

About this Application

Please read it carefully, as you will select products and services, tell us how you want to communicate with us, and agree to certain provisions that will govern our relationship. When we accept it, this Application and all accompanying or supplemental documents form the entire Agreement between us for this account.

Unless otherwise indicated in this Application, the words “you,” “your,” “yourself,” and “yours” mean the applicant(s). The words “we,” “us,” and “our” mean {Brokerage ABZ, 153 Securities Way, Suite 1001, Richmond, VA 00150} and our branches, subsidiaries, and affiliates.

Getting Started

Please complete and sign this Application, along with any required supplemental forms identified through this application process.

In order to complete this Application, you will need some or all of the following information:

- Identification information, such as a driver’s license, passport, or another type of government-issued identification
- Social Security Number
- Federal tax information
- Information about your annual income, debt, expenses, and net worth
- Back-up contact information
- [Firms can include other relevant documents or information]

The above information helps us comply with various securities regulations and rules and the USA PATRIOT Act, a Federal law that requires all securities firms to obtain, verify, and record information that identifies each applicant. The information also helps us more fully understand your investment profile and identify what types of investments or strategies may be suitable for you. Please note: if we cannot verify the information you provide, we may be required to restrict or deny your account.

Please remember to notify us if you experience a significant life change, such as the birth of a child, marriage, divorce, death of a spouse, loss of a job, change in financial situation, etc.

1 Select An Account

Account Type

Individual Account

Joint Account (more than one account holder)

Other Accounts

Do you have other accounts with us? Yes No

2 Please Tell Us About Yourself

Primary Applicant

Contact Information

Mr. Mrs. Ms. Dr. **Suffix** Sr. Jr.

First Name	Middle Name	Last Name	
Permanent Address			Apt/Suite No.
City	State	ZIP Code	Country
Work Phone	Home Phone	Mobile Phone	Email Address

Please check if you have been at your current home address for less than one year.

Mailing Address (if different from above)			Apt/Suite No.
City	State	ZIP Code	Country

Are you:
 Single Married Domestic Partner Divorced Widowed Number of Dependents: _____

Employment Status

Are you currently:
 Employed Self-Employed Not Employed Retired Student Other: _____

Job Title	Occupation
Employer	Years with this Employer
Business Address	
Apt/Suite No.	
City	State
ZIP Code	Country

USA PATRIOT Act Information (Required by Federal law—See page 1)

All applicants please provide the information below. Non-resident aliens, also include a completed W-8BEN.

Date of Birth (mm/dd/yyyy)	Social Security or Taxpayer ID No.	Country of Citizenship
ID No. (Select one): <input type="checkbox"/> Driver’s License <input type="checkbox"/> Passport <input type="checkbox"/> State ID <input type="checkbox"/> Other Government-issued ID		Place/Country of Issuance
Issue Date (mm/yyyy)	Expiration Date (mm/yyyy)	Country of Tax Residence (if different than country of citizenship)

2 Please Tell Us About Yourself—CONTINUED

Co-Applicant (if applicable)

Contact Information

Mr. Mrs. Ms. Dr. **Suffix** Sr. Jr.

First Name _____ Middle Name _____ Last Name _____

Use the same contact information listed for the primary applicant.

Permanent Address _____ Apt/Suite No. _____

City _____ State _____ ZIP Code _____ Country _____

Work Phone _____ Home Phone _____ Mobile Phone _____ Email Address _____

Please check if you have been at your current home address for less than one year.

Mailing Address (if different from above) _____ Apt/Suite No. _____

City _____ State _____ ZIP Code _____ Country _____

Are you:
 Single Married Domestic Partner Divorced Widowed Number of Dependents: _____

Employment Status

Are you currently:
 Employed Self-Employed Not Employed Retired Student Other: _____

Job Title _____ Occupation _____

Employer _____ Years with this Employer _____

Business Address _____ Apt/Suite No. _____

City _____ State _____ ZIP Code _____ Country _____

USA PATRIOT Act Information (Required by Federal Law—See page 1)

All applicants please provide the information below. Non-resident aliens, also include a completed W-8BEN.

Date of Birth (mm/dd/yyyy) _____ Social Security or Taxpayer ID No. _____ Country of Citizenship _____

ID No. (Select one): Driver's License Passport State ID Other Government-issued ID Place/Country of Issuance _____

Issue Date (mm/yyyy) _____ Expiration Date (mm/yyyy) _____ Country of Tax Residence (if different than country of citizenship) _____



Please Tell Us About Yourself—CONTINUED

All Applicants

Industry and Other Affiliations

Primary Applicant

Yes No

Yes No

Yes No

Co-Applicant

Yes No

Yes No

Yes No

Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings and dependents:

Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, branch manager, registered representative or other associated person of a broker-dealer firm) or a financial services regulator?

If yes, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this Application).

- Broker-Dealer or Municipal Securities Dealer
- FINRA or other Self Regulatory Organization*
- Investment Adviser
- State or Federal Securities Regulator

(*Including a national securities exchange, registered securities association, registered clearing agency or the Municipal Securities Rulemaking Board.)

Name of entity(ies): _____

An officer, director or 10% (or more) shareholder in a publicly-owned company?

Name of company and symbol: _____

A senior military, governmental or political official in a non-US country?

Name of country: _____

[Firms may consider whether to include this question in the context of their risk assessment procedures and the products and services they offer.]

Financial Situation and Needs, Liquidity Considerations, and Tax Status

Please tell us your best estimate as to:

ANNUAL INCOME ¹ (from all sources)	NET WORTH ² (excluding your residence)	LIQUID NET WORTH ³	TAX RATE (highest marginal)
<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> 0-15%
<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> 16-25%
<input type="checkbox"/> \$50,001-100,000	<input type="checkbox"/> \$50,001-200,000	<input type="checkbox"/> \$50,001-200,000	<input type="checkbox"/> 26-30%
<input type="checkbox"/> \$100,001-250,000	<input type="checkbox"/> \$200,001-500,000	<input type="checkbox"/> \$200,001-500,000	<input type="checkbox"/> 31-35%
<input type="checkbox"/> \$250,001-500,000	<input type="checkbox"/> \$500,001-1,000,000	<input type="checkbox"/> \$500,001-1,000,000	<input type="checkbox"/> Over 35%
<input type="checkbox"/> Over \$500,000	<input type="checkbox"/> \$1,000,001-3,000,000	<input type="checkbox"/> \$1,000,001-3,000,000	
	<input type="checkbox"/> Over \$3,000,000	<input type="checkbox"/> Over \$3,000,000	

ANNUAL EXPENSES ⁴ (recurring)	SPECIAL EXPENSES ⁵ (future, non-recurring)	LIQUIDITY NEEDS
<input type="checkbox"/> \$50,000 and under	<input type="checkbox"/> \$50,000 and under	The ability to quickly and easily convert to cash all or a portion of the investments in this account without experiencing significant loss in value from, for example, the lack of a ready market, or incurring significant costs or penalties is (check one)
<input type="checkbox"/> \$50,001-100,000	<input type="checkbox"/> \$50,001-100,000	
<input type="checkbox"/> \$100,001-250,000	<input type="checkbox"/> \$100,001-250,000	
<input type="checkbox"/> \$250,001-500,000	<input type="checkbox"/> \$250,001-500,000	
<input type="checkbox"/> Over \$500,000	<input type="checkbox"/> Over \$500,000	
	Timeframe for special expenses:	<input type="checkbox"/> Very important <input type="checkbox"/> Important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Does not matter
	<input type="checkbox"/> Within 2 years	
	<input type="checkbox"/> 3-5 years	
	<input type="checkbox"/> 6-10 years	

¹ Annual income includes income from sources such as employment, alimony, social security, investment income, etc.

² Net worth is the value of your assets minus your liabilities. For purposes of this application, assets include stocks, bonds, mutual funds, other securities, bank accounts, and other personal property. Do not include your primary residence among your assets. For liabilities, include any outstanding loans, credit card balances, taxes, etc. Do not include your mortgage.

³ Liquid net worth is your net worth minus assets that cannot be converted quickly and easily into cash, such as real estate, business equity, personal property and automobiles, expected inheritances, assets earmarked for other purposes, and investments or accounts subject to substantial penalties if they were sold or if assets were withdrawn from them.

⁴ Annual expenses might include mortgage payments, rent, long-term debts, utilities, alimony or child support payments, etc.

⁵ Special expenses might include a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.

2 Please Tell Us About Yourself—CONTINUED

Investment Risk Tolerance

Have you completed the IPS Investment Questionnaire?

- Yes. It is attached.
- No. It is not required.

Financial Investment Experience

We are collecting the information below to better understand your investment experience. We recognize your responses may change over time as you work with us.

Please check the boxes that best describe your investment experience to date.

Investment	Years experience			Transactions per year (excluding automatic investments)		
Mutual Funds/ Exchange Traded Funds	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Individual Stocks	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Bonds	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Options	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Securities Futures	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Annuities	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Alternative ⁶	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Margin	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5			

⁶May include structured products, hedge funds, etc.

Decision-Making (check all that apply)

- I consult with my broker, investment adviser, CPA, or other financial professional.
- I generally make my own decisions and/or consult with my co-applicant(s).
- I discuss investment decisions with family and/or friends.

Other Investments

Please provide us with additional information about your other investments to help us more fully understand your investment profile and identify what types of investments or strategies may be suitable for you.

Investment type/Description	Firm holding the investment	Amount (\$US)
		\$
		\$
		\$
		\$
		\$
		\$

3 Tell Us How You Intend to Use This Account

The more we know about you and your goals for this account, the better we can serve you. Please answer the following questions about your investment objectives and investment time horizon to help us determine which investment products and strategies are suitable for you.

Investment Objectives and Investment Time Horizon

The investments in this account will be (check one):

- Less than 1/3 of my financial portfolio
- Roughly 1/3 to 2/3 of my financial portfolio
- More than 2/3 of my financial portfolio

I plan to use this account for the following (check all that apply):

- Generate income for current or future expenses
- Partially fund my retirement
- Wholly fund my retirement
- Steadily accumulate wealth over the long term
- Preserve wealth and pass it on to my heirs
- Pay for education
- Pay for a house
- Market speculation
- Other: _____

[If a customer chooses multiple objectives that appear inconsistent, a firm must conduct appropriate supervision and meaningful suitability determinations, as applicable, in light of such differences (e.g., clarify the customer’s intent and, if necessary, reconcile and/or determine how to handle the customer’s differing investment objectives).]

The expected period of time you plan to invest to achieve your financial goal(s):

- Under 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- 11-20 years
- Over 20 years

Other Information

Please provide us with any additional information not requested above that you believe will help us more fully understand your investment profile and identify what types of investments or strategies may be suitable for you.

(use additional space as needed)

4 Tell Us How You Will Fund This Account

Please tell us how you are funding this account (check all that apply):

- Income
- Pension or retirement savings
- Funds from another account
- Gift
- Sale of business or property
- Insurance payout
- Inheritance
- Social Security benefits
- Home Equity Line of Credit/Reverse Mortgage
- Other: _____

5 Tell Us How You Want to Work With Us

Communications Choices

Unless you choose otherwise, we will use electronic mail to send you any communications. As an alternative, you may choose to be notified by U.S. mail.

Please tell us the email address we should use: _____

A copy of the Firm's privacy policy will be provided to you along with this Application.

Please note: You may change your account features and options at any time, with advance written notice to us.

Postal Mail Options (if you requested postal mail delivery in the previous section)

By checking the boxes below, you request that all communications for the applicants listed on this Application be delivered to the following single postal mailing address:

Primary Applicant's Mailing Address

Co-Applicant's Mailing Address

Other. Please specify: _____

Duplicate Copies (optional)

Please send duplicate copies of the following documents to the person listed below:

All Communications Trade Confirmations, Account Statements, and Tax-Related Documents Tax-Related Documents Only

Mr.

Mrs.

Ms.

Dr.

Suffix

Sr.

Jr.

First Name

Middle Name

Last Name

Address

Apt/Suite No.

City

State

ZIP Code

Country

Relationship to Primary Applicant/Co-Applicant: _____

Back-Up Contact Information

If we are unable to reach you for the period of time stated in the Terms & Conditions, you authorize us to contact the person listed below and to disclose information about you in order to confirm the specifics of your current contact information, health status, and the identity of any legal guardian, executor, trustee, or holder of a power of attorney.

Note: Your back-up contact should not be a co-applicant.

Mr.

Mrs.

Ms.

Dr.

Suffix

Sr.

Jr.

First Name

Middle Name

Last Name

Address

Apt/Suite No.

City

State

ZIP Code

Country

Work Phone

Home Phone

Mobile Phone

Email Address

Relationship to Primary Applicant/Co-Applicant: _____

6 Review and Submit This Application

Confirmations and Signatures – Please Read Carefully

By signing this Application, you affirm that you have received and read this Application and any supplemental documents governing this relationship. You affirm that the information you have provided is accurate and you agree to notify us of any changes in the information provided.

Tax Withholding Certifications

Please check all boxes that apply, and sign and date below.

<i>Primary Applicant</i>	<i>Co-Applicant</i>	
<input type="checkbox"/>	<input type="checkbox"/>	U.S. Person: Under penalty of perjury, I certify that: (1) I am a U.S. citizen, U.S. resident alien or other U.S. person, and the Social Security Number or Taxpayer Identification Number provided in this Application is correct (or I am waiting for a number to be issued to me); and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.
<input type="checkbox"/>	<input type="checkbox"/>	Certification Instructions: You must check this box if you cannot certify to item (2) above, meaning that you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.
<input type="checkbox"/>	<input type="checkbox"/>	Non-Resident Alien: I certify that I am not a U.S. citizen, U.S. resident alien, or other U.S. person for U.S. tax purposes, and I am submitting the applicable Form W-8 with this form to certify my foreign status and, if applicable, claim tax treaty benefits.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signatures

Primary Applicant Name (please print)

Primary Applicant Signature

Date

Co-Applicant Name (please print)

Co-Applicant Signature

Date

Advisor's Name (please print)

Advisor Signature

Client Agreement

I/We acknowledge and agree that my/our relationship with Chester Financial Services, LLC is governed by the provisions of this Agreement. Throughout this Agreement, “I,” “me” and “us” refer to the signed and any other actual or beneficial owner of property in this account. “You” and “Your” refer to Chester Financial Services, LLC, and its representatives.

Orders for deliver and settlement: I will designate each order to sell as a “short” sell order or a “long” sell order. A “short” sale means the sale of security not owned by me. You may, at your sole discretion and without prior notice to me, cover any short sale in my account. I understand that “cover” means the purchase, at the market price, of securities that we were previously sold short. When I designate a sale as “long” I am promising to you that I own the security and promising that, if the security is not in your possession when I place the sale order, I will deliver the security to you by the settlement date. If I fail to deliver the security to you by the settlement date, you may purchase the security, at market price, for my account and hold me responsible for any expense, loss, commission, and/or fees. When I order the purchase of a security, I will make payment to you on or before the settlement date. If I fail to make my payment by the settlement date for securities purchases I authorize you to, at your sole discretion and without prior notice to me, sell the purchased security or any other securities in my accounts to satisfy the debt and I may be liable for any expense, loss, commission, and/or fees.

I agree to indemnify and hold you harmless from, and pay you promptly on demand, any and all damages and losses, including attorney fees, arising from your reliance on the authorizations granted in this Agreement.

Fees and Charges: The fee set forth herein excludes all transaction costs including brokerage costs. Such brokerage costs, if any, and the costs or charges not included in the fee described herein will be separately charged to the Account. The Client may incur transaction charges by the Custodian on certain investment products, which charges are paid from client account proceeds at the time trades are executed, none of which is paid to Advisor. Certain “no load” mutual fund shares not held for a minimum time period, generally 90 to 180 days, may be subject to a redemption fee by the Custodian or by the Investment (mutual fund) Company. Mutual funds and other investments may charge deferred sales charges (“DSC”) or short-term redemption fees on withdrawals or redemptions. We are not responsible for any DSC or short-term redemption fee charges incurred through the management of your account. Mutual Fund companies may charge other fees or costs associated with the management of their investments, which are described in the relevant Prospectus, and which are ultimately borne by the Client. Chester Financial Services, LLC’s fee schedule may be revised from time to time and as a result, fees published herein may differ from those currently being charged. Chester Financial retains the right to amend or modify the schedule of fees upon thirty (30) days advance written notice to Client.

Authorization and Accuracy of Reports: You are authorized to act on oral instructions reasonably appeared to you to be genuine. I authorize you to electronically record any and all conversations between me (or my representative) and you. I will notify you of any error in a confirmation of an order within two days of when it is mailed to me. I will notify you of any error in a statement within 10 days of when it is mailed to me. If I do not give you written notification of an error in the time specified above, then I accept the confirmation or statement as correct and I will not later claim the confirmation or statement is incorrect or the transactions shown were authorized. During the period I maintain an account with you or thereafter, you are authorized to obtain credit reports on me from any credit reporting agency at my expense.

Authorization to Liquidate Account and Collateral: If you feel it is necessary for your protection, or on my death, you may cancel any unexecuted order and you may also purchase securities to cover the sale of securities covered by me or sell securities to satisfy any debt in my account. I agree that I will remain responsible for any deficiencies in my account after the liquidation of my account or collateral.

Joint Accounts: If this is a Joint Account, we agree that each of us has the authority to act on behalf of all account owners to: order any transaction involving the account, including transactions that result in negative account balance; receive any property in the account, including cash withdrawals; receive any communication concerning the account, including confirmations and statements; and make or agree to any changes in the account or in this agreement, including closing the account. You are not required to verify with any other account owners the authority for any instructions received from one of us and you do not need to give any notice of any transaction to any owner who did not order the transaction. Each and every account owner shall be individually liable for the full amount of any loan balance due to this account.

If Robert Chester dies or becomes disabled, his survivors will give you immediate written notice of death or disability. You may take any action you feel is prudent to protect against any tax liability or loss. Our estate will be liable to you for the full amount of any debt or loss resulting from the completion of transactions initiated prior to your receipt of written notice and shall be charged fully against the interest of the survivors and of the estate of the decedent. This section does not release the decedent’s estate from liability provided in the agreement.

Termination and Trading Restrictions: You have the right to terminate any of my accounts, including multiple owner accounts, at any time by notice to me. You may, in your sole discretion, prohibit or restrict trading of securities or substitution of securities in any of my accounts.

Extraordinary Events: You shall not be held liable for losses caused directly or indirectly by any condition not within your exclusive control, including government restrictions, exchange or market rulings, suspension of trading, war, strikes or extreme market volatility or trading volumes.

Choice of Law: This Agreement shall be construed in accordance with the laws of the State of Ohio.

My Representations: I represent that I have the legal capacity to enter into this Agreement. I also represent that no persons other than those signing this Agreement have an interest in the account. I also acknowledge that Chester Financial Services, LLC may make inquiries to verify/confirm my identity in compliance with The Patriot Act.

Trade Aggregation: The customer understands and agrees that Chester Financial Services, LLC may aggregate similar trades in the same security on the same day for numerous customers, when it believes it is in each customer's interest to do so. When an aggregated order is filled, each customer in the aggregated order usually receives an average price. However, aggregated orders that are only partially filled initially may not be allocated to customers on a pro rata basis. Instead in those instances where Chester Financial Services, LLC cannot fill an aggregated order fully, the partially acquired shares may be allocated by Chester Financial Services, LLC in a manner deemed equitable to customers of Chester Financial Services, LLC. I understand that in those instances where Chester Financial Services, LLC places subsequent orders to fill a partially-filled aggregated order, the share price the customers receive in the subsequent order may be higher or lower than the price received by customers participating in the initial aggregated order.

Checks Made Payable Policy: I agree to make checks payable to either the investment sponsor (i.e. fund family name), the clearing firm or in limited circumstances (i.e. planning/advisory fees) to Chester Financial Services, LLC. Under no circumstances will I make a check payable directly to Chester Financial Services, LLC Representative's name or the Representative's corporate entity or DBA name. In addition, I understand you do not accept cash or money orders

Arbitration Disclosures

By signing an arbitration agreement the parties agree as follows:

All parties to this agreement are giving up the right to sue each other in court, including the right to trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed.

1. Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify an arbitration award is very limited.
2. The ability of the party's to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings.
3. The panel of arbitrators will typically include a minority, or arbitrators, who were or are affiliated with the securities industry.
4. The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court.
5. The rules of the arbitration forum in which the claim is filed, and any amendments, thereto, shall be incorporated into this agreement.

Arbitration Agreement:

I agree that all claims, controversies and other disputes between me, Chester Financial Services, LLC, and any of its directors, officers, employees, or agents arising out of or relating to the investment account(s) or any orders or transactions, therein or the continuation, performed or breach of the account agreement or any other agreement between you and me, whether entered into before, on, or after the date this account opened, shall be determined by arbitration conducted by, and subject to arbitration rules then in effect for the State of Ohio. This agreement to arbitrate shall be specifically enforceable under prevailing law and procedures. The award rendered by the authorities shall be final, and judgment may be entered upon it in any court having jurisdiction over the parties. Council can advise me on how this provision may effect me.

Investment Advisor Public Disclosure

www.adviserinfo.sec.gov provides information to investors about the business practices, professional background and conduct, including current registrations, employment history, and disclosures about certain disciplinary events involving the individual. The information about investment adviser representatives that appears on this website is collected from individual Investment Adviser Representatives, Investment Adviser firm(s), and/or securities regulator(s) as part of the securities industry's registration and licensing process. If you have any concerns regarding your account or services, please contact Chester Financial Services, LLC at P.O. Box 45, Fredericktown, Ohio or call (740) 244-1307.

Interest in Account

No one except the owner(s) has an interest in any of its account(s) with you unless such interest is revealed in the title of such account and in any case the owner(s) has the interest indicated in such title or in governing documents as provided.

Consumer Privacy Notice

This notice is being provided on behalf of Chester Financial Services, LLC.

Your Privacy: We are committed to protecting your privacy. When you entrust us with your money, you also entrust us with your personal and financial information. We understand the importance of this trust, and we have credited this Privacy Policy to assure that we make it a priority to protect your information.

Your Personal Information: When you request information from us, or engage in a securities transaction with us, we may obtain certain personal information. This information may include, name, address, social security or taxpayer identification number, assets, income, account balances, investment activity, and/or accounts at other institutions.

Our Commitment: We will not sell information about our current or former clients on their accounts to third parties, and we do not disclose it to third parties unless necessary to complete transactions at your request or to service an account. For example, we may share that information with companies that perform services that best meet your investment needs. We may also share information with companies that perform services on our behalf, such as companies that print our or distribute our mailings or companies that we hire to perform marketing or administrative services. We require that each company agree to use your information only for purposes for which they are hired. In order to protect your personal information, our companies maintain physical, electronic and procedural safeguards, and we limit access to your information to those authorized employees who need it in order to perform their jobs.

Customer Inquiries/Complaints: I/We understand that inquiries regarding my /our brokerage account should be directed to the representative of record for the account. Further, I/we understand that I/we should direct any complaint regarding my/our brokerage account to the attention of the firm's Chief Compliance Officer at the firm's Home Office address and telephone number.

Anti-Money Laundering: I/We understand that, in an effort to fight terrorism and money laundering activities, Federal law requires that you obtain, verify and record information regarding the identity of each person who opens an account. I/We also understand that, in addition to the information requested on the Client Account Form, you may request to see a picture ID or other identifying documents.

Fee Based Account Relationship and Pricing

In a fee based account relationship, a client pays an asset based fee which may cover a variety of services. The fee is based on the market value of the account (generally at the beginning of the quarter) and asserted quarterly.

In an advisory capacity, the service provided is our advice and/or advice relating to the selection and performance of a third party manager. A stated fee, based on market value, is charged for the advice.

You may pay more or less for fee based account services than for trading and execution services only. You should also consider specific feature(s) of each product and the cost of any fees associated with the product. This may include fees and administrative charges in products such as mutual funds, exchange traded securities and investment trusts. If you have any questions, please contact our compliance department at (740) 244-1307.

Business Continuity Statement

Chester Financial Services, LLC is committed to protecting the interest of our clients in the event of an emergency or significant business disruption. Chester Financial Services, LLC has developed a Business Continuity Plan "BCP" to allow us to restore and continue critical functions.

We have identified these critical business functions to include:

1.) Entering client orders, 2.) Completing securities transactions and 3.) Providing client access to cash and securities.

Our Business Continuity Plan addresses these functions by:

1. Providing for relocation to an off-site recovery location.
2. Designate key person's as having the authority to activate and manage the recovery effort.
3. Maintaining a backup site to provide redundancy protection of critical records
4. Having in place a communication plan to contact firm employees and coordinate any recovery efforts
5. Reviewing and testing the Business Continuity Plan on a scheduled basis.

Client assets are held with the respective custodian. In the event communication with Chester Financial Services, LLC is not restored or available, client may access cash or securities through direct communication with the custodian.

Chester Financial Services, LLC takes our responsibility to our clients very seriously. Undertaking this review, identifying our critical business functions and designing a Business Continuity Plan is a reflection of our commitment to our clients. Although we have taken these steps to meet our obligations in the event of an emergency or significant business disruption, our BCP is not infallible. While we have designed the plan to work in different emergency situations, it is impossible to anticipate all the different scenarios. While we have addressed the issues faced by Chester Financial Services, LLC, we have no control over the various entities that we rely upon in the event of an emergency.

Contact information (For Emergency Purposes Only) – If you are unable to contact us through your normal channels, clients should attempt to contact the issuer as noted on your account statements.

Please mail your completed Application to the address listed below:

Chester Financial Services, LLC P.O. Box 45 Fredericktown OH 43019