

Options - Additional Questionnaire:

Name of Applicant or Insured: _____

For the purpose of this questionnaire:

“**Covered Options**” means an option contract backed by the shares underlying the option.

“**Naked Options**” means an option position where the buyer or seller has no underlying security position.

1. Please provide **your** investment strategy regarding **Covered Options**:

2. What steps have **you** taken to make sure **your** clients understand **Covered Options**?

3. Please provide the percentage of assets under management invested with **Covered Options**: _____%

4. Have there been any significant material changes in the percentage of assets under management regarding **Covered Options**. If, “YES” please provide details. YES NO

5. Have there been any claims, potential claims, regulatory complaints or SEC audit issues against **you** or any RIA, broker dealer that **you** are affiliated or connected to regarding **Covered Options**.

If, “YES” please provide details.

YES NO

6. Do **you** or have **you** provided investment advice for **Naked Options** in the last 5 years.

If, “YES” please provide details.

YES NO

Signature by/for Applicant: _____

Date: _____