's Name _____

Stock Symbol _____ Employer's Address _____

City _____ State _____ ZIP _____

After reading the latest **Colby Investment Management Agreement and Firm Brochure**, please select your investment choices by writing your initials in the blank next to your choice (note that you may change your choice at any time):

Allocations - Folio Institutional Only	% Invested	Initials
Colby Aggressive Allocation	_____	_____
Colby Moderately Aggressive Allocation	_____	_____
Colby Moderately Conservative Allocation	_____	_____
Colby Conservative Allocation	_____	_____
Portfolios	% Invested	Initials
Colby Safety-First Portfolio	_____	_____
Colby FLEX Portfolio	_____	_____
Colby Stocks Plus Portfolio	_____	_____
Colby Fixed-Income Portfolio	_____	_____
Other Programs	% Invested	Initials
Colby Discretionary Trading Program (CDT)	_____	_____

Annual Management Fees are as follows:

Accounts at Folio Institutional:

0% of assets under management for the first \$10,000, 1.0% for the next \$490,000, and 0.75% for the amount over \$500,000.00.

Accounts at other custodians:

2.0% of assets under management for the first \$500,000, and 1.5% for the amount over \$500,000.00.

Accounts at Charles Schwab:

1.5% of assets under management.

REGULATIONS REQUIRE BOTH THE **CLIENT** AND **COLBY** TO RETAIN SIGNED COPIES OF THIS DOCUMENT. PLEASE SIGN AND PRINT YOUR NAME BELOW to indicate that you have read and understand the following 2 documents:

- Colby Firm Brochure Version 20170206
- Colby Investment Management Agreement and Privacy Statement Version 20170206

CLIENT SIGNATURE(S): X _____ Date _____

X _____ Date _____

CLIENT PRINTED NAMES: _____

Robert W. Colby Asset Management: _____ Date: _____

William K. Anderson