Centauri Advisory Group, Inc.

Date: ____________________

Client Data Annual Review Form

Client Name: ____ Phone #s: ____________________________________

Address: ____ ____________________________________

____ Email: ____________________________________

Date of Birth: ____ SSN#: ____________________________________

Partner Name: ____ Partner SSN#: ____________________________________

Date of Birth: ____ Email: ____________________________________

Types of Accounts to be established/changed: ____

DL #__________________________State_____________ Partner DL #__________________________State_________

Exp. Date:______________________________________ Exp. Date:____

Employer: ____Bank Ref.____

Household Annual Income: __________________________________ Tax Bracket: ____________________________ Net Worth: ________________

Notes: ____

Suitability Information & Questionnaire

Time Horizon _______1-3 yrs _______3-5 yrs _______6-10 yrs _______Over 10

Investment Objective _______ Income _______Growth _______ Income & Growth _______Aggressive Growth

Risk Degree _______Very Low _______Low _______Medium _______Highest

Expected Average Return/Loss _______0-3% _______3-5% _______5-7% _______7-10% _______10%+

Do you understand it is possible to sustain a loss at times? YES NO

How important is protection of your principle on a 1-10 scale? ___________________________________
(1 being minimal protection and 10 being very high protection)

How important is the growth of your money on a 1-10 scale? ___________________________________
(1 being very minimal protection and 10 being very high protection)

Do you need current income from your investment? YES NO

If YES, Amount/Month? $_________________

Do you wish to defer all taxation on the income and/or growth of the account? YES NO

TRUE/FALSE

_______I/We will accept higher risk and volatility to obtain maximum growth of my money.

_______I/We are willing to take a reasonable risk for a reasonable return and lower volatility.

_______I/We prefer safety of principle and will accept a lower but steadier return.

_______I/We will accept a higher risk on a portion of my portfolio to achieve better return.

_______I/We will accept a reduced risk exposure during more volatile market periods.

_______I/We feel my investment advisor should use his discretion in choosing my investments.

Client Portfolio Selection

After consideration and discussion, this client is most suitable for the following investment model approach:___________

____

Core Investment Percentage

____ 1 – Capital Preservation

____ 2 – PC Growth & Income

____ 3 – PC Aggressive Growth

____ 31 – PC Conservative Income & Growth

Satellite Exposure Percentage

____ 4 – Capital Grp Growth & Inc

____ 5 – All-Weather Fund

____ 6 – Tactical ETF Income Allocation

____ 7 – CAG Tax Advantage

____ 8 – Cash

____ 9 – Value Line

____ 10 – Open

____ 11 – Tactical Growth ETF

____ 12 – SAT #1 Trend Growth

____ 13 – NVDA Plus

____ 14 – Capital Group Growth

____ 15 – Cyber Security SAT

____ 16 – SAT – REIT

____ 17 – Money Market 22

____ 18 – SAT #2 Low Volatility ETF

____ 19 – SAT #3 Tech Growth

____ 20 – SAT Aggressive Growth

____ 27 – Risk Adverse

____ 28 – 2024 ETF

____ 29 – Open

____ 30 – Select Portfolio Mix

Other: ____

____ ____

Signature Date Signature Date