

Investor No: \_\_\_\_\_

INVESTOR SUITABILITY QUESTIONNAIRE  
FOR THE YEAR \_\_\_\_\_

AMERICAN MORTGAGE ACCEPTANCE CORPORATION  
TRUST DEED INVESTMENT PROGRAMS

PLEASE NOTE: This Investor Suitability Questionnaire is provided to each prospective investor to determine that each investor meets the qualification standards imposed by the State of California relating to Trust Deed Investments. Investments will only be accepted from investors who meet the INVESTOR SUITABILITY STANDARDS as set forth in this document. There are different suitability standards for each type of investment we offer and investors will only be allowed to invest in those investments for which they are qualified.

All information you provide us will kept strictly confidential. There may be exceptions to this confidentiality in the event we are required by State, Federal or other government agencies to furnish a copy of the INVESTOR SUITABILITY QUESTIONNAIRE to substantiate that we are in full compliance with current applicable laws.

Please answer the questions as they apply to you, if the question is not applicable, please state so.

**1. Individual Name(s) to be registered:**

Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Present Age(s): \_\_\_\_\_

Self Employed: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part time: \_\_\_\_\_ Retired: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Do you own or have ownership in this business? \_\_\_\_\_ Yes \_\_\_\_\_ No

Spouse Employment:

Self Employed: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part time: \_\_\_\_\_ Retired: \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Do you own or have ownership in this business? \_\_\_\_\_ Yes \_\_\_\_\_ No

**2. Family Trust:** ( Trustee(s) must complete the above information)

Name of Trust (Must be exact): \_\_\_\_\_

The following questions define you as an “**Accredited Investor**” if either (a) or (b) is answered “yes”. Income means **gross income**. You may add any separate assets of your spouse as long as she is named as a co-investor in the investment. Use the **current value** of your home.

- (a) Is your **net worth in excess of \$1,000,000.00**? (Include spouse’s net worth and the fair market value of the equity in your home, furnishings and automobiles)?

YES ( \_\_\_\_\_ )

NO ( \_\_\_\_\_ )

- (b) Was your **individual income** (joint with spouse, if he/she is co-investing) during each of the past two years **in excess of \$200,000.00** and so you anticipate reaching the same level this year?

YES ( \_\_\_\_\_ )

NO ( \_\_\_\_\_ )

- (c) Does your proposed investment exceed ten percent (10%) of your net worth? (You may include your spouse’s net worth and the fair market value of the equity in your home, furnishings and automobiles)

YES ( \_\_\_\_\_ )

NO ( \_\_\_\_\_ )

- (d) **Estimated income, individually or jointly** if your spouse is a co-investor **for the current year** is:

Less than \$50,000 \_\_\_\_\_

\$200,000-\$300,000 \_\_\_\_\_

\$50,001 to \$99,999 \_\_\_\_\_

More than \$300,000 \_\_\_\_\_

\$100,000 to \$199,999 \_\_\_\_\_

- (e) Over the next five (5) years my income will:

(    ) Increase

(    ) Decrease

(    ) Remain the same

(f) Estimated Net worth: (**EXCLUSIVE of home, furnishing and automobile**)

Under \$75,000 \_\_\_\_\_ \$250,001 to \$400,000 \_\_\_\_\_  
 \$75,001 to \$150,000 \_\_\_\_\_ \$400,001 to \$1,000,000 \_\_\_\_\_  
 \$150,001 to \$250,000 \_\_\_\_\_ \$ Over 1,000,000 \_\_\_\_\_

Do you qualify as an “**Accredited Investor**” as defined in questions (a) and (b) above?

**Is your net worth in excess of \$1,000,000 OR was your individual income During each of the past two (2) years in excess of \$200,000.00 and do you Anticipate reaching the same level in the current year?**

**YES ( \_\_\_\_\_ )                      NO ( \_\_\_\_\_ )**

**3. Corporate Investor:**

Name of Corporation: \_\_\_\_\_

Federal Tax Identification No: \_\_\_\_\_

State and Date of Incorporation: \_\_\_\_\_

**4. Partnership or other entity:**

Name of entity: \_\_\_\_\_

Federal Tax Identification No.: \_\_\_\_\_

State and Date of organization: \_\_\_\_\_

Fiscal year end: \_\_\_\_\_

Principal place of business: \_\_\_\_\_

Entities net worth? \_\_\_\_\_

List all states in which you as an Individual, Partner, Managing Member or Shareholder reside?

State of Residence: \_\_\_\_\_ How long? \_\_\_\_\_

In which state(s) do you file income taxes? \_\_\_\_\_

Do you maintain a residence in any other State? \_\_\_\_\_

**5. Pension Plan or Profit Sharing Plan:**

Name of Plan (exact): \_\_\_\_\_

\_\_\_\_\_

Name of Trustee(s): \_\_\_\_\_

\_\_\_\_\_

Trust’s State of Residency: \_\_\_\_\_

Federal Tax Identification No. : \_\_\_\_\_

State and Date of origination: \_\_\_\_\_

Type and Valuation of trust’s assets: \_\_\_\_\_

\_\_\_\_\_

Name of person(s) with investment control over assets of the plan? \_\_\_\_\_

\_\_\_\_\_

Name of Person(s) with duties of administering the plan: \_\_\_\_\_

\_\_\_\_\_

**Type of Investors: (ALL INVESTORS MUST COMPLETE)**

A. I am an “Accredited Investor” (check all that apply)

YES ( ) NO ( ) A natural person whose **individual net worth, or joint net worth with my spouse, at the time of my investment exceeds**

**\$1,000,000 OR my individual income during each of the previous 2 years exceeded \$200,000.00** and I anticipate that my income will be at the same level in the current year.

YES ( ) NO ( ) An employee benefit plan within the meaning of Title I of the Employee Retirement Income Security Act of 1974; if the investment decision is to be made by a plan fiduciary, as defined in Section 3(21) of said act, which is neither a bank, savings and loan association, insurance company or registered investment advisor; or if the employee benefit plan has total assets in excess of \$5,000,000.00; or if a self directed plan with investment decisions made solely by a person who qualifies as an “Accredited Investor” .

**OR**

**I am not an “Accredited Investor”, however I represent that I am a suitable investor because:** (check appropriate boxes)

YES ( ) NO ( ) A natural person whose net worth is at least \$500,000 (exclusive of home, furnishing and automobiles).

YES ( ) NO ( ) My present net worth is at least \$250,000 (exclusive of home, furnishings and automobiles), and I have a gross annual income of at least \$65,000.00.

The following questions apply to all individuals or, if applicable, to each officer, partner or other person who will participate in decisions of any entity investing.

Educational Background (college, degrees, dates etc): \_\_\_\_\_

\_\_\_\_\_

Investing courses attended (course, sponsor, dates): \_\_\_\_\_

\_\_\_\_\_

Professional licenses held, professional certifications, bar admissions, real estate licenses, broker/dealer registrations, etc: \_\_\_\_\_

\_\_\_\_\_

**Investment experience of Investor:**

- Stock market investing for at least 2 years (self managed) \_\_\_\_\_
- Real Estate investing for at least 2 years \_\_\_\_\_
- Investing in Trust Deeds for at least 2 years \_\_\_\_\_
- Bond investing in self managed accounts \_\_\_\_\_
- Mutual fund investing \_\_\_\_\_
- Other (Describe: \_\_\_\_\_) \_\_\_\_\_

**Investment Evaluation**

Investor agrees and understands that in answering this Questionnaire he/she/they:

**(a) must have sufficient knowledge and experience in financial business matters and are capable of evaluating the merits and risks of Trust Deed investments or**

**(b) must retain the services of a Professional Advisor**(who may be an Attorney, accountant or other financial advisor not affiliated with or compensated by AMAC or any affiliate or selling agent of AMAC, directly or indirectly) for the purpose of evaluation of this particular transaction.

Investor has relied on the advice of the following Professional Advisor(s), who is not affiliated or paid by AMAC, including the evaluation of the merits and risks of investing in Trust Deeds and/or Mortgages and methods of protecting the investors interests:

Name of Advisor: \_\_\_\_\_

\_\_\_\_\_

Advisors address and phone number: \_\_\_\_\_

\_\_\_\_\_

Advisors qualifications and professional designations (if applicable): \_\_\_\_\_

\_\_\_\_\_

**Relationship with American Mortgage Acceptance Corporation**

Describe below any business or personal relationship you have with AMAC or any of its officers and directors including the name of the individual(s) with whom you have the relationship, the nature of the relationship and the length of time you have known such individuals(s):

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**Investor acknowledges that AMAC will be relying on the accuracy and completeness of the responses herein represents and warrants to AMAC as follows:**

I have been informed and understand how AMAC handles loan servicing, servicing fees and how funds are distributed to the investors.

YES ( )      NO ( )

I have been informed and understand about how AMAC deals with delinquencies including the risk of foreclosure and subsequent disposition of the property.

YES ( )      NO ( )

I have been informed of, and understand, the inherent risks associated with Trust Deed investing and believe these types of investments are appropriate for my portfolio.

YES ( )      NO ( )

I am now adequately informed and competent to make Trust Deed investment decisions.

YES ( )      NO ( )

**I/We have sufficient knowledge and experience in financial and business matters to evaluate the merits and risks of the prospective investment OR I/We have consulted with Professional Advisors** identified above, who have sufficient knowledge and experience in financial and business matters to evaluate the merits and risks of the prospective investment. I/We am/are able to afford the economic risk of the investment and at the present time and under reasonable foreseeable circumstances, I /We could afford the complete loss of the investment.

**Individual:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Entity:**

\_\_\_\_\_  
Legal Name

By: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Print Name

Its: \_\_\_\_\_  
Print Title

Its: \_\_\_\_\_  
Print Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date