

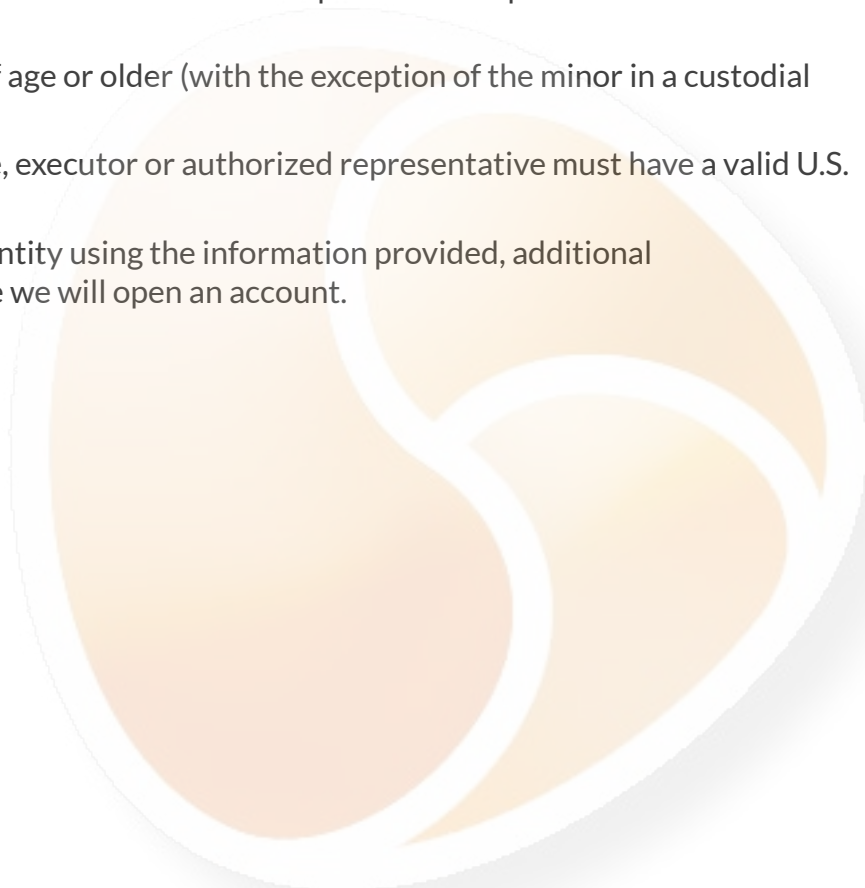
Client Account Information Form

Use this form to gather account opening information for a client to input later into our online account opening process.

Once collected, input the information from the form at www.folioinstitutional.com under your advisory firm login.

Please Note

1. Obtain the information for each account owner, minor of a custodial account, trustee or authorized representative.
2. Except as otherwise noted, information in each field will be required to set up a new client or corporate customer.
3. All account owners must be 18 years of age or older (with the exception of the minor in a custodial account).
4. Each account owner, custodian, trustee, executor or authorized representative must have a valid U.S. street address.
5. If we are unable to verify a person's identity using the information provided, additional documentation may be required before we will open an account.



Account Information

Client Account Type ¹ (Begin on Page 3)	Corporate Account Type ² (Begin on Page 7)
Check only one:	Check only one:
Individual	Corporation - Type S
Traditional IRA	Corporation - Type C
Rollover IRA	General Partnership
Roth IRA	Limited Partnership
SEP IRA	Limited Liability Company - Type S
SIMPLE IRA ³ (Type 5304)	Limited Liability Company - Type C
Beneficiary IRA ⁴	Limited Liability Company - Partnership
Custodial (UTMA/UGMA)	Sole Proprietorship
Revocable Trust	Investment Club
Joint (Right of Survivorship)	Business or Irrevocable Trust
Joint (Tenants in Common)	Unincorporated Organization
Joint (Community Property)	Qualified Retirement Plan ⁵ - Participant Level
Joint (Tenants by Entirety)	Qualified Retirement Plan ⁵ - Omnibus

Additional Instructions for Advisors using this form to gather information for new accounts:

- Client Accounts** - Complete the *Client Account Information* section below and have the client electronically sign the customer agreement, or sign the "Client Account Certification" page near the end of this document.
- Corporate Accounts** - Complete the *Corporate Account Information* section below and have the authorized representative electronically sign the customer agreement, or sign the "Corporate Account Certification" page at the end of this document.
- SIMPLE IRAs** also require the "SIMPLE IRA Employee Certification Forms" and "SIMPLE IRA Employer Certification Form."
- Beneficiary IRAs** also require the "Beneficiary IRA Account Amendment Form."
- Qualified Retirement Plan Account** trustees must use the "Qualified Retirement Plan Setup Form" instead of this form.

If the account type is an IRA, provide the original contribution date: ___ / ___ / ___

Client Account Information

	Primary Account Owner (or Custodian)		Additional Account Owner (Please check one)		
			Joint Owner	Minor of Custodial Account	Additional Trustee
Title (Please choose one)	Dr. Miss Mr. Mrs. Ms.		Dr. Miss Mr. Mrs. Ms.		
Name	First Name	Middle Initial	First Name	Middle Initial	
	Last Name		Last Name		
Date of Birth (mm/dd/yyyy)	/ /		/ /		
Social Security Number	- -		- -		
Primary Address (Street addresses only; No P.O. Boxes, please)	Address 1		Address 1		
	Address 2		Address 2		
	City		City		
	State	Zip Code	State	Zip Code	
	Country (If other than United States)		Country (If other than United States)		
Mailing Address (If different than Primary Address; P.O. Boxes allowed)	Address 1		Address 1		
	Address 2		Address 2		
	City		City		
	State	Zip Code	State	Zip Code	
	Country		Country		
Email Address (A valid email address is required for all clients)					
Phone Number (Both day and evening phone numbers must be provided—even if the same)	Day () -		Day () -		
	Evening () -		Evening () -		

Citizenship Status

We only allow U.S. citizens or resident aliens with valid U.S. Social Security or equivalent tax identification numbers to invest on our platform (not non-resident aliens).

Primary Account Owner		Additional Account Owner	
Citizenship Status U.S. Citizen	Resident Alien	Citizenship Status U.S. Citizen	Resident Alien

Username

For security purposes, we require that each client have a unique username and password.

- **Username Requirements:** Your username must be 8–32 characters. It cannot contain symbols or spaces and is not case sensitive. You will not be able to change your username once this application is complete.

Primary Account Owner Username	Additional Account Owner Username

* You will receive an email from Folio Institutional at the email address you provide above, after your account is setup by your advisor, providing you with instructions to select your own password on our site.

Account Name

Account Name	(The designation for this account. Up to 16 characters)
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Employment Information

	Primary Account Owner			Additional Account Owner		
Employment Status	Employed	Student	Self-Employed	Employed	Student	Self-Employed
	Unemployed	Retired	Other	Unemployed	Retired	Other
Occupation	Administrative	Finance	Legal Service	Administrative	Finance	Legal Service
	Business Owner	Health Care	Management	Business Owner	Health Care	Management
	Training	Consulting	Homemaker	Training	Consulting	Homemaker
	Marketing	Education	Human Resources	Marketing	Education	Human Resources
	Operations	Engineering	Information Systems	Operations	Engineering	Information Systems
	Sales	Other/Not Specified		Sales	Other/Not Specified	
Employer Name						
Employer Address	Address 1			Address 1		
	Address 2			Address 2		
	City			City		
	State or Province		Zip or Postal Code	State or Province		Zip or Postal Code
	Country			Country		

Additional Questions

Primary Account Owner		Additional Account Owner	
Is your client a director, 10% shareholder, or executive who makes policy at a public company?			
Yes	No	Yes	No
If yes, provide the information for the company(s) in which the client is a director, policy-making executive, or 10% shareholder:			
Company Name		Company Name	
Stock Symbol(s)		Stock Symbol(s)	
Are any beneficial owners, their spouses, or any other immediate family members, including parents, in-laws, and siblings that are dependents, employed by or associated with the securities industry (for example, investment advisor, sole proprietor, partner, officer, director, branch manager or broker at a broker-dealer firm or municipal securities dealer) or a financial regulatory agency, such as FINRA or the New York Stock Exchange? If yes, and if this entity requires that the client obtain its approval to open this account, select the Yes checkbox:			
Yes	No	Yes	No

* **Note:** If the answer is yes to the questions above, you will need your client and his or her employer's compliance officer to complete the FINRA Compliance Account Opening Addendum form, and have it returned to us before we can complete opening the account. Account access will be restricted until we receive this completed form. This form can be found under the **Resources** page of the Folio Institutional website.

IRA Beneficiary Designation (if applicable)

Clients can designate primary and contingent beneficiaries for IRAs. If more than one beneficiary is designated, be sure that the total percentage share adds up to 100%. You can add additional beneficiaries on the back of this form.

Note that an IRA Beneficiary Spousal Waiver is required if you are not naming your spouse as 100% primary beneficiary and you are a married resident of a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin).

PRIMARY BENEFICIARIES

Primary Beneficiary 1	Title (Please choose one) Dr. Miss Mr. Mrs. Ms.		Relationship (Select one) Spouse Other:	
	First Name	Middle Initial	Last Name	
	Date of Birth (mm/dd/yyyy) / /	Social Security Number - -	% Share	
Primary Beneficiary 2	Title (Please choose one) Dr. Miss Mr. Mrs. Ms.		Relationship (Select one) Spouse Other:	
	First Name	Middle Initial	Last Name	
	Date of Birth (mm/dd/yyyy) / /	Social Security Number - -	% Share	

No Primary Beneficiaries

I do not want to designate any primary beneficiaries. I understand that when I die, the assets in my IRA will transfer to the default statutory designated beneficiary as specified in the IRA Custodial Agreement. We will charge your account the hourly fee for Special Services, for gathering, reviewing and processing documents required to validate and process IRA distribution requests if no beneficiaries are designated.

CONTINGENT BENEFICIARIES

Contingent Beneficiary 1	Title (Please choose one) Dr. Miss Mr. Mrs. Ms.		Relationship (Select one) Spouse Other:	
	First Name	Middle Initial	Last Name	
	Date of Birth (mm/dd/yyyy) / /	Social Security Number - -	% Share	
Contingent Beneficiary 2	Title (Please choose one) Dr. Miss Mr. Mrs. Ms.		Relationship (Select one) Spouse Other:	
	First Name	Middle Initial	Last Name	
	Date of Birth (mm/dd/yyyy) / /	Social Security Number - -	% Share	

No Contingent Beneficiaries

I do not want to designate contingent beneficiaries.

Corporate Account Information

	Authorized Representative or Trustee		Additional Authorized Representative or Trustee	
Title (Please choose one)	Dr. Miss Mr. Mrs. Ms.		Dr. Miss Mr. Mrs. Ms.	
Name	First Name	Middle Initial	First Name	Middle Initial
	Last Name		Last Name	
Date of Birth (mm/dd/yyyy)	/ /		/ /	
Social Security Number	- -		- -	
Primary Address (Street addresses only; No P.O. Boxes, please)	Address 1		Address 1	
	Address 2		Address 2	
	City		City	
	State	Zip Code	State	Zip Code
	Country (If other than United States)		Country (If other than United States)	
Mailing Address (If different than Primary Address; P.O. Boxes allowed)	Address 1		Address 1	
	Address 2		Address 2	
	City		City	
	State	Zip Code	State	Zip Code
	Country		Country	
Email Address (A valid email address is required for all clients)				
Phone Number (Both day and evening phone numbers must be provided—even if the same)	Day () -		Day () -	
	Evening () -		Evening () -	

Citizenship Status

We only allow U.S. citizens or resident aliens with valid U.S. Social Security or equivalent tax identification numbers to invest in our platform (not non-resident aliens or non-U.S. Entities).

Authorized Representative or Trustee	Additional Authorized Representative or Trustee
Citizenship Status U.S. Citizen Resident Alien	Citizenship Status U.S. Citizen Resident Alien

Country and State of Legal Organization for Corporate Entity or Trust

Username

For security purposes, we require that each client have a unique username and password.

- **Username Requirements:** 8–12 characters and not case sensitive. Note: You cannot change the username after it is created.

Authorized Representative or Trustee Username	Additional Authorized Representative or Trustee Username

* You will receive an email from Folio Institutional at the email address you provide above, after your account is setup by your advisor, providing you with instructions to select your own password on our site.

Account Name

Account Name	(The designation for this account. Up to 16 characters)

Firm Information

Corporate Entity or Trust ("Firm") Name				
Firm Tax ID or SSN				
Account Registration	(Provide the official or legal name of this business, trust, or other organization, exactly as it appears on the organization's legal documents)			
Firm Street Address (Street addresses only; No P.O. Boxes, please)	Address 1		Address 2	
	City	State	Zip Code	Country
Firm Mailing Address (If different than Street Address; P.O. Boxes allowed)	Address 1		Address 2	
	City	State	Zip Code	Country

Additional Questions

Authorized Representative or Trustee		Additional Authorized Representative or Trustee	
Are any beneficial owners of this account a director, 10% shareholder, or executive who makes policy at a public company?			
Yes	No	Yes	No
If yes, provide the information for the company(s) in which the beneficial owner is a director, policy-making executive, or 10% shareholder:			
Company Name		Company Name	
Stock Symbol(s)		Stock Symbol(s)	
Are any beneficial owners, their spouses, or any other immediate family members, including parents, in-laws, and siblings that are dependents, employed by or associated with the securities industry (for example, investment advisor, sole proprietor, partner, officer, director, branch manager or broker at a broker-dealer firm or municipal securities dealer) or a financial regulatory agency, such as FINRA or the New York Stock Exchange? If yes, and if this entity requires that the client obtain its approval to open this account, select the Yes checkbox:			
Yes	No	Yes	No

* **Note:** If the answer is yes to the question above, you will need your client and his or her employer's compliance officer to complete the FINRA Compliance Account Opening Addendum form, and have it returned to us before we can complete opening the account. Account access will be restricted until we receive this completed form. This form can be found under the **Resources** page of the Folio Institutional website.