Business/Institutional New Account Form

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

Money Manager #: ________ Acronym: ________ Access: ________

The following information is to be completed only if the Acronym and Access codes are not known

Company / Plan Name:

Misc: ________

Street: ________

City: ________ State: ________

Zip: ________ Country ________

Tax ID #: ________ Disclosure: Yes ○ No ○

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

Acct. Type: ________ Sub Type: ________ Money Fund: ________

Options: Yes ○ No ○ Bsn Type: ________ Domestic /Foreign: ________

DAC/Hold: ________ Div. Usage: ________ Tefra In Hand: Yes ○ No ○

Primary Contact: ________

Business Telephone #: ________

Country / State of Incorporation: ________

BUSINESS TYPE

01 -Sole Ownership	**18** -Life/Health Insurance
02 -Gen. Partnership	**19** -Prop/Cslty Insurance
03 -Limited Partnership	**20** -Broker/Dealer
04 -Incorp Organization	**21** -Inv Advisor
05 -Non-Profit Organization	**22** -Corp Fin Inst
06 -Incorp Inv Club	**23** -Credit Union
07 -S-Corp	**24** -Mutual Fund
08 -U.S. Corp	**25** -Union Fund
09 -Non U.S. Corp	**27** -Federal Agency
10 -Commercial Bank	**28** -County
11 -Mortgage Bank	**29** -Municipality
12 -Savings Bank	**30** -School District
13 -S & L Bank	**31** -Spec District
14 -Foundation	**32** -State
15 -Religious Organization	**33** -Township
16 -School	**34** -Non U.S. Gov Agency
17 -Other Organization	

SUB TYPE

Prime Broker
Broker Dealer
Investment
Trading

ACCOUNT TYPE

C - Cash
M - Margin
P - Passive IRA

DIV USAGE

H - Hold
M - Monthly
D - As Credited

Investment Objectives

○ Income
○ Growth
○ Total Return

Account Risk Factor

○ Conservative
○ Moderate
○ Aggressive

Partnerships and Investment Clubs

Is any partner, club member, or his/her spouse employed by a NASD member or any other financial services company?

○ Yes ○ No

If yes, indicate particulars below

○ NASD ○ Other Financial Services

○ Check here if Standing Instructions have been submitted

Duplicate / Triplicate Instructions / Comments:

(X) ________
Signature of U.S. person Date

(X) ________
Signature of U.S. person Date

Business and Plan Sponsor Information

Primary Contact

Business Phone

Industry Code

Sales Volume

- ○ **A** Under - $ 1,000,000
- ○ **B** $ 1,000,000 - $ 4,999,999
- ○ **C** $ 5,000,000 - $ 24,999,999
- ○ **C** $ 25,000,000 - $ and over

Number of Stockholders

Most recent year-end net earnings $_____

Most recent year-end stockholders equity $_____

Bank Name

Branch Location

Related Business or Personal Account Numbers

1. 3.

2. 4.

Retirement Plans Only

Primary Contact

Company TIN if different from account TIN.

Special Instructions / Comments

Legal Address *if different from mailing address*

Participant Directed Retirement Plans & Sole Proprietorship Account

Plan participant or sole proprietor information.
Is participant/owner employed by a NASD member or any other financial services company?

○ Yes ○ No

If yes, indicate particulars below

○ NASD member ○ Other Financial Services

Participant / Owner SS #

Income and Net Worth

A	$	Under - $	24,999
B	$	25,000 - $	49,999
C	$	50,000 - $	99,999
D	$	100,000 - $	149,999
E	$	150,000 - $	249,999
F	$	250,000 - $	499,999
G	$	500,000 - $	999,999
H	$	1,000,000 - $	4,999,999
I	$	5,000,000 - and Over	

Annual Salary

Household Annual Income

Household Net Worth
Exclusive of Home

Client Gender
○ M
○ F

Date of Birth

Marital Status
○ Married
○ Single
○ Widowed

Number of Dependent Children

Employer Name

Position/Title Occupation

Trading Experience

○ Seldom ○ Moderate ○ Active

○ Cash ○ Margin ○ None

Participant/Owner Product Experience

○ Mutual Funds/UIT ○ Bonds ○ Equities

○ Options ○ Ltd. Partnerships ○ Futures ○ None

Spouse Name

Spouse Employment Status

○ Employer/Not Owner ○ Business Owner ○ Not Employed

○ Homemaker ○ Student ○ Retired

Spouse Employer Name

Spouse Position/Title