

J.P. Morgan Account Suitability Supplement

A. Account Information (required for JPMS Brokerage and Investment Management accounts)

Title of Account: SOUTHERN TRUST COMPANY, INC

Personal Accounts

- Individual Joint (JTWROS/JAWROS for TX residents) Tenants in Common Tenants by the Entirety
 Community Property Transfer on Death (TOD) UTMA/UGMA IRA

Primary Account Owner: _____ Occupation/Position _____
 Number of Dependents _____ Name of Employer _____
 Owner Annual Income (\$) _____ Liquid Net Worth (\$) _____ Total Net Worth excl. primary residence (\$) _____

Joint Account Owner:
 Annual Income (\$) _____

Entity Accounts

- Corporation Partnership PIC/PHC (applicable to international entities only) Sole Proprietorship
 Foundation Endowment Limited Liability Company Limited Liability Partnership Other Non Profit
 Annual Income (\$) 5,000,000 Liquid Net Worth (\$) 25,000,000 Total Net Worth (\$) 30,000,000

Trust/Estate Accounts

- Trust Estate Endowment Foundation ERISA Plan Other Charitable Trust Other _____
 Trust/Estate Liquid Net Worth (\$) _____ Trust/Estate Total Net Worth (\$) _____

B. Affiliations (required for JPMS Brokerage and Investment Management accounts)

Applicable to account owners or authorized signers or trustees and executors.

I, my spouse, or immediate family member who receives material support from me or gives material support to me is, or has been, a director, corporate officer, control person, affiliate or an owner of 10% of a public corporation's stock: Yes No

If yes, name of person _____ Name of corporation _____

If yes, is the corporation traded publicly on a U.S. Stock exchange? Yes No

I, my spouse, immediate family member who receives material support from me or gives material support to me, or an individual controlling the account is employed by or associated with an FCM, broker-dealer, a futures or securities exchange, the NFA or FINRA, the CFTC, SEC or the MSRB: Yes No

If yes,* name of employer _____ Name of employee/assoc. _____

Account holder or immediate family member or another household member is an employee of a financial institution or insurance company: Yes No

If yes*, name of institution _____ Name of employee/assoc. _____

*If Yes, Broker-Dealer and FINRA member financial institutions must provide written permission on corporate letterhead to open a Brokerage, Margin, or Investment Management account.

C. Brokerage Account Information (required for JPMS Brokerage accounts only)

Investment Profile

My objective for this account (check one): Capital Preservation Income Generation Capital Appreciation

Speculative or aggressive investments that may generate higher returns but may be riskier than other investments because I may lose all or part of my investment (check one): Are permitted in this account Are not permitted in this account

Primary source of income: Investments Compensation Pension Other _____

Please indicate the number of years of personal trading experience for the authorized party(s) on this account:

Stocks 10 Bonds 10 FX 10 Structured Products 10 Options 10 Emerging Markets 10 Hedge Funds/Private Placements 10 Futures Commodities 10 Mutual Funds 10

I currently have brokerage accounts with the following firms: NO

Approximate value of investable assets held away from the firm? \$ 1,000,000

Those assets are invested in the following Asset Classes: Equities Fixed Income & Cash Alternative Investments Other

Most of those assets are invested in: Equities Fixed Income & Cash Alternative Investments Other

Check only one selection for Investment Time Horizon, Primary Liquidity Needs, and Secondary Liquidity Needs

Investment Time Horizon: Less than 1 year 1-5 years 6-10 years Greater than 10 years

Primary Liquidity Needs: Short Term Medium Term Long Term None

Secondary Liquidity Needs: Short Term Medium Term Long Term None

J.P. Morgan Use Only SOUTHERN TRUST COMPANY, INC Title _____ CAS

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