REVOCABLE TRUST ACCOUNT SETUP FORM

1) List Primary Owner:
(Only the primary owner is authorized to give instructions regarding this account)

Full Name of Primary Owner/Trustee	Social Security Number (SSN)

2) Revocable Trust Information

Official Name of Trust

Date of Trust

2) List names and social security numbers of all other Trustees:

(each Trustee must complete and sign a Client Agreement (Form MA-100-001)

Name	SSN
Name	SSN
Name	SSN

Instructions: Please circle your most accurate response(s) to each question.

Which of the following statements best describes your main investment objective for this account?

1. Beat the market. I want a broadly diversified portfolio that will attempt to outperform the market
2. Maximum gain. I am trying to grow my portfolio as fast as possible. I do not depend on these assets for income.
3. Income. I depend on my portfolio to supplement my income from other sources.
4. Don't lose money. I want to be sure my investment at least maintains its value.

Generally, investments with higher potential returns also carry higher risk. How much risk are you prepared to take with this account?

1. I am uncomfortable taking risks with my money and do not wish to jeopardize my capital
2. I am comfortable taking moderate risks and investing for the long-term to achieve capital growth
3. I am seeking high capital growth. I am willing and able to suffer a potentially large loss in the pursuit of significant gains

What is your anticipated investment time frame?

1. Less than 2 years
2. Between 2 and 5 years
3. Between 5 and 10 years
4. More than 10 years

How much of your portfolio will your investment in this account represent?

1. Less than 10%
2. Between 10 and 25%
3. Between 25% and 50%
4. Between 50% and 75%
5. Over 75%

SIGNATURES

Primary Owner	Date	Co-Owner/Co-Trustee	Date
Co-Owner/Co-Trustee	Date	Co-Owner/Co-Trustee	Date

Fax to (888) 777-6181