

# Account Worksheet

Sub Firm #	BR Code	FA Code	Account Number

## Account Classification

**Tax Status**    US Citizen    US Non Individual Account    Resident Alien    Non Resident Alien

Mother's Maiden Name: \_\_\_\_\_

### Individual Account Registration Types (select type)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Individual   | Joint Account<br><i>(select type and complete page 3)</i>                                     | IRA <i>(select type)</i>  |
| <input type="checkbox"/> Guardian/Conservatorship<br><i>(must attach appointment)</i> | <input type="checkbox"/> Joint Tenants with Rights of Survivorship*                           | <input type="checkbox"/> Regular  |
| <input type="checkbox"/> 529 Plan - Individual  | <input type="checkbox"/> Joint Tenants in Common  | <input type="checkbox"/> Inherited <i>(Originally Trad./SEP/Simple)</i>       |
| <input type="checkbox"/> 529 Plan - Custodial   | <input type="checkbox"/> Joint Tenants by Entirety<br><i>(if permitted by your State law)</i> | <input type="checkbox"/> Inherited <i>(Originally Roth)</i>                   |
| <input type="checkbox"/> 403(b) Retirement Plan                                       | <input type="checkbox"/> Community Property<br><i>(if required by your State law)</i>         | <input type="checkbox"/> Education Savings                                    |
| <input type="checkbox"/> Custodian/Minor**  | <input type="checkbox"/> Joint Escrow Agreement   | <input type="checkbox"/> Minor Roth   |
|   | <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Minor Inherited <i>(Originally Trad./SEP/Simple)</i> |
|   |   | <input type="checkbox"/> Minor Inherited <i>(Originally Roth)</i>             |
|   |   | <input type="checkbox"/> Roth   |
|   |   | <input type="checkbox"/> SAR/SEP  |
|   |   | <input type="checkbox"/> SEP  |
|   |   | <input type="checkbox"/> Simple   |
|   |   | <input type="checkbox"/> Spousal  |
|   |   | <input type="checkbox"/> Outside IRA  |

\* If two or more owners, Joint Tenants with Rights of survivorship will be selected automatically if you fail to select one of the above.

\*\* Primary is the minor on a custodian account.

\*\*\* See Page 2 for additional questions pertaining to Trusts and Estates.

### Product Types

Advantage    Advantage Basic    Standard Brokerage

### Non-Personal Account Registration Types (select type)

- |   |   |
|---|---|
| <input type="checkbox"/> Partnership  | <input type="checkbox"/> Investment Club                      |
| <input type="checkbox"/> Limited Liability Company  | <input type="checkbox"/> Bank, Trust Company, or Credit Union |
| <input type="checkbox"/> Corporation  | <input type="checkbox"/> Non-Profit Organization              |
| <input type="checkbox"/> Corporate Escrow Agreement                                       | <input type="checkbox"/> Insurance Company                    |
| <input type="checkbox"/> Estate*** <i>(Certificate of Qualification must be attached)</i> | <input type="checkbox"/> Mutual Fund or Money Manager         |
|   | <input type="checkbox"/> Other: _____                         |
- Qualified Plan or Profit Sharing Plan:    Prototype    Other
- How is Qualified Plan directed?    Trustee    Participant
- Trust:\*\*\*    Select Trustee Type:
- |   |  |
|---|--|
| <input type="checkbox"/> 529 Trust                                  | <input type="checkbox"/> Individual w/ SSN     |
| <input type="checkbox"/> Living/Under Agreement Trust               | <input type="checkbox"/> Non-Individual w/ TIN |
| <input type="checkbox"/> Personal/Testamentary/Under the Will Trust |  |
| <input type="checkbox"/> Other Trust: _____                         |  |

Trust Date: \_\_\_\_\_

Number of Trustee(s): \_\_\_\_\_

## Primary Owner Information

Will this account have Third Party Authorization?    Yes    No

Mr.    Mrs.    Ms.    Dr.    Rev.    Senator    Justice    Other:

### Name and Address

Name

Legal Address (cannot be a P.O. Box)

Country of Residence

City

State

Zip

Home Phone 1

Home Phone 2

Business Phone 1

Business Phone 2

Cell Phone 1

Cell Phone 2

Fax Number

Other Phone

### Customer Identity Verification

Does FA have an existing or previous relationship with this person?    Y    N *(If "No", please complete a - e below.)*

a. Govt ID Type

b. Govt ID No.

c. Date of Issue

d. Date of Expiration

e. Place of Issue

SSN/TID

Date of Birth

Country of Citizenship

Is FA Registered in the Client's State of Legal Address?

Y    N

### Tenants In Common Ownership % (must equal 100%)

Name

%

Name

%

Name

%

### Owner Information Details

**Source of Funds:**    A - Savings (From Earnings)    B - Inheritance    C - Business Revenue    D - Donations (Trusts Only)    E - Sale of Business    F - Sale of Real Estate  
 G - Sale of Asset    H - Legal/Ins Settlements    I - Asset Appreciation    J - Other    K - Associated Persons

Is this a politically exposed person or relative of a politically exposed person?    Y    N   *(If yes, AML Checklist and Enhanced Due Diligence forms are required and Compliance approval must be obtained before submitting the account for opening.)*

"Politically Exposed Person" is defined as follows:

(i) A senior official in the executive, legislative, administrative, military, or judicial branches of a foreign ("non-US") government, a senior official of a major foreign political party, or a senior executive of a foreign government-owned corporation;

(ii) A corporation, business, trust or other entity that has been formed by, or for the benefit of, any senior foreign political official;

(iii) An immediate family member of any such individual;

(iv) A "close associate" of a senior foreign political figure who is widely and publicly known (or is actually known by the relevant covered financial institution) to maintain an unusually close relationship with any such individual, including a person who is in a position to conduct substantial domestic and international financial transactions on behalf of the senior foreign political figure.

**Rule 144:** Is authorized person, or member of their immediate family a director, policy-making officer, or 10% stockholder in any publicly traded company?

Y    N   **If Yes, Indicate Ticker Symbol, Cusip or Name:** \_\_\_\_\_

**NASD Insider Information:** Is Client, Client's Spouse or immediate relative employed by Introducing Firm (U or V) or another NASD Member (W or X)?

Customer not associated with NASD firm

W - Employees or brokers of other security firms, their dependent accounts and accounts in which they have a financial or beneficial control or interest

U - Associate of Introducing Firm and/or dependents, family members

X - Immediate family members of employees or other security firms

V - Non-dependent family members of an associate of Introducing Firm

### Occupational Title:

- |   |  |  |  |   |   |
|---|--|--|--|---|---|
| <input type="checkbox"/> A - Proprietor, Professional, Manager                                      | <input type="checkbox"/> B - Info Tech Sys   | <input type="checkbox"/> C - Craftsman, Skilled Worker | <input type="checkbox"/> D - Sales                     | <input type="checkbox"/> E - Admin, Clerical                                  | <input type="checkbox"/> F - Public Service |
| <input type="checkbox"/> G - Personal Service Provider  | <input type="checkbox"/> H - Unskilled Labor | <input type="checkbox"/> I - Education                 | <input type="checkbox"/> J - Clergy                    | <input type="checkbox"/> K - Other <i>(Business Nature code is Required.)</i> | <input type="checkbox"/> L - Unemployed     |
| <input type="checkbox"/> M - Retired <i>(If Retired, complete questions based on retired firm.)</i> | <input type="checkbox"/> N - Student         | <input type="checkbox"/> P - Homemaker                 | <input type="checkbox"/> Y - Broker follow-up required | <input type="checkbox"/> Z - Not available                                    |   |

### Business Nature:

- |  |   |   |   |                                     |  |  |
|--|---|---|---|-------------------------------------|--|--|
| <input type="checkbox"/> A - Agriculture | <input type="checkbox"/> B - Consumer & Business Services | <input type="checkbox"/> C - Construction       | <input type="checkbox"/> D - Energy         | <input type="checkbox"/> S - Estate | <input type="checkbox"/> E - Financial Services          | <input type="checkbox"/> F - Government  |
| <input type="checkbox"/> G - Healthcare  | <input type="checkbox"/> H - Industrial                   | <input type="checkbox"/> I - Media              | <input type="checkbox"/> J - Non-profit     | <input type="checkbox"/> R - Other  | <input type="checkbox"/> K - Personal Investment Company | <input type="checkbox"/> L - Real Estate |
| <input type="checkbox"/> M - Retail      | <input type="checkbox"/> N - Technology                   | <input type="checkbox"/> O - Telecommunications | <input type="checkbox"/> P - Transportation | <input type="checkbox"/> T - Trust  | <input type="checkbox"/> Q - Wholesale                   |  |

Sub Firm #	BR Code	FA Code	Account Number

**Owner Information Details Continued**

Employer Name		Employer Phone	Years with Employer
Employer Address			
City	State	Zip	Country

**Account Registration & Instructions**

<b>Registration Title (If different from page 1)</b>		<b>Suitability Data Collected Should be for the Account</b> (Reference tables provided below)	
Initial Transaction Amount:		Investment Objective	
Estimated Value of Investments: (Table 1)		<input type="checkbox"/> A - Income & Conservative <input type="checkbox"/> B - Growth & Income + Conservative <input type="checkbox"/> C - Growth & Moderate <input type="checkbox"/> D - Growth & Income + Moderate <input type="checkbox"/> E - Growth & Long Term <input type="checkbox"/> G - Income & Moderate <input type="checkbox"/> H - Growth & Conservative <input type="checkbox"/> I - Income & Long Term <input type="checkbox"/> K - Growth & Income + Long Term <input type="checkbox"/> L - Trading & Speculation	
Estimated Investment Range: (Table 2)			
Annual Income - All Sources: (Table 1)			
Liquid Assets: (Table 1)			
Mailing Address (If different from Legal Address)		Net Worth - Excluding Residence: (Table 1)	
		Tax Bracket: <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 25% <input type="checkbox"/> 28% <input type="checkbox"/> 33% <input type="checkbox"/> 35% <input type="checkbox"/> Other: _____	
City	State	Zip	
Home Phone	Business Phone		
Fax Number	Other Phone		
Email Address	SSN/TID		

Table 1		Table 2	
A-\$0 - \$49,999	E-\$500,000 - \$999,999	A-Less than \$25,000	E-\$65,000 - \$124,999
B-\$50,000 - \$99,999	G-\$1,000,000 - \$4,999,999	B-\$25,000 - \$39,999	F-Over \$125,000
C-\$100,000 - \$199,999	H-\$5,000,000 - \$9,999,999	C-\$40,000 - \$49,999	Z-Refuse to Disclose
D-\$200,000 - \$499,999	I-\$10,000,000 or more	D-\$50,000 - \$64,999	

**AML Compliance Field (For Corporation and Partnership Accounts Only)**

Is this customer a casino, travel agency, or money remitter?  Y  N  
 If "Yes", provide TIN: \_\_\_\_\_  
 \*AML Checklist and Enhanced Due Diligence forms are required and Compliance approval must be obtained before submitting the account for opening.  
 If requested, does Client want us to provide name and address to an issuer in which we hold securities in street name? SEC Rule 14b-1 prohibits from using name and address for any purpose other than corporate communications.  Y  N

**Primary Owner Demographics**

Male  Female  Own  Rent  
 Single  Married  Divorced  Widowed Number of Dependents: \_\_\_\_\_  
 Education Level  
 High School Graduate  Post Secondary Study  Two-Year Degree  
 College Graduate  Post Graduate Study  Advanced Degree  Other

**Investment Experience (Years)**

Stocks	Bonds	Options	Annuities-Life Ins	UITs	Mutual Funds

**Referral Information**

How was account acquired?  
 Existing Customer  Walk-in Customer  Phone-in Customer  
 Know Personally  Print Advertisement  Television Advertisement  
 Radio Advertisement  Direct Mail  Phone Solicitation  
 Specific Promotion  Seminar  E-commerce  
 Other

Other Brokerage Accounts?  Y  N  
 Personally met with Client?  Y  N  
 Referral From:  None  Firm  Broker  Professional  Other  
 Old Account Number: \_\_\_\_\_

<b>Dividend Standing Instructions:</b> <input type="checkbox"/> 1 - Into Free Credit <input type="checkbox"/> 3 - Semi-weekly <input type="checkbox"/> 5 - Monthly <input type="checkbox"/> 6 - Credit Margin Pay Cash Semi-weekly <input type="checkbox"/> 7 - Credit Margin Pay Cash Monthly	<b>Principal Instructions:</b> <input type="checkbox"/> Principal payment to free credit for reinvestment <input type="checkbox"/> Process principal payments according to trade standing instructions Display cost basis on statements? <input type="checkbox"/> Y <input type="checkbox"/> N
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**Dividend Reinvestment Instructions:**  
 A-All eligible dividends will be reinvested for this account.  
 N-No dividends will be reinvested for this account. Cash dividends will be paid for all new trades.  
 C-Cash dividends will be paid for this account unless the security is coded for reinvestment.  
 R-Reinvest all new dividends for this account unless the security is coded for cash dividends.

**Standing Instructions:**  Margin  Cash  
 Will this account be enabled for options trading?  Y  N

**Brokerage Money Market Sweep Option\***  
 (Please refer to the NAO Sweep Selection drop down box)  
 (Prospectus mailed separately)  
 \* Please check with your Financial Advisor for Fund Availability.

**Money Market Sweep Code**  
 (A list of available choices can be found in the New Account Opening Application of SmartStation or the BETA application of MOPS)

\*\*\*Pertaining to Trusts and Estates:  
 (1) What is the POA's relationship to the client (ex. spouse)? \_\_\_\_\_  
 (2) What is the reason for the request? \_\_\_\_\_  
 (3) Will the authorized agent sign the account application for an incapacitated owner?  
 Yes  No

**Money Market Dividend Distributions:**  Pay out money market fund distributions  Reinvest money market fund distributions  
**Cash Sweep Instructions:**  1 & 9 - Sweep money market in cash only  1, 2 & 9 - Sweep money market in cash and margin

**Stock Instructions:**  1 - Register in customer name and mail  4 - Register in street name and hold  5 - DVP  
**Trade Balance Instructions:**  A - Net Account and Pay Proceeds  B - Pay Proceeds of each Sale  C - Hold Funds\*\*\*

\*\*\* If the stock instructions, trade balance instructions, and/or dividend instructions are left blank, the account will default to hold stocks in street name, hold balances, and/or hold dividends.

**Client Identification Program**  
 Has the Broker advised the party establishing this account that information collected on parties associated with this account is subject to verification as mandated by the USA Patriot Act and outlined in our Client Identification Program?  Y  N

**Commission Discounts (%)**

Stocks	Bonds	Options

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**Joint Owner / Associated Person Information** [Launch Page](#)

Mr.  Mrs.  Ms.  Dr.  Rev.  Senator  Justice  Other:

<b>Name and Address</b> Name (First, Middle, Last)				<b>Customer Identity Verification</b> Does FA have an existing or previous relationship with this person? <input type="checkbox"/> Y <input type="checkbox"/> N (If "No", please complete A - G below.)			
Additional Name				A - Other Phone			
Legal Address (cannot be a P.O. Box)				B - Date of Birth			
				C - Government ID Type			
				D - Government ID No.			
Country of Residence		City		State		Zip	
E - Date of Issue							
Home Phone			Business Phone			F - Date of Expiration	
Fax Number			Other Phone			G - Place of Issue	
Date of Birth			Country of Citizenship			Social Security Number	

Is FA Registered in the Client's State of Legal Address?  Y  N

Employer Name			Employer Phone			Years with Employer		
Employer Address								
City			State		Zip		Country	

**NASD Insider Identification**

Customer not associated with NASD firm  
 U - Associate of Introducing Firm and/or dependents, family members  
 V - Non-dependent family members of an associate of Introducing Firm  
 W - Employees or brokers of other security firms, their dependent accounts and accounts in which they have a financial or beneficial control or interest  
 X - Immediate family members of employees or other security firms

**Occupational Title:**
 A - Proprietor, Professional, Manager  
 B - Info Tech Sys  
 C - Craftsman, Skilled Worker  
 D - Sales  
 E - Admin, Clerical  
 F - Public Service  
 G - Personal Service Provider  
 H - Unskilled Labor  
 I - Education  
 J - Clergy  
 K - Other (Business Nature code is Required.)  
 L - Unemployed  
 M - Retired (If Retired, complete questions based on retired firm.)  
 N - Student  
 P - Homemaker

**Joint Owner / Associated Person Information - (2)**

Mr.  Mrs.  Ms.  Dr.  Rev.  Senator  Justice  Other:

<b>Name and Address</b> Name (First, Middle, Last)				<b>Customer Identity Verification</b> Does FA have an existing or previous relationship with this person? <input type="checkbox"/> Y <input type="checkbox"/> N (If "No", please complete A - G below.)			
Additional Name				A - Other Phone			
Legal Address (cannot be a P.O. Box)				B - Date of Birth			
				C - Government ID Type			
				D - Government ID No.			
Country of Residence		City		State		Zip	
E - Date of Issue							
Home Phone			Business Phone			F - Date of Expiration	
Fax Number			Other Phone			G - Place of Issue	
Date of Birth			Country of Citizenship			Social Security Number	

Is FA Registered in the Client's State of Legal Address?  Y  N

Employer Name			Employer Phone			Years with Employer		
Employer Address								
City			State		Zip		Country	

**NASD Insider Identification**

Customer not associated with NASD firm  
 U - Associate of Introducing Firm and/or dependents, family members  
 V - Non-dependent family members of an associate of Introducing Firm  
 W - Employees or brokers of other security firms, their dependent accounts and accounts in which they have a financial or beneficial control or interest  
 X - Immediate family members of employees or other security firms

**Occupational Title:**
 A - Proprietor, Professional, Manager  
 B - Info Tech Sys  
 C - Craftsman, Skilled Worker  
 D - Sales  
 E - Admin, Clerical  
 F - Public Service  
 G - Personal Service Provider  
 H - Unskilled Labor  
 I - Education  
 J - Clergy  
 K - Other (Business Nature code is Required.)  
 L - Unemployed  
 M - Retired (If Retired, complete questions based on retired firm.)  
 N - Student  
 P - Homemaker