Individual Client New Account Form

New Account #: ____ Reg. Rep # ____ Reg. Rep Signature: ____ Date: ____

Account Title:

Misc: ____

Street: ____

City: ____ State: ____

SS#: ____ SS#: ____

Participant #1 Acct. Type: Sub Type:

Discretionary Account: Yes ○ No ○ Power of Attorney: Yes ○ No ○

Contact Telephone # ____ Date of Birth: ____

Options: ____ Ownership: ____ Domestic /Foreign ____

Div. Usage: ____ TEFRA In Hand: Yes ○ No ○ Money Fund: ____

How long have you known Customer ____ How was account acquired: ____

OWNERSHIP TYPES

01 -SINGLE
02 -JT/WROS
03 -JT/ATBE
04 -JT/TIC
05 -JT/COMM
06 -UGMA
07 -UTMA
08 -Trust-Living
09 -Trust-Living (Bank as Trustee)
10 -Trust-Testamentary
11 - Trust-Testamentary (Bank as Trustee)
12 - Estate-Executor
13 - Estate Administrator
14 - Unincorporated Investment Club
15 - Committee
16 - Guardian
17 - Conservator Estate of
18 - Conservator Prop. of
19 - AMUL-GA

ACCOUNT TYPE

C - Cash
M - Margin
P - Passive IRA

SUB TYPE

E - Employee
L - Employee Related

DIV USAGE

H - Hold
M - Monthly
D - As Credited

Participant #1 Information

Annual Salary: ____ Household Annual Income: ____ Household Net Worth (Exclusive of Home): ____

% Tax Bracket: ____ Bank Name: Account Type: ____ Account #: ____

Client Gender ○ M ○ F

Martial Status ○ Married ○ Single ○ Widowed

# of Dependent Children

SALARY, INCOME, NET WORTH

A	$ Under	-	$	50,000
B	$ 50,000	-	$	99,000
C	$ 100,000	-	$	149,999
D	$ 150,000	-	$	249,999
E	$ 250,000	-	$	499,999
F	$ 500,000	-	$	999,999
G	$ 1,000,000	-	$	4,999,999
H	$ 5,000,000	-		and over

Complete only if applicable

Joint A/C Relationship
○ Married
○ Related
○ Not Related

State Code ____

UGMA/UTMA Custodial Age ____

Date Living Trust Established ____

Is client, Officer, Director or 10% Shareholder

○ Yes ○ No If YES indicate Company name

Duplicate / Triplicate Instructions / Comments:

Ⓧ ____
Signature of U.S. person Date

Ⓧ ____
Signature of U.S. person Date

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Participant #1 Information

Employment Status

○ Employed/Not Owner
○ Not Employed
○ Student
○ Business Owner
○ Homemaker
○ Retired

Employer Name:

Employer Address:

Type of Business:

Position/Title

Occupation:

Business Telephone #:

Investment Objectives: ○ Income ○ Growth ○ Total Return

Spousal Information (Participant #1)

Name:

Soc. Sec. #

Date of Birth:

Spousal Employment Status

○ Employed/Not Owner
○ Not Employed
○ Student
○ Business Owner
○ Homemaker
○ Retired

Employer Name:

Position/Title

Non-Resident Alien Information

(If Client is a non-resident alien, enter Passport # and country of issue.)

Passport #:

Country of Issuance

Risk Factor: ○ Conservative ○ Moderate ○ Aggressive

Are all account participants U.S. citizens and U.S. residents? Yes ○ No ○

	Country of Citizenship	Country of Residence	Part. has, or has applied for SS#
Participant #1			
Participant #2			

Is any account participant or their spouse employed by an NASD member of any other financial services company? Yes ○ No ○

	Client Employed By	Client's Spouse Employed By
Part #1		
Part #2		

Participant #2 Information

Residential Address:

City State: Zip:

Country:

Annual Salary: House Annual Income:

Household Net Worth (Exclusive of Home) % Tax Bracket:

Client Gender ○ **M** ○ **F** Martial Status ○ Married ○ Single ○ Widowed # of Dependent Children

Date of Birth:

Employment Status

○ Employed/Not Owner
○ Not Employed
○ Student
○ Business Owner
○ Homemaker
○ Retired

Employer Name:

Employer Address:

Type of Business: Position:

Spousal Information (Participant #2)

Name:

Soc. Sec. #

Date of Birth:

Employment Status

○ Employed/Not Owner
○ Not Employed
○ Student
○ Business Owner
○ Homemaker
○ Retired

Employer Name:

Position/Title

Non-Resident Alien Information

(If Client is a non-resident alien, enter Passport # and country of issue.)

Passport #:

Country of Issuance