The following information is furnished to WealthForge Securities, LLC, a Virginia limited liability company ("WealthForge"), in order to assist in determining whether the undersigned is qualified to invest in a private securities offering targeted to investors (the "Offering") who are "accredited investors" (as defined in Rule 501(a) under the Securities Act of 1933, as amended (the "Act")). The Offering is being made pursuant to and in reliance upon exemptions from the registration under the Act, including, without limitation, those exemptions provided by Section 4(2) of the Act and Regulation D promulgated thereunder, and other similar exemptions under any applicable state securities laws.

The undersigned acknowledges and agrees that WealthForge will rely upon the information furnished herein for purposes of determining the exemption from registration that the offering relies upon for the undersigned's investment, and that the securities issued to the undersigned are not required to be registered under the act. Information provided in this Investor Profile Form will be treated confidentially; provided, however, that the undersigned expressly permits WealthForge to present this questionnaire to such parties, including any government agencies, as WealthForge may deem appropriate from time to time in its sole discretion in order to establish that the offering is exempt from registration under the act and other applicable securities laws, or as may otherwise be required by law.

All fields must be completed and can be either typed or printed legibly:

Investor Information	
Name:	Telephone:
Entity Name (if applicable):	Email:
Title (if entity):	TIN or SSN (if applicable):
Address:	Date of Birth:
City, State, Zip, Country:	Occupation and Employer:
	uiry below, in regard to your investment profile. WealthForge vestment(s) recommended to you are in fact, in your best
1. Investment Objective:	
Capital Preservation	
☐ Income	
Growth	
☐ Aggressive Growth	
1031 Exchange	
Other:	<u> </u>
<b>2. Risk Tolerance:</b> Select the degree of risk with your investments	you (and any co-applicants, if applicable) are willing to take
☐ Conservative	
☐ Moderate	
☐ Significant	
☐ Speculative	
•	period of time you plan to invest to achieve your financial
goals 	
O-2 years	
2-5 years	
5-10 years	
10+ years	\\/_

4.	<b>Liquidity Needs:</b> The ability to quickly and easily convert to cash all or a portion of the investments in this account without experiencing significant loss in value from, for example, the lack of a ready market, or incurring significant costs or penalties is (check one)
	☐ Very Important
	☐ Important
	Somewhat Important
	☐ Does not matter
5.	Relevant Investment Experience:
-	Less than 2 years
	Between 2 and 5
	Between 5 and 10
	Greater than 10
_	
6.	Annual Income (from all sources):
	☐ \$25,000 and under
	☐ \$25,001 to \$100,000
	☐ \$100,001 to \$250,000
	☐ \$250,001 to \$500,000
	\$500,001 to \$1,000,000
	Over \$1,000,000 – if above \$1 million, provide amount: \$
7.	Net Worth (excluding primary residence):
	\$50,000 and under
	\$50,001 to \$200,000
	\$200,001 to \$500,000
	\$500,001 to \$1,000,000
	\$1,000,001 to \$5,000,000
	\$5,000,001 to \$10,000,000
	Over \$10,000,000 if above \$10 million, provide amount): \$
8.	My immediate liquid worth (e.g. Cash, marketable securities, etc.):
	\$50,000 and under
	\$50,001 to \$200,000
	\$200,001 to \$500,000
	\$500,001 to \$1,000,000
	\$1,000,001 to \$5,000,000
	\$5,000,001 to \$10,000,000
	Over \$10,000,000 if above \$10 million, provide amount): \$
9.	My approx. annual living expenses:
٠.	\$50,000 and under
	\$50,001 to \$100,000
	☐ \$100,001 to \$250,000
	\$250,001 to \$500,000
	Over \$500,000

10. My marginal personal tax rate:
Less than 32%
☐ Between 32 and 37
Greater than 37
NA if investing as entity
11. Current % of your Total Net Worth Allocated to Equities:
O-10% of Net Worth
11-20% of Net Worth
21-30% of Net Worth
Greater than 30%
12. Current % of your Total Net Worth Allocated to Bonds:
O-10% of Net Worth
11-20% of Net Worth
21-30% of Net Worth
Greater than 30%
13. Current % of your Total Net Worth Allocated to Real Estate:
0-10% of Net Worth
11-20% of Net Worth
21-30% of Net Worth
Greater than 30%
14. Current % of your Total Net Worth Allocated to Other Investments (e.g. Private Securities – this includes DST investments):
O-10% of Net Worth
11-20% of Net Worth
21-30% of Net Worth
Greater than 30%
15. Decision-Making (check all that apply):
I consult with my broker, investment adviser, CPA or other financial professional
I generally make my own decisions and/or consult with my spouse (if applicable)
☐ I discuss investment decisions with family and/or friends
16. Source of funding:
17. Other Information: Please provide us with any additional information not requested above that you believe will help us more fully understand your investment profile and identify what types of investments or strategies may be in your best interest

Investor Attestations: Please initial next to the attestations below as they apply:
<ol> <li>I understand that an investment in private securities is very risky, and I may lose all of my invested capital, that it is an illiquid investment with no short term exit, for which an ownership transfer is restricted, and that it may not align with my overall investment strategy as answered in Question 1:</li> </ol>
2I have conducted my own diligence, I am making this investment on my own accord, and I will not hold anyone other than myself responsible for any losses that may result from this investment.
Senior Investor Representations (if applicable): Regulators have heightened their scrutiny of suitability issues as relates to senior investors. The term "senior investor" includes investors who have retired or are nearing retirement and is not necessarily a reference to a specific age. Broker/dealers are encouraged to enhance procedures and practices in order to address the special needs of senior investors. As such, if you are retired or you are within five years of retirement, or you are over the age of 65, please review the following and signify your understanding of the statements by initialing, where indicated.
Please initial next to the representations below as they apply:
<ol> <li>I am purchasing this investment for my own account and I acknowledge that this investment is not liquid. I may not be able to sell this investment and, if I am able to sell my investment, I may receive substantially less than my purchase price. I have considered the implications of this investment should this become part of my estate at my death</li> </ol>
<ol> <li>Regardless of whether I am currently employed or retired, I have adequate sources of income from investments (excluding this investment), pensions, savings, and salary to take care of all of my medical, health-related and living expenses for an extended period, including in the event of disability or emergency</li> </ol>
<ol> <li>I declare that the information I supplied on this Investor Profile Form and all related documentation related to this investment, is true and accurate and may be relied upon by WealthForge Securities LLC, and the issuer</li> </ol>
By signing below, you represent to WealthForge that all information provided in this Investor Profile Form is accurate and complete and you further agree to notify WealthForge immediately of any changes or amendments to this information prior to the consummation of my purchase of securities.
Signature: Print Name:
Date:

# **WEALTHFORGE**

#### **Trusted Contact Person Information (optional)**

ne information of a trus	sted contact?			
a trusted contact perso	on.			
sing to provide information about a trusted contact person, you authorize us to contact the truperson listed below and disclose information about your investment to that person in circumstances: to address possible financial exploitation, to confirm the specifics of contact information, health status, or the identity of any legal guardian, executor, trusted a power of attorney, or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation Adults).				
	Middle Name	Last Name		
		Apt/Suite No.		
State	ZIP Code	Country		
Home Phone	Mobile Phone	Email Address		
ary Subscriber/Co-Sub	oscriber:			
	a trusted contact personal de information about and disclosures: to address postmation, health status of attorney, or as other state.    State   Home Phone	d below and disclose information about ces: to address possible financial exploration, health status, or the identity of of attorney, or as otherwise permitted by  Middle Name  State ZIP Code  Home Phone Mobile Phone		