



# ASSOCIATED PERSON / ADDITIONAL ACCOUNT HOLDER FORM

Account #: \_\_\_\_\_ Rep ID#: \_\_\_\_\_

ASSOCIATED PERSON / ACCOUNT HOLDER INFORMATION (Attach additional copies if needed)									
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								
Owner Information	Legal Name			Date of Birth (mm/dd/yyyy)			Social Security Number / Tax ID		
	<input type="checkbox"/> U.S. citizen or permanent resident <input type="checkbox"/> Other (W-8 required)			Country of Citizenship					
	Legal Address (No P.O. Boxes)								
Contact Information	City			State / Province		ZIP / Postal Code		Country	
	Email Address			Primary Phone			Mobile Phone		
	Employer Name			Occupation					
Employment Information	<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student			Business Phone		Ext.			
	Employer Address			City					
	City			State / Province		ZIP / Postal Code		Country	
	Marital Status			<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Number of Dependents:		Ages of Dependents:
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 your spouse 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 any relatives sharing your home, 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 are you related to someone who is) 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				

## SIGNATURE

\_\_\_\_\_  
Associated Person / Additional Account Holder Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

## AUTHORIZATIONS

All existing account holders must sign.

\_\_\_\_\_  
Primary Account Holder Signature

\_\_\_\_\_  
Primary Account Holder Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Account Holder Signature

\_\_\_\_\_  
Additional Account Holder Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Account Holder Signature

\_\_\_\_\_  
Additional Account Holder Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Additional Account Holder Signature

\_\_\_\_\_  
Additional Account Holder Name

\_\_\_\_\_  
Date