

New Account Agreement

Additional Holder/Participant Information Supplement

Account Number _____

STEP 1. ADDITIONAL HOLDER/PARTICIPANT INFORMATION

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.

Name		
Holder/Participant Role		
Social Security (SSN)/ Employee Identification #(EIN)	<input type="checkbox"/> Person <input type="checkbox"/> Entity	Date of Birth
Email		
Primary Citizenship(s)	Additional Citizenship(s)	
U.S. Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Birth	
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		

Gender

Male Female

Marital Status

Single Married Divorced Domestic Partner Widowed

Number of Dependents	Education Level
Beneficial Owner Percent of Ownership	Controlling Person Position Held

Employment Status 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
Annuities Fixed	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Annuities Variable	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Commodities and 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 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:
Other:	<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:

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 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.

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

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

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)	

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

Name	Relationship
------	--------------

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

Broker-Dealer Name

Is a member of your immediate family affiliated with or employed by another broker-dealer? Yes No

Broker-Dealer Name	Employee Name	Relationship
--------------------	---------------	--------------

Are you maintaining any other brokerage accounts? Yes No

Brokerage Name	Years of Investment Experience
----------------	--------------------------------

Are you a member/employee or related to a member/employee of a national securities association (i.e. NYSE or FINRA)? Yes No

If yes, please list the affiliation here.

Are you, or an immediate family member, a director, 10% shareholder, policy-making officer or controlling person of a publicly traded company. Yes No

If yes, please provide company(ies)

STEP 2. SIGNATURE

Required only if additional holder/participant is also an owner.

Please Review your information, read the New Account Agreement Disclosures, and sign here. Keep a copy for your records.

I ACKNOWLEDGE AND AGREE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, IN PARAGRAPHS 13 AND 14, ON PAGES 1 AND 2 OF THE NEW ACCOUNT AGREEMENT DISCLOSURES. I HEREBY ACKNOWLEDGE RECEIPT OF THIS NEW ACCOUNT AGREEMENT WITH PREDISPUTE ARBITRATION CLAUSE THEREIN.

Authorized Signer

Print Name	Date
Signature	
X	