1. **Account Type**

□ Individual □ Joint Rights of Survivorship □ Joint Tenancy in Common □ Community Property

□ Custodial □ Corporate □ Trust □ Investment Club □ Partnership □ Non-Profit/Charitable/Religious

1. **Account Holder Information**

Primary applicant

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Full name** | | **Social Security #** | | | | **Date of Birth** |
| **Home Address (P.O. Box unacceptable)** | | | | | | |
| **Mailing Address** | | | | | | |
| **Home Phone #** | **Business Phone #** | | | **E-mail address** | | |
| **Identification provided:** □ Driver’s license□ Passport/Visa  Issuer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| **Citizenship**  □ U.S. Citizen □ Resident Alien  □ Non-Resident Alien (Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Country of Tax Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Marital Status**  □ Single □ Divorced  □ Married □ Widowed  Number of dependents: \_\_\_\_\_\_ | | | |
| **Employment Status**  □ Employed □ Self-employed  □ Retired □ Student  □ Unemployed □ Other | | | **Employer** (if self-employed, name of business) **& length**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Position/Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Employer Address** | | | | | | |
| Are you, your spouse, or any other immediate family members :  .employed by the securities industry or a financial regulatory agency?  If yes, name of entity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  . 10% shareholder or policy maker of a publicly held company?  If yes, name of company(symbol) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | □ Yes □ No  □ Yes □ No | |

Co-Applicant(1), authorized person on behalf of the entity(2),or trusted contact person by Rule 2165(3). Please circle (1),(2),or (3).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Full name (Last, First)** | | **Social Security #** | | | **Date of Birth** |
| **Home Address (P.O. Box unacceptable)** | | | | | |
| **Home Phone #** | **Business Phone #** | | | **E-mail address** | |
| **Identification provided:** □ Driver’s license□ Passport/Visa  Issuer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Citizenship**  □ U.S. Citizen □ Resident Alien  □ Non-Resident Alien (Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  Country of Tax Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Marital Status**  □ Single □ Divorced  □ Married □ Widowed  Number of dependents: \_\_\_\_\_\_ | | |
| **Employment Status**  □ Employed □ Self-employed  □ Retired □ Student  □ Unemployed □ Other | | | **Employer** (if self-employed, name of business) **& length**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Position/Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Employer Address** | | | | | |

**For a trusted contact person, provide name, address, phone numbers, email, and relationship.**