

NEW ACCOUNT APPLICATION

Location	RR & Account Numbers	Branch	Account Type:	Date Opened
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Account Information

Account Name <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> MS <input type="checkbox"/> INSTITUTIONAL	Social Security or Tax I.D. number
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Joint Account Name or Name of Minor if Custodial Account (Please indicate <input type="checkbox"/> Joint Account or <input type="checkbox"/> Minor) <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> MS	Joint Holder's or Minor's Relationship to Primary Account Holder?	Joint Account Holder Social Security # or Minor's Social Security Number
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Primary's DOB	Primary's Citizenship	Non - Resident Alien for Primary? <input type="checkbox"/> Yes (W-8 Required)	Joint/Minor's DOB	Joint/Minor's Citizenship	Non -Resident Alien for Joint/Minor? <input type="checkbox"/> Yes (W-8 Required)
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Home Telephone Number	Business/Cell Phone Number	E-Mail Address	Are you affiliated with or work for a member firm of a stock exchange or the NASD, Inc., or are you a senior officer of a bank, S&L, insurance company, registered advisory firm or other like account or a person in the securities department of any of the above or an immediate family member of any such person? <input type="checkbox"/> Yes <input type="checkbox"/> No Position: _____
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Legal Address (P.O. Box not acceptable)			Are you a director, a 10% shareholder, or a policy-making executive officer of a publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No Company
City	State	Zip Code	

Mailing Address (if different from legal address):	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; background-color: #f0f0f0;">INSTITUTIONAL ACCOUNTS</th> </tr> <tr> <td style="width: 50%;">Name(s) and Title(s) of Person(s) Authorized to Open Account:</td> <td style="width: 50%;"></td> </tr> <tr> <td>Name(s) and Title(s) of Person(s) Authorized to Enter Orders:</td> <td></td> </tr> </table>	INSTITUTIONAL ACCOUNTS		Name(s) and Title(s) of Person(s) Authorized to Open Account:		Name(s) and Title(s) of Person(s) Authorized to Enter Orders:	
INSTITUTIONAL ACCOUNTS							
Name(s) and Title(s) of Person(s) Authorized to Open Account:							
Name(s) and Title(s) of Person(s) Authorized to Enter Orders:							

Marital Status **Dependents**

<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Total Dependents: _____ Ages of Dependents: _____
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Employment Information *(For Personal Accounts only. If self-employed, state nature of business.)*

Employed By	Occupation (or Retired/Student)	Joint Account Holder Employed By	Occupation (or Retired/Student)
Business Address		Business Address	

Investment Profile *(This information is mandatory. Please use combined figures, if joint account)*

Investment Objectives (Check One) <i>(see page 3 for definitions of Investment Objectives and Risk Tolerance)</i> <input type="checkbox"/> Preservation of Capital <input type="checkbox"/> Income <input type="checkbox"/> Capital Appreciation/Growth <input type="checkbox"/> Speculation	Risk Tolerance (Check One) <input type="checkbox"/> Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Aggressive	Tax Bracket _____%	Knowledge & Experience	None	Limited	Average	Extensive	# of Years
Internal Use Only Investment Code _____ A Preservation of Capital + Conservative F Capital Appreciation/Growth + Moderate B Preservation of Capital + Moderate G Capital Appreciation/Growth + Aggressive C Income + Conservative H Speculation + Aggressive D Income + Moderate E Capital Appreciation/Growth + Conservative			Stocks/Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			UIT's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Commodities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Check Appropriate Boxes	\$0 - \$49,999 (A)	\$50,000 - \$99,999 (B)	\$100,000 - \$199,999 (C)	\$200,000 - \$499,999 (D)	\$500,000 - 999,999 (E)	\$1,000,000 - \$2,499,999 (F)	\$2,500,000 or More (G)
Annual Income (all sources)							
Liquid Net Worth							
Net Worth (excluding residence)							

Do you have any accounts at other Brokerage Firms? Yes No (if yes, please indicate what firm or firms): _____

Please have the client(s) sign and date the following statement should any part of the Investment Profile be declined to be completed:

Client declines to provide financial data. Client acknowledges and accepts responsibility for the fact that failure to provide such data will impair broker dealer's ability to make recommendations that it believes are suitable for client based on client's financial situation and needs.

Primary Account Holder <i>(I decline to provide financial data)</i> _____ Date _____	Joint Account Holder <i>(I decline to provide financial data)</i> _____ Date _____
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THE SECOND PAGE OF THIS APPLICATION MUST BE SIGNED BY ALL ACCOUNT HOLDERS

