

New Account Agreement

Additional Holder/Participant Information Supplement

Account Number

STEP 1. ADDITIONAL HOLDER/PARTICIPANT INFORMATION

Name		
Holder/Participant Role		
Social Security or Tax ID Number (EIN)	<input type="checkbox"/> Person <input type="checkbox"/> Entity	Date of Birth
Email		Position Held
Home Phone	Business Phone	Mobile Phone
Legal Address (no P.O. box)		
City	State/Province	Zip/Postal Code
Country		
Mailing Address (if different from legal address)		
City	State/Province	Zip/Postal Code
Country		
Primary Citizenship(s)		Additional Citizenship(s)
U.S. Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Birth	

A COPY OF THE ID IS REQUIRED FOR EACH NON-U.S. PERSON AND FOR U.S. CITIZENS LIVING ABROAD. PROOF OF ADDRESS MAY ALSO BE REQUIRED.

Gender

Male Female

Marital Status

Single Married Divorced Domestic Partner Widowed

Dependents

Number of Dependents

Beneficial Owners

Percent of Ownership

Employment and Industry Affiliations

Employed Self-Employed Retired Unemployed Homemaker Student

Occupation	Years Employed	Type of Business
Employer Name		

Employer's Address		
City	State/Province	Zip/Postal Code
Country		

General Investment Knowledge and Experience

Limited Moderate Extensive None

Knowledge and Experience by Investment Type

INVESTMENT	INVESTMENT KNOWLEDGE				INVESTMENT EXPERIENCE
Commodities, Futures	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Equities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Exchange Traded Funds	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Fixed Annuities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Fixed Income	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Insurance	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Mutual Funds	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Options	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Precious Metals	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Real Estate	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Unit Investment Trusts	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Variable Annuities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Other:	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:

Financial Information

Identify Verification Method Used

Compliance Data Center Inc. Report (CDCR) Internal Review (INRV)
 Regulatory Data Corporation (RDCR) Other ID Vendor (OTHR)

Annual Income	
From \$	To \$
Net Worth (excluding home)	
From \$	To \$
Liquid Net Worth	
From \$	To \$

Tax Bracket: 0-15% 15.1%-32% 32.1%-50% 50.1% +

Unexpired Government Identification

GOVERNMENT PHOTO ID #1		GOVERNMENT PHOTO ID #2	
Type of Unexpired Photo ID		Type of Unexpired Photo ID	
ID Number		ID Number	
Country of Issue		Country of Issue	
State/Province/Subdivision of ID		State/Province/Subdivision of ID	
Date of Issue	Date of Expiration	Date of Issue	Date of Expiration

GOVERNMENT ISSUED UNEXPIRED PHOTO IDENTIFICATION SHOULD BE PROVIDED FOR ALL INDIVIDUALS THAT WERE NOT VERIFIED USING NON-DOCUMENTARY METHODS, AND FOR NON-RESIDENT ALIENS, ALONG WITH AN IRS FORM W-8BEN.

ID Verification Comments

Corporate/Business Information

Corporate/Business ID Number	Formation Date of Corporation/Business
State/Province of Incorporation	Country of Incorporation
Legal Entity Identifier (LEI)	

IF APPLICABLE.

Broker-Dealer Affiliations

Are you an employee of this broker-dealer? Yes No

Are you related to an employee at this broker-dealer? Yes No

Employee Name	Relationship
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Are you an employee of another broker-dealer? Yes No

Broker-Dealer Name

Are you related to an employee at another broker-dealer? Yes No

Broker-Dealer Name	Employee Name	Relationship
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Are you maintaining any other brokerage accounts? Yes No

With what firm(s) are you maintaining other brokerage accounts?	Years of Investment Experience
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Are you or any member of your immediate family affiliated with or employed by a member of a stock exchange or the Financial Industry Regulatory Authority? Yes No

Employer authorization is required. What is the affiliation?
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Are you a senior officer, director, or 10% or more shareholder of a public company? Yes No

Company Name(s)

STEP 2. SIGNATURE

Required only if additional holder/participant is a joint tenant.

I ACKNOWLEDGE AND AGREE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, IN PARAGRAPHS 13 AND 14, ON PAGES 13 AND 14. I HEREBY ACKNOWLEDGE RECEIPT OF THIS NEW ACCOUNT AGREEMENT WITH PREDISPUTE ARBITRATION CLAUSE THEREIN.

Secondary Account Holder

Print Name	Date
Signature	

X

PLEASE REVIEW YOUR INFORMATION, READ THE AGREEMENT ON PAGES 13 AND 14, AND SIGN HERE. KEEP A COPY FOR YOUR RECORDS.