

1. Registration Type

Individual / Joint	<input type="checkbox"/> Individual	<input type="checkbox"/> Non-U.S. Individual	<input type="checkbox"/> Joint (complete joint section)	<input type="checkbox"/> Guardian/ Custodian	
Retirement	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> SIMPLE	<input type="checkbox"/> Rollover Roth	<input type="checkbox"/> Education	<input type="checkbox"/> Pension Plan
	<input type="checkbox"/> Rollover	<input type="checkbox"/> Beneficiary	<input type="checkbox"/> Roth Conversion	<input type="checkbox"/> Ext Custodian IRA	
	<input type="checkbox"/> SEP	<input type="checkbox"/> Regular Roth	<input type="checkbox"/> Roth Beneficiary	<input type="checkbox"/> Profit Sharing Plan	
	DECEDENT NAME (IF APPLICABLE)		DATE OF DEATH (IF APPLICABLE)		
Business	<input type="checkbox"/> Partnership	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Non-U.S. Institution	
	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> C-Corporation	<input type="checkbox"/> LLC (Tax classification: ____ (C=C-Corp, S=S-Corp, P=Partnership))		
Other	<input type="checkbox"/> Trust	<input type="checkbox"/> Estate	<input type="checkbox"/> Other: _____		
	<input type="checkbox"/> Municipality (Investing bond proceeds)	<input type="checkbox"/> Municipality (No bond proceeds)			

2. Joint Accounts

Joint tenants with rights of survivorship (JTWRORS)
In the event of the death of any of the undersigned, the entire interest in the Joint Account shall be vested in the survivor(s) on the same terms and conditions as previously held, without releasing the undersigned or their estates from the liability provided for in this Agreement.

Joint tenants in common (JTIC)
In the event of the death of any of the undersigned, the interests in the tenancy shall be divided equally unless otherwise specified below.

NAME	% SHARE
NAME	% SHARE
NAME	% SHARE
NAME	% SHARE

Community Property
Opened in the name of two legally married people, age 18 or over, who are residents of Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Philippine Islands, Puerto Rico, Texas, Wisconsin, or Washington.

Non-U.S. Joint

3. Account Information *Additional agreements required

Cash Margin Options* Transfer on Death*

ACCOUNT TITLE

This is where all mail communication about this account will be sent.	ADDRESS			
	CITY	STATE / PROVINCE	ZIP / POSTAL	COUNTRY

4. Householding

Account statements and trade confirmations can be combined with those from other accounts for your convenience. Household accounts will also appear in the online account summary of the primary account holder.
 Please see the Householding disclosure in the Direct Customer Account Terms, & Disclosures document for more information.

Do you want to add this account to a household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	ACCOUNT NUMBER
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5. Primary Account Owner Information

Account Holder Type	<input type="checkbox"/> Individual	<input type="checkbox"/> Minor	<input type="checkbox"/> Business	<input type="checkbox"/> Trust	<input type="checkbox"/> Estate
Owner Information	LEGAL NAME				
	DATE OF BIRTH (MM/DD/YYYY)	U.S. SOCIAL SECURITY NUMBER (IF APPLICABLE)		U.S. TAX ID NUMBER (IF APPLICABLE)	
	<input type="checkbox"/> U.S. citizen or permanent resident		<input type="checkbox"/> Other (W-8 required)		COUNTRY OF CITIZENSHIP
	NON-U.S. IDENTIFICATION	Non-U.S. ID Type:	<input type="checkbox"/> National registration or tax identifier	<input type="checkbox"/> Permanent resident number	<input type="checkbox"/> Passport number

5. Sole or Primary Account Holder Information **Continued**

Contact Information	PHYSICAL ADDRESS (NO P.O. BOXES)			
	CITY	STATE / PROVINCE	ZIP / POSTAL	COUNTRY
	EMAIL ADDRESS	PRIMARY PHONE	MOBILE PHONE	
Employment Information	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Retired <input type="checkbox"/> Student			BUSINESS PHONE
	EMPLOYER NAME	OCCUPATION		
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		NUMBER OF DEPENDENTS	AGES

6. Financial Profile and Investment Experience **Use combined figures for joint accounts.**

		A	B	C	D	E	F	G
		< \$50,000	\$50,000 - 99,999	\$100,000 - 199,999	\$200,000 - 499,999	\$500,000 - 999,999	\$1 mil - 2.49 mil	\$2.5 mil +
Income & Net Worth	Annual Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Net Worth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Liquid Net Worth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Estimated Federal Tax Rate		<10%	10 - 15%	16 - 20%	21 - 25%	26 - 30%	31 - 35%	35%+
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is the likelihood you will need to access funds from this account to satisfy short-term requirements?						1	2	3
						Low	Medium	High
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investor Profile / Objectives		A	B	C	D	E	F	G
		Capital Preservation	Conservative	Moderately Conservative	Moderate	Moderately Aggressive	Aggressive	Speculative
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When do you expect to begin withdrawing significant funds from this account?		A	B	C	D	E	F	G
		< 1 year	1-3 years	4-6 years	7-9 years	10-12 years	13-15 years	> 15 years
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Experience		N	A	B	C	Number of Years		
		None	Limited	Average	Extensive			
	Stocks / Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Variable Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Alternative Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
What is the source of funds for this account?		<input type="checkbox"/> Income <input type="checkbox"/> Inheritance / Gift <input type="checkbox"/> Pension / Retirement <input type="checkbox"/> Other: _____		<input type="checkbox"/> Sale of Business / Property <input type="checkbox"/> Insurance / Settlement <input type="checkbox"/> Other Brokerage Account				

7. Primary Account Holder Identification and Association

Government Identification	<input type="checkbox"/> Drivers License <input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> Other Government-Issued ID			
	DOCUMENT NUMBER	COUNTRY / STATE OF ISSUANCE	DATE OF ISSUANCE (MM/DD/YYYY)	EXPIRATION DATE (MM/DD/YYYY)
Do you have accounts at any other brokerage firm?		<input type="checkbox"/> Yes <input type="checkbox"/> No	BROKERAGE FIRM NAME	
<input type="checkbox"/> Check if you qualify as an Institutional Investor. <small>(A bank, savings and loan association, insurance company, registered investment company, investment adviser, or any individual or entity with \$50 million or more in assets.)</small>				
Are you, or is anyone in your immediate family or living in the same household, employed by, or associated with a stock exchange, a member firm of a stock exchange, FINRA, or a municipal securities dealer?				<input type="checkbox"/> Yes <input type="checkbox"/> No
COMPANY NAME				
Are you, or is anyone in your immediate family or living in the same household, a policy-making officer, director, a 10 percent shareholder, or otherwise considered an affiliate of a publicly traded company for purposes of SEC Rule 144?				<input type="checkbox"/> Yes <input type="checkbox"/> No
COMPANY NAME			COMPANY TICKER	
Are you, or is anyone in your immediate family or living in the same household, an employee or agent of StoneX Group Inc., or a StoneX-affiliated company?				<input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYEE / AGENT NAME		EMPLOYEE / AGENT POSITION		RELATIONSHIP

7. Primary Account Holder Identification and Association **Continued**

Are you, or is anyone in your immediate family or living in the same household, a politically exposed person (PEP), current or former senior officer of a foreign government or political party, or a senior executive of a foreign-government owned commercial enterprise, or a family member or close associate of such person? Yes No

COMPANY NAME _____ COMPANY TICKER _____

Please review the following and select all that apply:

- Account holder is an accredited investor of StoneX Financial Inc. or one of its introducing broker-dealers (ACC)
- Account holder is affiliated with a U.S.-registered investment advisor (ADV)
- Account holder is a U.S.-registered broker-dealer (BD)
- Account holder is an officer or director, or owns 10 percent or more of the shares, of a public company (CP)
- Account holder is an employee or is associated with StoneX Financial Inc. (EMP)
- Account holder does not have a U.S. tax identifier (FOR)
- Account holder is affiliated with a U.S.-registered broker-dealer, other than StoneX Financial Inc. (OTB)
- Account holder is a registered investment company (RIC)
- Account holder is a trust (TR)
- None of the above.

8. Second Account Holder

Account Holder Type Joint Owner Custodian / Guardian Partner Trustee Executor Authorized Person

Identification Information

LEGAL NAME _____

DATE OF BIRTH (MM/DD/YYYY) _____ U.S. SOCIAL SECURITY NUMBER (IF APPLICABLE) _____ U.S. TAX ID NUMBER (IF APPLICABLE) _____

U.S. citizen or permanent resident Other (W-8 required) COUNTRY OF CITIZENSHIP _____

NON-U.S. IDENTIFICATION *Non-U.S. ID Type:* National registration or tax identifier Permanent resident number Passport number

Contact Information

PHYSICAL ADDRESS (NO P.O. BOXES) _____

CITY _____ STATE / PROVINCE _____ ZIP / POSTAL _____ COUNTRY _____

EMAIL ADDRESS _____ PRIMARY PHONE _____ MOBILE PHONE _____

Employment Information

Employed Not employed Retired Student BUSINESS PHONE _____

EMPLOYER NAME _____ OCCUPATION _____

Marital Information

Single Married Divorced Widowed NUMBER OF DEPENDENTS _____ AGES _____

Government Identification

Drivers License Passport Military ID Other Government-Issued ID

DOCUMENT NUMBER _____ COUNTRY / STATE OF ISSUANCE _____ DATE OF ISSUANCE (MM/DD/YYYY) _____ EXPIRATION DATE (MM/DD/YYYY) _____

Are you, or is anyone in your immediate family or living in the same household, employed by, or associated with a stock exchange, a member firm of a stock exchange, FINRA, or a municipal securities dealer? Yes No

COMPANY NAME _____

Are you, or is anyone in your immediate family or living in the same household, a policy-making officer, director, a 10 percent shareholder, or otherwise considered an affiliate of a publicly traded company for purposes of SEC Rule 144? Yes No

COMPANY NAME _____ COMPANY TICKER _____

Are you, or is anyone in your immediate family or living in the same household, an employee or agent of StoneX Group Inc. or a StoneX-affiliated company? Yes No

EMPLOYEE / AGENT NAME _____ EMPLOYEE / AGENT POSITION _____ RELATIONSHIP _____

Are you, or is anyone in your immediate family or living in the same household, a politically exposed person (PEP), current or former senior officer of a foreign government or political party, or a senior executive of a foreign-government owned commercial enterprise, or a family member or close associate of such person? Yes No

POLITICAL ORGANIZATION _____ POLITICALLY EXPOSED PERSON _____ RELATIONSHIP _____

Please review the following and select all that apply:

- Account holder is an accredited investor of StoneX Financial Inc. or one of its introducing broker-dealers (ACC)
- Account holder is affiliated with a U.S.-registered investment advisor (ADV)
- Account holder is a U.S.-registered broker-dealer (BD)
- Account holder is an officer or director, or owns 10 percent or more of the shares, of a public company (CP)
- Account holder is an employee or is associated with StoneX Financial Inc. (EMP)
- Account holder does not have a U.S. tax identifier (FOR)
- Account holder is affiliated with a U.S.-registered broker-dealer, other than StoneX Financial Inc. (OTB)
- Account holder is a registered investment company (RIC)
- Account holder is a trust (TR)
- None of the above.

9. Third Account Holder

Account Holder Type	<input type="checkbox"/> Joint Owner <input type="checkbox"/> Custodian / Guardian <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/> Executor <input type="checkbox"/> Authorized Person		
Identification Information	LEGAL NAME		
	DATE OF BIRTH (MM/DD/YYYY)	U.S. SOCIAL SECURITY NUMBER (IF APPLICABLE)	U.S. TAX ID NUMBER (IF APPLICABLE)
	<input type="checkbox"/> U.S. citizen or permanent resident <input type="checkbox"/> Other (W-8 required)		COUNTRY OF CITIZENSHIP
	NON-U.S. IDENTIFICATION	<i>Non-U.S. ID Type:</i> <input type="checkbox"/> National registration or tax identifier <input type="checkbox"/> Passport number	<input type="checkbox"/> Permanent resident number
Contact Information	PHYSICAL ADDRESS (NO P.O. BOXES)		
	CITY	STATE / PROVINCE	ZIP / POSTAL COUNTRY
	EMAIL ADDRESS	PRIMARY PHONE	MOBILE PHONE
Employment Information	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Retired <input type="checkbox"/> Student		BUSINESS PHONE
	EMPLOYER NAME	OCCUPATION	
Marital Information	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		NUMBER OF DEPENDENTS AGES
Government Identification	<input type="checkbox"/> Drivers License <input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> Other Government-Issued ID		
	DOCUMENT NUMBER	COUNTRY / STATE OF ISSUANCE	DATE OF ISSUANCE (MM/DD/YYYY) EXPIRATION DATE (MM/DD/YYYY)
Are you, or is anyone in your immediate family or living in the same household, employed by, or associated with a stock exchange, a member firm of a stock exchange, FINRA, or a municipal securities dealer?			<input type="checkbox"/> Yes <input type="checkbox"/> No
COMPANY NAME			
Are you, or is anyone in your immediate family or living in the same household, a policy-making officer, director, a 10 percent shareholder, or otherwise considered an affiliate of a publicly traded company for purposes of SEC Rule 144?			<input type="checkbox"/> Yes <input type="checkbox"/> No
COMPANY NAME			COMPANY TICKER
Are you, or is anyone in your immediate family or living in the same household, an employee or agent of StoneX Group Inc. or a StoneX-affiliated company?			<input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYEE / AGENT NAME	EMPLOYEE / AGENT POSITION	RELATIONSHIP	
Are you, or is anyone in your immediate family or living in the same household, a politically exposed person (PEP), current or former senior officer of a foreign government or political party, or a senior executive of a foreign-government owned commercial enterprise, or a family member or close associate of such person?			<input type="checkbox"/> Yes <input type="checkbox"/> No
POLITICAL ORGANIZATION	POLITICALLY EXPOSED PERSON	RELATIONSHIP	
Please review the following and select all that apply:			
<input type="checkbox"/> Account holder is an accredited investor of StoneX Financial Inc. or one of its introducing broker-dealers (ACC)		<input type="checkbox"/> Account holder does not have a U.S. tax identifier (FOR)	
<input type="checkbox"/> Account holder is affiliated with a U.S.-registered investment advisor (ADV)		<input type="checkbox"/> Account holder is affiliated with a U.S.-registered broker-dealer, other than StoneX Financial Inc. (OTB)	
<input type="checkbox"/> Account holder is a U.S.-registered broker-dealer (BD)		<input type="checkbox"/> Account holder is a registered investment company (RIC)	
<input type="checkbox"/> Account holder is an officer or director, or owns 10 percent or more of the shares, of a public company (CP)		<input type="checkbox"/> Account holder is a trust (TR)	
<input type="checkbox"/> Account holder is an employee or is associated with StoneX Financial Inc. (EMP)		<input type="checkbox"/> None of the above.	

10. Fourth Account Holder

Account Holder Type	<input type="checkbox"/> Joint Owner <input type="checkbox"/> Custodian / Guardian <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/> Executor <input type="checkbox"/> Authorized Person		
Identification Information	LEGAL NAME		
	DATE OF BIRTH (MM/DD/YYYY)	U.S. SOCIAL SECURITY NUMBER (IF APPLICABLE)	U.S. TAX ID NUMBER (IF APPLICABLE)
	<input type="checkbox"/> U.S. citizen or permanent resident <input type="checkbox"/> Other (W-8 required)		COUNTRY OF CITIZENSHIP
	NON-U.S. IDENTIFICATION	<i>Non-U.S. ID Type:</i> <input type="checkbox"/> National registration or tax identifier <input type="checkbox"/> Passport number	<input type="checkbox"/> Permanent resident number

10. Fourth Account Holder

Contact Information	PHYSICAL ADDRESS (NO P.O. BOXES)			
	CITY	STATE / PROVINCE	ZIP / POSTAL	COUNTRY
	EMAIL ADDRESS	PRIMARY PHONE	MOBILE PHONE	
Employment Information	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Retired <input type="checkbox"/> Student			BUSINESS PHONE
	EMPLOYER NAME	OCCUPATION		
Marital Information	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		NUMBER OF DEPENDENTS	AGES
Government Identification	<input type="checkbox"/> Drivers License <input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> Other Government-Issued ID			
	DOCUMENT NUMBER	COUNTRY / STATE OF ISSUANCE	DATE OF ISSUANCE (MM/DD/YYYY)	EXPIRATION DATE (MM/DD/YYYY)
Are you, or is anyone in your immediate family or living in the same household, employed by, or associated with a stock exchange, a member firm of a stock exchange, FINRA, or a municipal securities dealer?				<input type="checkbox"/> Yes <input type="checkbox"/> No
COMPANY NAME				
Are you, or is anyone in your immediate family or living in the same household, a policy-making officer, director, a 10 percent shareholder, or otherwise considered an affiliate of a publicly traded company for purposes of SEC Rule 144?				<input type="checkbox"/> Yes <input type="checkbox"/> No
COMPANY NAME			COMPANY TICKER	
Are you, or is anyone in your immediate family or living in the same household, an employee or agent of StoneX Group Inc. or a StoneX-affiliated company?				<input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYEE / AGENT NAME	EMPLOYEE / AGENT POSITION	RELATIONSHIP		
Are you, or is anyone in your immediate family or living in the same household, a politically exposed person (PEP), current or former senior officer of a foreign government or political party, or a senior executive of a foreign-government owned commercial enterprise, or a family member or close associate of such person?				<input type="checkbox"/> Yes <input type="checkbox"/> No
POLITICAL ORGANIZATION	POLITICALLY EXPOSED PERSON	RELATIONSHIP		
Please review the following and select all that apply:				
<input type="checkbox"/> Account holder is an accredited investor of StoneX Financial Inc. or one of its introducing broker-dealers (ACC)		<input type="checkbox"/> Account holder does not have a U.S. tax identifier (FOR)		
<input type="checkbox"/> Account holder is affiliated with a U.S.-registered investment advisor (ADV)		<input type="checkbox"/> Account holder is affiliated with a U.S.-registered broker-dealer, other than StoneX Financial Inc. (OTB)		
<input type="checkbox"/> Account holder is a U.S.-registered broker-dealer (BD)		<input type="checkbox"/> Account holder is a registered investment company (RIC)		
<input type="checkbox"/> Account holder is an officer or director, or owns 10 percent or more of the shares, of a public company (CP)		<input type="checkbox"/> Account holder is a trust (TR)		
<input type="checkbox"/> Account holder is an employee or is associated with StoneX Financial Inc. (EMP)		<input type="checkbox"/> None of the above.		

11. Retirement Accounts Subject to ERISA

Skip this section if the account is not subject to ERISA.	EMPLOYER OR OTHER RESPONSIBLE PLANE FIDUCIARY		
	CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
	ADDRESS		

12. Trusted Contact **If requested**

A Trusted Contact is an individual (age 18 or older) whom you authorize us to contact and disclose information about your account in the event (1) we are concerned someone may be exploiting you financially or (2) we desire to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney. Designating a Trusted Contact person does not authorize that person to effect transactions or withdraw funds from your account. We are not obligated to contact your Trusted Contacts, but you give us permission to do so if we have any of the foregoing needs or concerns. You are not required to designate a Trusted Contact person. Should you desire to do so, provide the below information about the Trusted Contact.

I do NOT want to designate a Trusted Contact.

Trusted Contact Person Information	NAME	RELATIONSHIP TO ACCOUNT OWNER		
	ADDRESS			
	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
	EMAIL ADDRESS	PHONE NUMBER		

13. Interested Parties If requested, third-parties can receive copies of account documents.

Interested Party #1 <input type="checkbox"/> I authorize communication with the Interested Party about my account.	NAME	PROFESSIONAL CAPACITY (ACCOUNT, LAWYER, ETC.)		
	ADDRESS			
	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
	EMAIL ADDRESS		PHONE NUMBER	
	To the interested party, please duplicate: <input type="checkbox"/> Statements <input type="checkbox"/> Trade Confirmations <input type="checkbox"/> Tax Documents			
Interested Party #2 <input type="checkbox"/> I authorize communication with the Interested Party about my account.	NAME	PROFESSIONAL CAPACITY (ACCOUNT, LAWYER, ETC.)		
	ADDRESS			
	CITY	STATE / PROVINCE	ZIP POSTAL CODE	COUNTRY
	EMAIL ADDRESS		PHONE NUMBER	
	To the interested party, please duplicate: <input type="checkbox"/> Statements <input type="checkbox"/> Trade Confirmations <input type="checkbox"/> Tax Documents			

14. Certification

By signing below I/we confirm that I/we have read and agree with all pages of this New Account Form and certify all information is true and correct. I/we agree that any questions or concerns about this form or the content herein, will be submitted in writing to my financial representative.

ACCOUNT HOLDER #1 SIGNATURE		ACCOUNT HOLDER #1 SIGNATURE	
PRINTED NAME	DATE	PRINTED NAME	DATE
ACCOUNT HOLDER #3 SIGNATURE		ACCOUNT HOLDER #4 SIGNATURE	
PRINTED NAME	DATE	PRINTED NAME	DATE

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: We will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. A corporation, partnership, trust or other legal entity may need to provide other information, such as its principal place of business, local office, employer identification number, certified articles of incorporation, government-issued business license, a partnership agreement, or a trust agreement.

FOR INTRODUCING BROKER-DEALER USE ONLY			
REGISTERED REPRESENTATIVE SIGNATURE		SUPERVISORY PRINCIPAL SIGNATURE	
PRINTED NAME	DATE	PRINTED NAME	DATE