

PLEASE INITIAL or CHECK ALL THAT APPLY

MUTUAL FUND INVESTMENT Client Information & Representations



Client Name: _____

Fund Name(s): _____

Class of Investment: A B C Other Class _____

I/We state that the objectives of the investment applied for are in strict accordance with my/our own investment objectives for this portion of my/our portfolio.

I/We further understand that the value of my/our investment will fluctuate and, upon sale, less may be received than was paid for the investment. Dividend and interest payments may fluctuate and are not guaranteed by First Asset Financial Inc. (FAF).

I/We understand that neither FAF nor the representative guarantees my/our account against loss, nor do they make any guarantee that the investment objectives will be met. The investment is NOT FDIC insured.

Any applicable sales charge or fees have been explained to my/our satisfaction.

I/We understand that, should I/we qualify, mutual fund sales charges may be reduced through the use of a letter of intent or rights of accumulation on Class A shares.

I/We have fully disclosed my/our financial circumstances, risk tolerance, and investment objectives to my/our FAF representative in connection with this investment and will contact the representative of any changes of investment objectives or circumstances in the future.

PROSPECTUS DELIVERY OPTIONS:

I/We have received a copy of & will or have reviewed the prospectus of the fund(s) listed below:

Fund Name or Symbol _____

Date of Prospectus: _____

I/We understand in the case of "wire" orders that have been/will be placed through my/our Southwest Securities (SWS) account, a prospectus will be mailed to me/us directly from SWS. I/we will notify First Asset within one week if it does not arrive so that my representative can provide a copy to me/us.

I/We understand that a prospectus should arrive from the mutual fund company prior to the purchase confirmation if using a paper application. In case of the prospectus not being delivered at or prior to the confirmation showing the investment, I/we will notify FAF in 5 days or will call to cancel.

I/We are herein provided the following web address of the electronically delivered prospectus and accept this method of examining the information contained in the prospectus:

In the case of "B" or "C" shares only:

(or any other class with a CDSC)

_____ is the number of years that I/we must hold our investment to avoid any surrender charge or contingent deferred sales charge (CDSC)[if applicable]. *If you are investing in "A" Class shares this box will be blank, for "B" or "C" classes the box should be filled in with the maximum #.*

At this time it is my/our intention to remain in this fund family for:

(check one) 2 years or less 3-6 years 7-10 years longer than 10 years

X _____
Investor's Signature

SWS Acct# (if any)

Date

X _____
Co-owner's Signature

Date

I have determined that the above named client(s) meet(s) the suitability requirements for the investment(s) and I believe it to be suitable for the client's financial needs.

X _____
Representative Signature

Representative's FAF No.

A Web Site That Investors May Wish to Review Regarding Mutual Funds:
Go to www.finra.org, click on *Smart Investing*, then *Choosing Investments*, then *Mutual Funds*

Note: It is preferred that the customer receive a copy of the reverse side of this form.

Mutual Fund Breakpoint & Rights of Accumulation Form For Class A Shares/Unit Trusts/BDC Purchases

Regarding customer(s) _____,
SWS Account # (s) _____ None

- I have a signed Mutual Fund Client Information & Representation on file & will produce it upon request.
- I have a New Account Application on file for this customer(s) that is less than 36 months old **OR** a NEW application accompanies this form.
- This is an **initial** investment in this fund family -- **OR** --
- This is an "add on" investment in the same family

Dear First Asset Financial Inc.:

For this current investment of \$_____, I have researched the account status regarding the mutual fund family of:

- The fund family named on the other side. -OR-
- The following fund Family:_____

in regard to the most recent investment for eligibility of either breakpoints or rights of accumulation (ROA) in this fund family by determining **ALL** of the following:

Purchase:_____ Amount:_____ Purchase:_____ Amount:_____

Purchase:_____ Amount:_____ Purchase:_____ Amount:_____

Attn FAF BROKER--You MUST CHECK Each Statement as You Have Researched It

- The current value of all share accounts* in this fund family for this account registration, including this current investment, approximate total \$_____.
- The value of related accounts* in similar names (trusts, IRA, SEP, etc.)
- The value of related family member's accounts*
- The value of accounts* in this family of funds held with sources other than FAF

▲ (Note: All of the above should be checked) ▲

**excluding money market funds*

And from this research, I have determined the following:

For this purchase :

- Breakpoints or rights of accumulation should be applied at the following level:\$ _____ and I have placed the order at this level.**
- This purchase ***IS NOT*** eligible for breakpoints or rights of Accumulation.

Representative's Rep Initials _____ FAF Number: _____ Date: _____

This form has been completed to the best of the above representative's ability based on the information provided by the customer

Note: This form must accompany ALL Class A open-end mutual fund share purchases.

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