

Financial Statement



Name of Purchaser _____

Assets

Liquid Assets: (Assets that can be liquidated within 30 days)

Cash/Checking _____

Savings/Money Market/CDs _____

Stocks, Bonds & Other liquid Securities held in Retirement Accounts (401k, Traditional IRA, Roth IRA, etc. Please exclude annuities) _____

Stocks, Bonds & Other liquid Securities in all nonretirement Brokerage Accounts _____

Annuities _____

Other Liquid Assets (describe below) _____

Total Liquid Assets: _____

Long-Term or Illiquid Assets:

Market Value of Primary Residence _____

Market Value of Investment Real Estate Owned _____

Market Value of Real Estate Securities Owned (DST or TIC excluding current investments) _____

Market Value of Non-Real Estate Alternative Investments (excluding current investments) _____

Market Value of Interval Funds (excluding current investments) _____

Market Value of Business Interest _____

Available 1031 Exchange Proceeds _____

Lump Sum Pension(s) _____

Other Illiquid Assets (excluding personal property, i.e. vehicles. Please describe below) _____

Total Illiquid Assets: _____

Total Assets: _____

Name of Purchaser _____

Liabilities

Current Liabilities: (Due within 12 months, i.e. credit card debt)

Total Current Liabilities _____

Long-Term Liabilities:

Mortgage Payable on Primary Residence _____

Mortgage on Conventional Real Estate Owned _____

Mortgage on DST or TIC Real Estate Investments _____

Debt from All Business Interests _____

Other Long-Term Liabilities _____

Total Liabilities: _____

Total Net Worth: _____
total assets minus total liabilities

Net Worth Excluding Primary Residence: _____
total net worth minus equity value of primary residence

Income Sources

If file taxes jointly, please provide total household income.

What is your federal tax bracket? (*highest marginal*) _____

Annual Salary _____

Self-Employment Income _____

Investment Income _____

All Other Income Sources _____

Social Security Current or At Age _____

Pension Current or At Age _____

Other Current or At Age _____

Annual Expenses _____

I hereby verify that the information contained within this Financial Statement Appendage is true and correct, and may be relied upon by Stax Capital Principals during the review of any account openings with Stax Capital.

Name of Primary Applicant or Primary Authorized Individual (print) _____

Signature of Primary Applicant or Primary Authorized Individual _____

Date _____

Name of Co-Applicant or Co-Authorized Individual (print) _____

Signature of Co-Applicant or Co-Authorized Individual _____

Date _____