



INVESTMENT DISCLOSURE

As a last step before finalizing your investment, we would like you to verify that the following items and their importance have been discussed. Please initial (if joint, both are required) each item indicating that you have discussed and understand its content. Please sign at the bottom. Congratulations on your new investment!

I/we have discussed with my Registered Representative: _____.

_____ I/We have discussed the following financial background with my/our representative.

- My/Our financial and tax status, including my other portfolio holdings.
- My/Our provision for sufficient liquidity-emergency fund, cash reserves, insurance, etc..
- My/Our income, net worth, investment objectives, investment history, and primary trade area.
- Why I/we have monies to invest and where the funds came from.

_____ I/We have discussed the type of product(s) that my/our representative is recommending. (*Check all that apply.)

- The merits of the investment(s) being recommended, its objectives, history, performance, safety of principal, sales charges, surrender charges, expenses, fluctuation in net asset value, and risks relative to the underlying securities.
- If I/we wanted tax deferral? _____ Yes _____ No.
- Type of product(s): MF VA FA VUL VL EIA LP/DPP/REIT Brokerage Managed Account.
- Name of Mutual Fund/Variable Annuity/Fixed Annuity/VUL/VL/EIA Company(s): _____.
- If Mutual Fund/Variable Annuity/VUL/VL/EIA was prospectus provided? _____ Yes _____ No.
- I/We have received the following prospectus for : _____.
- If recommendation is mutual fund/variable annuity/VUL and is transferring from another mutual fund/variable annuity/fixed annuity/VUL/VL/EIA I/we have signed and filled out with our representative a SWITCH LETTER which is required. It explains to the best of my/our knowledge why I/we are transferring/exchanging/rolling over our account(s) and know of the expenses/commissions/sales loads/M&E fees/surrender charges that I/we may incur and/or loss of death benefit.

_____ I/We have discussed the types of affiliations my representatives may have or their broker-dealer may have.

- My/Our representative is NOT an agent of Bancorp Bank or any other bank or credit union. I/We realize the products are: NOT insured by FDIC; NOT guaranteed by any bank or credit union; NOT deposits or other obligations of any Bank or credit union; DO contain investment risks including loss of principal, sales loads, and other applicable charges.
- My/Our representative has discussed how he/she is compensated and informed us that cfd Investments, Inc., receives compensation from certain vendors to assist cfd Investments, Inc., with marketing, training, and offset conference expenses. The following firms provide monies based upon a flat amount and/or production with that vendor: Lincoln Benefit Life, ING, John Hancock, Nationwide, Pioneer Funds, Genworth Financial, Guardian, Jackson National, Jefferson National, MetLife, Wells Real Estate, Pacific Life, American United Life Insurance Co., Security Benefit Life, Sun Life Financial, Transamerica IDEX Mutual Funds, WM Group of Funds, Inland Securities, American Enterprise Life, and Potomac Fund.

_____ I/We have discussed the following USA governmental safety precautions with my/our representative.

- My/Our representative has obtained my/our un-expired driver license number(s): _____.
- My/Our representative has obtained a copy of an un-expired driver's license, passport or other government identification showing nationality, residence and photograph or other biometric safeguard, or, for non-U.S. persons, an un-expired alien registration card or other government issued identification showing nationality, residence and photograph or other biometric safeguard. The USA PATRIOT Act requires new anti-money laundering requirements on brokerage firms and financial institutions. Until you provide the information or documents we need, we may not be able to open an account or effect any transactions for you. (THIS IS A REQUIRED DOCUMENT)
- We understand that our names will be checked against names of known terrorists as required by the USA PATRIOT ACT.

_____ I/We have discussed or been provided the following:

- My/Our representative has provided me a copy of the fully executed copy of my cfd Investments, Inc. New Account Form, as well as copies of the cfd Investments, Inc., Business Continuity Plan disclosure and Privacy Policy disclosure documents.

By my/our signature(s) below, I/we verify that the above items were discussed with me/us, that I/we understand the significance of them, and that the final decision to make the subject investment was my/our own. I/We also confirm that the information provided on my/our latest New Account Form is correct.

I/We acknowledge that cfd Investments, Inc. has made reasonable efforts to obtain and consider information concerning my/our:

- (1) financial status, (2) tax status, (3) investment objectives, and (4) such other information as it may deem reasonable and necessary in making recommendations to me/us.

_____	_____	_____	_____
Client's Signature	Date	Client's Signature	Date
_____	_____	_____	_____
Registered Representative's Signature	Registered Representative's Printed Name	RR #	Date
_____	_____	_____	_____
Registered Principal's Signature	Registered Principal's Printed Name	Date	