

## **NEW ACCOUNT PROFILE QUESTIONNAIRE**

Name of Account: \_\_\_\_\_

Address: \_\_\_\_\_

TAX ID Number: \_\_\_\_\_

**Type of Account (please check one):**

- Corporation
- Limited Liability Corporation
- Registered Hedge Fund
- Individual
- Personal Investment Corp
- Joint
- Partnership
- IRA
- Profit Sharing Plan
- Sole Proprietorship
- Trust
- Other \_\_\_\_\_

**(Legal documentation required. EX corporations require full articles of Incorporation,  
Partnerships require full Partnership Agreements and Trust require full Trust Agreement)**

Total Assets Under Management \_\_\_\_\_

How will account be funded? \_\_\_\_\_ Wire \_\_\_\_\_ Securities \_\_\_\_\_ Check \_\_\_\_\_

Please provide name of sending institution: \_\_\_\_\_

What is the account's strategy? \_\_\_\_\_  
**ex. Day trading, Calendar IPO's Long Term Growth ect.**

Number of Monthly Trades past 6 months: \_\_\_\_\_

Do you trade away from the prime broker? \_\_\_\_\_  
YES \_\_\_ or NO \_\_\_

If yes number of executing brokers you do business with: \_\_\_\_\_

Current Clearing Firm \_\_\_\_\_  
**Please provide current month's account statement**

Reason for leaving: \_\_\_\_\_

How was account introduced? \_\_\_\_\_

**CUSTOMER PROFILE**

Beneficial Owner Name: \_\_\_\_\_  
(Copy of drivers license or passport for non US citizen required)

SS Number \_\_\_\_\_ Passport Number \_\_\_\_\_  
(For U.S. Citizens) (For Non U.S. Citizens)

Place of Birth \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Business Address: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
(Copy of utility bill required)

Home Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings and dependents a senior military, governmental or political official in a non-US country Yes \_\_\_ OR \_\_\_ No

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**Authorized agent(s) allowed to act on behalf of this account:**  
(Full or Limited Trading Authorization required for each agent)

Name: \_\_\_\_\_  
(Copy of drivers license or passport for non citizen required)

SS Number: \_\_\_\_\_ Passport Number : \_\_\_\_\_  
(For U.S. Citizens) (For Non U.S. Citizens)

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_  
(Copy of utility bill required)

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings and dependents a senior military, governmental or political official in a non-US country? Yes \_\_\_ OR \_\_\_ No

**Authorized agent(s) allowed to act on behalf of this account:**

(Full or Limited Trading Authorization required for each agent)

Name: \_\_\_\_\_

(Copy of drivers license or passport required for non U.S. citizens)

SS Number: \_\_\_\_\_ Passport Number : \_\_\_\_\_

(For U.S. Citizens)

(For Non U.S. Citizens)

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_

(Copy of utility bill required)

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings and dependents a senior military, governmental or political official in a non-US country? Yes\_\_\_ OR \_\_\_No

\*\*\*\*\*

**Authorized agent(s) allowed to act on behalf of this account:**

(Full or Limited Trading Authorization required for each agent)

Name: \_\_\_\_\_

(Copy of drivers license or passport required for non U.S. Citizens)

SS Number: \_\_\_\_\_ Passport Number : \_\_\_\_\_

(For U.S. Citizens)

(For Non U.S. Citizens)

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Address: \_\_\_\_\_

(Copy of utility bill required)

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings and dependents a senior military, governmental or political official in a non-US country? Yes\_\_\_ OR \_\_\_No

**REGISTERED HEDGE FUND QUESTIONNAIRE**  
**(TO BE COMPLETED BY HEDGE FUNDS ONLY)**

**Please provide the following:**

1. Audited financial statements for the past year
2. Fund's staff size.
3. Offering circular, private placement memorandum, limited partnership agreement and/or any other information documents.
4. Historical performance

Who is the fund's administrator? \_\_\_\_\_

What function does it perform? \_\_\_\_\_

How long has it been the administrator? \_\_\_\_\_

Describe fund's investment restrictions and limits per user: \_\_\_\_\_

\_\_\_\_\_

How many different products are traded? \_\_\_\_\_

Are illiquid investments permitted? \_\_\_\_\_

If yes:

Describe the concentration limits \_\_\_\_\_

\_\_\_\_\_

**In the past year:**

Have there been any changes in the funds trading strategies? \_\_\_\_\_

\_\_\_\_\_

Have there been any changes in the nature or direction of the funds objectives? \_\_\_\_\_

\_\_\_\_\_

Has the amount of leverage or liquidity change? \_\_\_\_\_

\_\_\_\_\_

**TRIAD SECURITIES CORP**  
**111 BROADWAY**  
**New York, NY 10006**

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This letter represents Triad's authorization to review my U4 form for a pre-hire or new customer search in the CRD system.

Please sign where indicated below and insert your CRD number, SS# and date of birth.

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**CRD#** \_\_\_\_\_

**Social Security#** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_