

NON-ACCREDITED INVESTOR ONLY

SMART RX SYSTEMS INC. ("SRXS") REG A INVESTOR REPRESENTATIONS

1. If you are interested in investing, you need to have access to the entire Offering Circular filed with the Securities Exchange Commission "SEC"- click the link below to access, also here is SEC direct Website (www.sec.gov)
https://www.sec.gov/Archives/edgar/data/1672227/000153949725001258/n3745_x16-1a.htm

Not sure: if you are Non-Accredited? "Accredited Investor" as that term is defined in Rule 501(a) of Regulation D, which means that your household family net worth is over \$1,000,000, and your household income is over \$200,000. If your answer is no, then you are Non-Accredited.

NON-ACCREDITED

Investment Limitations in Tier 2 Offerings – Rule 251(d)(2)(i)(C)-Company is conducting a Tier 2 offering and this Rule limits the amount of securities that an investor who is not an accredited investor, as defined by Rule 501(a) of Regulation D, can purchase in a Tier 2 offering to no more than the greater of: (a) 10% of the greater of annual income or net worth (for natural persons). If you make less than \$60,000 a year and still wish to invest in this Offering, please contact the Company to discuss your interest at info@smartrxsystems.com.

NON-ACCREDITED

If you are a non-accredited investor, initial here ____ **(YES)**
Complete the six (6) questions below and go to the signature page.

Check or "x" one box that applies to your Purchase in #1.

- (1) ☐ (a) During the last twelve (12) months, I have not invested more than 10% of the greater of my income or net worth in all Regulation A shares I have purchased, including these shares; and,
☐ (b) If the Purchaser is not a natural person: Our firm has not invested more than 10% of its revenues or net assets at fiscal year-end in Regulation A shares.

Check or "x" box in #1, #2, #3.

- (2) ☐ I have read and understand the minimum suitability standards written on page of the Offering Circular qualified by the SEC, and I represent that I, or the entity purchasing these Shares, meet those standards; and that I, or that entity, can bear the economic risk of this investment based upon my, or its, overall financial situation.
(3) ☐ Neither myself, nor an entity I control purchasing these Shares, have borrowed the money to purchase these shares.

Check or "x" boxes for all that apply in #4.

- (4) ☐ I have previously invested in new public offerings of early stage developing companies in the past; OR,
☐ this investment in SRXS' REG A is not my first investment in a developing Company, whether it was, or was not, trading in the marketplace; OR,
☐ I have previously invested in one or more developing companies whose shares were traded Over-The-Counter (OTC) or were considered "penny stocks".

Check or "x" box in #5

- (5) ☐ I, or the purchasing entity, have either an income of \$60,000, or a Net Worth of \$60,000
(6) ☐ I understand that SRXS intends to apply to List its common and preferred Shares on one of three (3) National Stock Exchanges, and commence trading after this Offering is completed: either the NYSE Amex, the NASDAQ Capital Markets, or the NYSE Chicago/Texas, when they achieve \$20mm in Offering proceeds, but there is a risk that SRXS may not obtain \$20mm, or if they do, may not be successfully admitted to trading on any of these Exchanges.



NON-ACCREDITED INVESTOR SIGNATURE PAGE

I wish to invest (\$ _____ .00) in the **SMART Rx SYSTEMS Inc. (SRXS) REG A** and become a Shareholder ("**Company**"). I have read the Reg A Offering Circular in its entirety ("**Offering Circular Agreement**") and I know and understand the terms. I hereby wish to invest in the Company and agree to abide by and be subject the Offering Circular terms and provisions. I have read the Risk Factors and Disclaimers in the Offering Circular and understand them.

My signature on this Investor Signature Page does not automatically entitle me to become a Shareholder.

If I am a non-accredited investor I am not investing more than 10% of my annual income or more than 10% of my net worth whichever is greater. If you have questions as to you being non-accredited or how much you can invest, please contact the Company at info@smartrxsystems.com or 813-340 4423.

I agree and give all covenants and warranties that all Investors give such as: understanding the risk of this investment; I meet the investor suitability requirements; I may lose all of my investment; I have conducted my own due diligence, sought my own professional counsel, asked any questions of the Company I may have and am satisfied with the results of such pursuits; no documents provided to me by the Company constitute any sort of guarantee. The failure on my part of any of these warranties may void my subscription.

I make my own investment decisions.

An executed Form W-9—Request for Taxpayer Identification Number & Certification is required below.

W-9 Request for Taxpayer Identification Number and Certification

Type of account: ____ Individual/Joint ____ SD-IRA ____ Solo 401k ____ Trust Entity ____

Individual & Joint Accounts	Primary Investor Name & SSID / Tax ID	
	Secondary Investor Name & SSID / Tax ID	
	Address for Tax Return	

SD-IRA Accounts	Investor/Entity Name	
	Investor/Entity Address	
	Custodian Name	
	Custodian Address & Phone Number	
	Account Title Provided by Custodian	
	Address for Tax Return	
	EIN Provided by Custodian	

Solo 401k Account	Investor/Entity Name	
	Investor/Entity Address	
	Account Title	

SMART Rx SYSTEMS Inc. (SRXS) REG A INVESTOR REPRESENTATIONS



SMART RX SYSTEMS INC.
Revolutionizing Patient Care

	Address for Tax Return	
	Tax ID (SSID or EIN)	

Trust Accounts	Legal Name of Trust	
	Name(s) of Trustees	
	Name(s) of Beneficial Owner(s)	
	Entity EIN of Trust or Primary SSID	
	Entity Address for Tax Return	
	<p>For proper K1 reporting, please answer the following:</p> <p>Does the trust listed in your investor agreements file a 1041 tax return? ____YES or ____NO</p> <p>If YES, please:</p> <p>Reconfirm Tax ID for tax return _____</p> <p>If NO, please provide:</p> <p>Name of person (beneficial owner) who reports this income on their tax return (Last, First): _____</p> <p>Social Security number of person (beneficial owner) who reports the income: _____</p>	

Entity Accounts	Entity Legal Name	
	Name(s) of Beneficial Owner(s) if less than \$5 million assets (<i>entity is not accredited</i>)	
	Name & Title of Signatory	
	Entity EIN	
	Entity Address for Tax Return	
	<p>For proper K1 reporting, please answer the following:</p> <p>Does this entity file its own tax return? ____YES or ____NO</p> <p>If YES, please choose one of the following:</p> <p>1120 ____ 1120S ____ 1065 ____ 1041 ____</p> <p>If NO, please provide:</p> <p>Name of person (beneficial owner) who reports this income on their tax return (Last, First): _____</p> <p>Social Security number of person (beneficial owner) who reports the income: _____</p>	





SMART RX SYSTEMS INC.
Revolutionizing Patient Care

If you have questions, please contact the Company at info@smartrxsystems.com or 813-340 4423.

PLEASE ENSURE ABOVE W-9 SECTION IS FILLED OUT FOR THE TYPE OF ACCOUNT SELECTED

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (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; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

I wish to invest (\$.00) in the [SMART Rx SYSTEMS Inc. \(SRXS\) REG A](#) and become a Shareholder ("*Company*").

Signature

Print Name

Date

Your Cell: _____

Your email: _____

ACCEPTED AND APPROVED BY SMART RX SYSTEMS, INC.

Name

Signature

Date