

## INVESTMENT ACCOUNT APPLICATION

Account Number	Open Date	Broker Rep Code
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**Account Registration**

Please select the type of account you would like to open (choose one):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>Individual Account</b><br><input type="checkbox"/> <b>Community Property</b> – in states that permit<br><input type="checkbox"/> <b>Tenants by Entirety</b><br><input type="checkbox"/> <b>Joint Tenants with Rights of Survivorship</b> – at death of one account holder, all remaining assets pass to the survivor | <input type="checkbox"/> <b>Joint Tenants in Common</b> – at the death of one account holder, remaining assets pass to the survivor as determined by the account holder. (Primary: _____% Joint: _____%)<br><input type="checkbox"/> <b>Custodial Account</b><br><input type="checkbox"/> <b>Trust*</b><br><input type="checkbox"/> <b>Corporation* (exempt from IRS reporting)</b> | <input type="checkbox"/> <b>S Corporation*</b><br><input type="checkbox"/> <b>Investment Club*</b><br><input type="checkbox"/> <b>Partnership*</b><br><input type="checkbox"/> <b>Estate*</b><br><input type="checkbox"/> <b>Sole Proprietorship*</b><br><input type="checkbox"/> <b>Other*</b> – (Please Specify) _____ |
|--|---|--|

(\* some account types may require additional paperwork)

**Account Owner Information**

Name		Social Security Number / Tax ID	
Minor's Name if Custodial Account		Minor's Social Security Number	
Permanent Street Address (Required Information - cannot be a P.O. Box)		City	State      Zip
Mailing Address (If different from permanent address)		City	State      Zip
Birth Date (mm/dd/yyyy)	Gender	Married <input type="checkbox"/> Yes <input type="checkbox"/> No	Country or Province of Residence      Country or Province of Citizenship
Home Phone	Business Phone	Cell/Other Phone	Fax      E-mail Address
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien (Non-Resident Alien must submit a W-8 form with this application)			
Government ID: Type	ID#	Exp. Date (mm/dd/yyyy)	State/Country of Issuance

**Joint Owner Information**

Name		Social Security Number / Tax ID	
Permanent Street Address (Required Information - cannot be a P.O. Box)		City	State      Zip
Mailing Address (If different from permanent address)		City	State      Zip
Birth Date (mm/dd/yyyy)	Gender	Married <input type="checkbox"/> Yes <input type="checkbox"/> No	Country or Province of Residence      Country or Province of Citizenship
Home Phone	Business Phone	Cell/Other Phone	Fax      E-mail Address
Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien (Non-Resident Alien must submit a W-8 form with this application)			
Government ID: Type	ID#	Exp. Date (mm/dd/yyyy)	State/Country of Issuance

**Employment Information**

Employer	Nature of Business	Yrs. Employed	Occupation
Business Address	City	State	Zip Code
Joint Applicant Employer	Nature of Business	Yrs. Employed	Occupation
Business Address	City	State	Zip Code

Are you or a member of your household affiliated with or employed by a member of, or employed directly by a stock exchange or the Financial Industry Regulatory Authority?  
**Account Owner:**  Yes  No   **Joint Owner:**  Yes  No

Are you or a member of your household licensed by the Financial Industry Regulatory Authority or a Registered Investment Advisor and using the license or registration in a professional sales, trading or customer service capacity? **Account Owner:**  Yes  No   **Joint Owner:**  Yes  No

Are you or a member of your household a director, 10% shareholder or policy making officer of a publicly traded company? **Account Owner:**  Yes  No   **Joint Owner:**  Yes  No

If you answered "Yes" to any of the questions above please provide more information on the affiliation (e.g. affiliated company name, nature of affiliation, etc.)

Are you or any member of your immediate family a senior foreign political figure? **Account Owner:**  Yes  No   **Joint Owner:**  Yes  No

Account Investment Profile				
Annual Income	Net Worth (excluding residence)	Liquid Net Worth	Tax Bracket	Time Horizon
<input type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$25,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$200,000 <input type="checkbox"/> \$200,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 (please specify) _____	<input type="checkbox"/> Under \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1,000,000 <input type="checkbox"/> \$1,000,001 - \$3,000,000 <input type="checkbox"/> Over \$3,000,000 (please specify) _____	<input type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$25,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$200,000 <input type="checkbox"/> \$200,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1,000,000 <input type="checkbox"/> \$1,000,001 - \$3,000,000 <input type="checkbox"/> Over \$3,000,000 (please specify) _____	<input type="checkbox"/> 0% <input type="checkbox"/> 15% <input type="checkbox"/> 28% <input type="checkbox"/> 31% <input type="checkbox"/> 38% <input type="checkbox"/> Above 38% <input type="checkbox"/> Other _____	<input type="checkbox"/> Short Term – Less than 1 yr. <input type="checkbox"/> Intermediate – 1 – 10 yr. <input type="checkbox"/> Long Term – More than 10 yr.
Investment Objective		Investment Experience	Risk Exposure	Investment Knowledge
<input type="checkbox"/> <b>Current Income</b> Preservation of capital with a primary consideration on current income. <input type="checkbox"/> <b>Balanced</b> A balance between capital appreciation and current income with the primary consideration being current income. <input type="checkbox"/> <b>Growth &amp; Income</b> A balance between capital appreciation and current income with the primary consideration being capital appreciation. <input type="checkbox"/> <b>Growth</b> Capital appreciation through quality equity investments and little or no income. <input type="checkbox"/> <b>Maximum Growth</b> Maximum capital appreciation with higher risk and little to no income. <input type="checkbox"/> <b>Speculation</b> Maximum total return involving a higher degree of risk through investment in a broad spectrum of securities		<input type="checkbox"/> Mutual Funds (yrs _____) <input type="checkbox"/> Variable Products (yrs _____) <input type="checkbox"/> Bonds (yrs _____) <input type="checkbox"/> Stocks (yrs _____) <input type="checkbox"/> Options (yrs _____) <input type="checkbox"/> Other (please specify) _____ yrs _____ <input type="checkbox"/> None	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Aggressive <input type="checkbox"/> Speculative	<input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Excellent
		<b>Source of Account Funding</b>		
		<input type="checkbox"/> Investments <input type="checkbox"/> Compensation <input type="checkbox"/> Retirement Assets <input type="checkbox"/> Gift <input type="checkbox"/> Donations <input type="checkbox"/> Insurant Payout <input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Inheritance <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Legal Settlement <input type="checkbox"/> Spouse/Parent <input type="checkbox"/> Lottery/Gaming <input type="checkbox"/> Business Revenue <input type="checkbox"/> Sale of Business Property	
Account Handling				
Money Fund Instructions		Dividend Standing Instructions		
<input type="checkbox"/> Insured Deposits (no minimum) <input type="checkbox"/> Legent Insured Deposit (DLD) Retail Class \$50,000 minimum <input type="checkbox"/> Consult your investment firm for available options (please specify) _____ Treasury Class \$100,000 minimum <input type="checkbox"/> Consult your investment firm for available options (please specify) _____ Institutional \$5,000,000 minimum <input type="checkbox"/> Consult your investment firm for available options (please specify) _____ Other <input type="checkbox"/> Other (please specify) _____ <p style="text-align: center;"><b>Or</b></p> <input type="checkbox"/> Do Not Sweep proceeds to Money Market		1) <input type="checkbox"/> Dividends paid in cash (please select one of the following options) <input type="checkbox"/> Deposit into free credit balance <input type="checkbox"/> Dividends mailed <b>weekly</b> to client <input type="checkbox"/> Dividends mailed <b>semi-monthly</b> to client <input type="checkbox"/> Dividends mailed <b>monthly</b> to client Or: 2) <input type="checkbox"/> Dividends reinvested*		
		*Not applicable for all asset classes. Please consult your investment firm for reinvest criteria.		
Please Read and Sign Below				
W-9 Certification Under penalties of perjury, I certify that: 1) The taxpayer identification number shown above on this form is my correct taxpayer identification number. 2) I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3) I am a U.S. Person, including a U.S. resident alien (defined in the W9 Instruction which will be provided upon request) Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Check appropriate reporting type: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company. Enter the tax classification (D=Disregarded Entity, C=Corporation, P=Partnership) ____ <input type="checkbox"/> Exempt Payee <input type="checkbox"/> Other _____				
I hereby request that Legent Clearing LLC ("Legent") and My Investment Firm open an account in the name(s) listed as account owner(s) on this application. By signing below, I acknowledge that I have received, read, understand and agree to be bound by the terms & conditions as set forth in the Customer Agreement ("Customer Agreement") as currently in effect and as amended from time to time. I represent that I am of required legal age to enter into this Agreement. I understand and acknowledge that Legent does not provide investment, tax, legal, accounting, financial or other advice. <b>Please Note: Legent and/or My Investment Firm will verify information provided on this form through a third-party provider in accordance with the USA Patriot Act.</b> <b>BY MY SIGNATURE ON THE ACCOUNT APPLICATION, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ, UNDERSTAND AND AGREE TO THE TERMS SET FORTH IN THE FOREGOING AGREEMENT, AND THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE AT SECTION 28 OF PAGE 3.</b>				
Signature	Date	Signature of Joint Applicant	Date	
Broker Signature	Date	General Principal	Date	

## CUSTOMER AGREEMENT

**TO: My Investment Firm and Legent Clearing LLC ("Legent") (collectively "You" and/or "Your"):** In consideration of You opening one or more accounts on my behalf, I represent and agree with respect to all accounts, whether upon margin or cash, as follows:

**1. Representation as to Capacity.** If an individual, I am of legal age under the laws of the State where I reside and authorized to enter into this agreement and, except as otherwise disclosed to You, I am not an employee of any exchange or FINRA and I am not an employee or associated person of a member firm of any exchange or of a member firm of FINRA. I will promptly notify You if I become so employed or associated. To the extent that I have not already disclosed to You the following, I will notify You in writing if I, my spouse or immediate family member living in my household become a director, 10% beneficial shareholder, or an affiliate of a publicly traded company. If an entity, I am duly formed, validly existing and in good standing in my state of organization, have full power and authority to enter and perform this agreement, and the persons signing the account application are fully authorized to act on my behalf. No person, except Myself (or any person named in a separate agreement), has any interest in the account opened pursuant to this Agreement. I acknowledge that unless Legent receives written objection from me, under SEC Rule 14B-1(c), Legent may provide my name, address, and security positions to requesting companies in which I hold securities.

**2. Authorization.** I appoint You as my agent for the purpose of carrying out my directions to You in accordance with the terms and conditions of my agreement with You for my account and risk with respect to the purchase or sale of securities. To carry out your duties, You are authorized to open or close brokerage accounts, place and withdraw orders and take such other steps as are reasonable to carry out my directions. Unless I give You discretion by written authorization, all transactions will be done only on my order or the order of my authorized delegate except as described in paragraph 8.

**3. Role and Responsibility of Clearing Broker.** I understand that Legent carries my account(s) as clearing broker pursuant to a Brokerage Services Agreement, also referred to as a Clearing Agreement, between My Investment Firm and Legent, and that Legent will clear all transactions under this Agreement pursuant to that Clearing Agreement. If my account has been introduced to Legent and is carried by Legent acting solely as a "clearing broker," I agree that Legent is only responsible for the execution, clearing and bookkeeping of transactions made and is not otherwise responsible for the conduct of My Investment Firm. I further understand that transactions may be executed by other broker-dealers, including My Investment Firm as principal. I understand that Legent provides no investment advice in connection with this account nor does Legent give advice or offer any opinion with respect to the suitability of any transaction, security or order. Until receipt from me of written notice to the contrary, Legent may accept from My Investment Firm without inquiry or investigation, (i) orders for the purchase or sale of securities and other property on margin, if I have elected to have a margin account, or otherwise, and (ii) any other instructions concerning said accounts. Legent shall look solely to My Investment Firm unless otherwise directed by My Investment Firm, and not to me with respect to any such orders or instructions; except that I understand that Legent will deliver confirmations, statements, and all written or other notices, including margin maintenance calls if applicable, with respect to my account directly to me with copies to My Investment Firm, and that Legent will look directly to me or My Investment Firm for delivery of margin, payment, or securities. I agree to hold Legent harmless from and against any losses, costs or expenses arising in connection with the delivery or receipt of any such communication(s), provided Legent has acted in accordance with the above. The foregoing shall be effective as to my account until written notice to the contrary is received from me by Legent or My Investment Firm.

You will respond to inquiries I may make concerning my brokerage account and if any inquiry is in the form of a complaint regarding My Investment Firm, Legent will be responsible for (i) promptly notifying My Investment Firm about the complaint; (ii) providing me with an acknowledgement that Legent has done this; and (iii) providing a copy of my complaint to My Investment Firm's designated examining authority.

**4. Effect of Reports and Statements.** I agree that reports of execution of orders and statements of my account shall be conclusive if not objected to within ten (10) days after transmittal to me by mail or otherwise. Such objection may be oral or in writing, but any oral objection must be immediately confirmed in writing.

**5. Important Information About Procedures for Opening a New Account.** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for Me: When I open an account, You will ask for My name, address, date of birth and other information that will allow You to identify Me. You may also ask to see My driver's license or other identifying documents and subsequently make copies for the records.

**6. SIPC and Other Insurance Coverage.** I understand that Legent is a member of the Securities Investor Protection Corporation (SIPC), which provides protection for accounts up to \$500,000 (including \$100,000 for claims of cash) per client as defined by SIPC rules. An explanatory brochure is available upon request or at [www.sipc.org](http://www.sipc.org) or via telephone at (202) 371-8300.

I understand that Legent has acquired an additional \$24.5 million coverage through a third party insurance company. This brings the total protection to \$25 million with a limitation of \$1 million on claims for cash balances for each client (as defined by SIPC rules). I understand that such coverage does not include transactions or trading losses or declines in the value of securities.

**7. Telephone Recordings.** I understand and agree that any telephone conversation with You will or may be recorded for accuracy and I consent to such recording.

**8. Oral Authorization.** I agree that You shall be entitled to act upon any oral instructions given by Me so long as You reasonably believe such instruction was actually given by Me.

**9. Payment of Indebtedness.** In the event I become indebted to You in the course of operation of this account, I agree that I will repay such indebtedness upon demand. I agree that if after demand I fail to pay the indebtedness, You may close my account and liquidate any assets in my account at Your discretion in an amount sufficient to pay my indebtedness. As security for any and all liabilities arising in favor of You, I pledge to Legent a security interest in all property held by Legent in any account maintained by Legent for Me individually, jointly or in the name of another person or entity. Legent is hereby authorized to make whatever disposition of pledged property it may deem appropriate to realize the security afforded by this provision, and I will remain liable for any deficiency. I further agree that Legent shall be entitled to exercise the rights and remedies, with respect to the pledged property, generally afforded a secured party under the Uniform Commercial Code. The reasonable costs of collection of any debit balance and any unpaid deficiency in my accounts, including attorney's fees incurred by You shall be reimbursed by Me to You.

**10. Sell Orders; Deliveries and Settlements.** Unless otherwise specifically designated, any order directing the sale of Property shall be deemed to be a "long" sale, and in connection with any such order, I represent that I am the owner of the property subject of such order and agree to deliver the property to You in negotiable form on or before the settlement date. In the event that I fail to deliver the property to You by the close of business on the settlement date, You are authorized, in your discretion and without notice to Me, to (i) delay settlement, (ii) purchase comparable property to cover My position, or (iii) cancel the transaction. You may also charge any loss (including Interest), commission and fees to My account.

**11. Buy Orders; Settlements.** When I have directed that property be purchased, I agree to provide sufficient collected funds to cover such purchase on or before the settlement date. In the event that I fail to provide sufficient funds, You may, at your option and without notice to Me, (i) charge a reasonable rate of interest, (ii) liquidate the property subject of the buy order, or (iii) sell other property owned by Me and held in any account. You may also charge any consequential loss to My account.

**12. Distributions.** In the event that I sell a security prior to its ex-dividend/distribution date, and I receive the related cash/stock dividend or distribution in error, I direct You on my behalf to pay such dividend/distribution to the entitled purchaser of the securities I sold, and I guarantee to promptly reimburse You for, or deliver to You, said dividend or distribution.

**13. Restrictions on Trading.** I understand that You may, in Your discretion, prohibit or restrict the trading of securities, or the substitution of securities, in any of My accounts. I understand that You may execute all orders by Me on any exchange or market, unless I specifically instruct You to the contrary.

**14. Governing and Applicable Law.** This Agreement and all transactions made in my account shall be governed by the laws of the State of New York, (regardless of the choice of law rules thereof) except to the extent governed by federal securities law, the Federal Arbitration Act, and to the constitution, rules, regulations, customs and usage of the exchanges or market (and its clearing house) where executed.

**15. Ratification; Sub-Brokers and Agents; Extraordinary Events; Indemnification.** You may employ sub-brokers or other agents in connection with the execution of any order or the consummation of any other transaction hereunder, and You shall be responsible only for reasonable care in their selection. I understand that You shall not be liable for loss caused directly or indirectly by government restrictions, exchange or market rulings, suspension of trading, war, strikes, natural disasters or any other conditions or causes beyond Your control or anticipation, including, but not limited to, delays in the transmission of orders due to breakdown or failure of transmission or communication facilities. I agree to indemnify and hold You harmless from any loss, damage or liability arising out of any transaction in which You act, directly or indirectly, as My agent, absent any willful or grossly negligent conduct by You.

**16. Mutual Fund Transactions.** In the event that I purchase or hold a mutual fund, I agree to read and understand the terms of its prospectus. I understand that certain mutual funds reserve the right to change their purchasing, switching or redemption procedures and/or suspend or postpone redemptions under certain market conditions. I further understand that any mutual fund order entered with You is placed by You on a best efforts basis as prescribed and recognized by the individual fund, and that You are not responsible for unexecuted orders due to the failure of any communication system. I agree to be fully responsible for the information contained within the mutual fund prospectus and to hold You harmless for any deficiencies contained therein. I authorize You to act as my agent in the purchase and redemption of fund shares.

**17. Joint Account Authorization.** In consideration of Your carrying a joint account for the undersigned persons, we jointly and severally agree to be fully and completely responsible and liable for this account and to pay on demand any balance due. Each of us, or any person authorized to act on behalf of the account under a separate agreement, has full power and authority to make purchases and sales, withdraw funds and securities from, or to do anything else with reference to the account. You are authorized and directed to act upon instructions received from any of us. Suitability information provided on the front page reflects the combined interests of all joint owners. We understand that tax reporting information is processed using the social security number of the person first named in the registration. Each of us agrees to hold You and Your employees and agents harmless from and indemnify them against any losses, causes of action, damages and expenses (including attorney's fees) arising from or as the result of You, Your employees or agents following the instructions of any of us. Legent in its sole discretion may at any time suspend all activity in the joint account pending instructions from a court of competent jurisdiction or require that instructions pertaining to the joint account or the property therein be in writing, signed by all of us. You may recover from the account or from any of us such costs as it may incur, including reasonable attorney's fees, as the result of any dispute among us relating to or arising from the account. Upon any event that causes a change in the ownership of the joint account (divorce, death, assignment, etc.), all remaining accountholders or survivors shall immediately notify You in writing. You may take such actions in the account as You deem advisable to protect against any tax, liability, penalty or loss under any present or future laws or otherwise. The estate of the decedent or departing accountholder shall be liable together with each of the remaining or surviving accountholders, jointly and severally, to You for any net debit balance or loss in the account in any way resulting from any transactions initiated prior to notification to You or incurred in the liquidation of the account or the adjustment of the interests of the respective parties. Notwithstanding the governing law provisions of Section 17 (a) of this Agreement, the legal ownership of our accounts shall be governed by the internal laws of the state of residence.

**18. Liens.** I further agree, jointly and severally if this is a joint account, that all property including cash or securities You may at any time be holding or carrying for me shall be subject to a lien in your favor for the discharge of obligations of the account to You. Such lien is to be in addition to and not in substitution of the rights and remedies You otherwise would have.

**19. Definitions of the Word "Property."** For all purposes of this agreement, the word "Property" means of all kinds, monies and all contracts, investments and options relating thereto, whether for present or future delivery, and all distributions, proceeds, products and accessions of all such property. This includes all such property held, maintained or carried by You in any manner for Me.

**20. Effect of Attachment or Sequestration of Accounts.** You shall not be liable for refusing to obey any orders given by or for Me with respect to any account(s) that has or have been subject to an attachment or sequestration in any legal proceeding against Me, and You shall be under no obligation to contest the validity of any such attachment or sequestration.

**21. Event of Death.** It is further agreed that in the event of my death or the death of one of the joint account holders, the representative of my estate or the survivor or survivors shall immediately give You written notice thereof, and You may, before or after receiving such notice, take such proceedings, require such papers and inheritance or estate tax waivers, retain such portion of and/or restrict transactions in the account as You may deem advisable to protect You against any tax, liability, penalty or loss under any present or future laws or otherwise. Notwithstanding the above, in the event of my death or the death of one of the joint Account Holders, all open orders shall be canceled, but You shall not be responsible for any action taken on such orders prior to the actual receipt of notice of death. Further, You may in your discretion close out any or all of my accounts without awaiting the appointment of a personal representative for my estate and without demand upon or notice to any such personal representative. The estate of any of the account holders who shall have died shall be liable and each survivor shall continue liable, jointly and severally, to You for any net debit balance or loss in said account in any way resulting from the completion of transactions initiated prior to the receipt by You of the written notice of the death of the decedent or incurred in the liquidation of the account or the adjustment of the interests of the respective parties. Such notice shall not affect Your rights under this agreement to take any action that You could have taken if I had not died.

**22. Tax Reporting.** The proceeds of sales transactions and dividends paid will be reported to the Internal Revenue Service in accordance with applicable law.

**23. Information Accuracy.** I (a) certify that the information contained in this agreement, the account application, and any other document that I furnish to You in connection with my account(s) is complete, true and correct, and acknowledge that knowingly giving false information for the purpose of inducing You to extend credit is a federal crime, (b) authorize You to contact any individual or firm noted herein or on the documents referred to in subsection (a) of this Section and any other normal sources of debit or credit information, (c) authorize anyone so contacted to furnish such information to You as You may request, and (d) agree that this agreement, the account application and any other document I furnish in connection with my account is Your property, as the case may be. I shall promptly advise You of any changes to the information in such agreements and documents. You may retain this agreement, the account application, and all other such documents and their respective records at Your sole discretion, whether or not credit is extended.

**24. Credit information and investigation.** I authorize You to obtain reports and provide information to others concerning My creditworthiness and business conduct. Upon My request, You agree to provide Me a copy of any report so obtained.

**25. Equity Orders And Payment For Order Flow.** Securities and Exchange Commission rules require all registered broker-dealers to disclose their policies regarding any "payment for order flow" arrangement in connection with the routing of customer orders. "Payment for order flow" includes, among other things, any monetary payment, service, property, or other benefit that results in remuneration, compensation, or consideration to a broker or dealer from any broker or dealer in return for directing orders. You transmit customer orders for execution to various exchanges or market centers based on a number of factors. These include: size of order, trading characteristics of the security, favorable execution prices (including the opportunity for price improvement) access to reliable market data, availability of efficient automated transaction processing and reduced execution costs through price concessions from the market centers. Certain of the market centers may execute orders at prices superior to the publicly quoted market in accordance with their rules or practices. While a customer may specify that an order be directed to a particular market center for execution, the order-routing policies, taking into consideration all of the factors listed above, are designed to result in favorable transaction processing for customers. The nature and source of any payments and /or credits received by You in connection with any specific transactions will be furnished upon written request.

**26. Free Credit Balances.** I authorize You to invest the free credit balances in My securities account in money market funds as specified on My account application and, without notice, to redeem My money market fund shares to the extent necessary to satisfy any debits arising in any of My securities accounts.

**27. Fees and Charges.** I understand that there are charges for commissions and fees for executing buy and sell orders and for other services provided under this agreement. I agree to pay such commissions and fees at the then prevailing rate. I acknowledge that the prevailing rate of commissions and fees may change and that change may occur without notice. I agree to be bound by such changes. I specifically agree to pay a reasonable rate of interest on the principal amount of any debit balance carried with respect to the account. Interest due on the account is payable on demand. I also agree to pay such expenses incurred by You in connection with collection of any unpaid balance due on My accounts, including, but not limited to, attorney's fees allowed by law.

## 28. Arbitration.

A. The following general provisions apply to all arbitrations pursuant to this section:

- i. Arbitration is final and binding on the parties. All parties to this agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed.
- ii. The parties are waiving their right to seek remedies in court, including the right to a jury trial. Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify an arbitration award is very limited.
- iii. Pre-arbitration discovery is generally more limited than and different from court proceedings. The ability of the parties to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings.
- iv. The arbitrators' award is not required to include factual findings or legal reasoning and any party's right to appeal or seek modification of rulings of the arbitrators is strictly limited. The arbitrators do not have to explain the reason(s) for their award.
- v. The panel of arbitrators will typically include a minority of arbitrators who were or are affiliated with the securities industry.
- vi. The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought to court.
- vii. The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this agreement.

B. Any controversy or claim arising out of or relating to this agreement shall be settled by FINRA arbitration procedures then in effect. I agree that any judgment upon an award rendered by arbitration may be entered in any court having proper jurisdiction.

C. This agreement to arbitrate constitutes a waiver of the right to seek a judicial forum unless such a waiver would be void under the federal securities laws.

D. No person shall bring a putative or certified class action to arbitration, nor seek to enforce any pre-dispute arbitration agreement against any person who has initiated in court a putative class action; or who is a member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative class action until:

- the class certification is denied;
- the class is decertified; or
- the customer is excluded from the class by the court.

Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this agreement except to the extent stated herein.

E. The venue for all arbitration proceedings arising out of or relating to this agreement shall be Omaha, NE. By signing this agreement, I acknowledge and accept Omaha as the arbitration hearing location.

This agreement to arbitrate does not entitle Me to obtain arbitration of claims that would be barred by the relevant statute of limitations if such claims were brought in a competent jurisdiction.

**29. Notice.** All communications, including margin calls, may be sent to Me at the mailing address for the account or E-mail address that I have given to You in My account application (to either E-mail address in the case of joint accounts where each account holder has given an E-mail address; notice to both E-mail addresses is not required) or at such other address as I may hereafter give You in writing or by E-mail at least ten (10) days prior to delivery, and all communications so sent, whether in writing or otherwise, shall be deemed given to me personally, whether actually received or not.

**30. Headings.** The heading of each provision hereof is for descriptive purposes only and shall not be (i) deemed to modify or qualify any of the rights or obligations set forth herein or (ii) used to construe or interpret any of the provisions hereunder.

**31. No Waiver; Cumulative Nature of Rights and Remedies.** Your failure to insist at any time upon strict compliance with any term contained in this agreement, or any delay or failure on Your part to exercise any power or right given to You in this agreement, or a continued course of such conduct on Your part, shall at no time operate as a waiver of such power or right, nor shall any single or partial exercise preclude any other further exercise. All rights and remedies given to You in this agreement are cumulative and not exclusive of any other rights or remedies to which You are entitled.

**32. Miscellaneous Provisions.** The following provisions shall also govern this agreement:

- a. This agreement and all documents incorporated by reference are governed by the laws of the State of New York.
- b. I hereby ratify and confirm all transactions heretofore made and entered into with You.
- c. This agreement shall bind My heirs, assigns, executors, successors, conservators and administrators.
- d. If any provision of this agreement shall be determined to be invalid, the remainder hereof shall remain in full force and effect.
- e. This agreement may be terminated by either Myself or You upon thirty (30) days written notice. I will remain liable to You for any charges due, whether arising before or after termination.
- f. No provision of this Agreement may be altered, changed or revised except by a written instrument signed by Myself and Legent.
- g. I will notify You if any representation herein is or becomes materially inaccurate.

**33. Severability.** If any provisions or conditions of this agreement become inconsistent with any present or future law, rule or regulation of any applicable government, regulatory or self regulatory agency or body, or are deemed invalid or unenforceable by any court of competent jurisdiction, such provisions shall be deemed rescinded or modified, to the extent permitted by applicable law, to make this agreement in compliance with such law, rule or regulation, or to be valid and enforceable, but in all other respects, this agreement shall continue in full force or affect.

BY MY SIGNATURE ON THE ACCOUNT APPLICATION, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ, UNDERSTAND AND AGREE TO THE TERMS SET FORTH IN THE FOREGOING AGREEMENT, AND THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE AT SECTION 28 OF PAGE 3.

## Legent Insured Deposit Program — Summary of Terms and Conditions

### Program Summary

The Legent Insured Deposit Program (“The Program”) provides a new cash sweep capability for clients. Under The Program provided by Legent Clearing LLC (“The Firm”, “We”, or “Us”) and selected by your brokerage firm (“Brokerage Firm”) and administered by Deutsche Bank Trust Company America (“DBTCA”), your uninvested cash balances in eligible accounts will be automatically deposited into an interest-bearing Federal Deposit Insurance Corporation (“FDIC”) insured deposit account at one or more of the banks or depository institutions participating in The Program, collectively called “Program Banks”

Your uninvested cash balances are deposited with a network of Program Banks in a manner designed to provide you with a maximum deposit insurance in excess of the current FDIC limits (The Firm’s current limits are available at [www.legentclearing.com](http://www.legentclearing.com)). A separate account for the benefit of Program participants will be established at each of The Program Banks for deposit in The Program (the “Deposit Accounts”). Once your funds in a Deposit Account at any of the individual Program Banks reach 95% of the applicable FDIC insurance limit, any additional funds will be deposited at another Program Bank. The Deposit Accounts will be insured by the FDIC within certain applicable limits. FDIC insurance will not cover amounts over the applicable maximum insurance limit that you have on deposit with any particular Program Bank.

All activity with respect to your accounts will appear on your periodic account statement, including the total of your opening and closing account balances in The Program and a breakdown of your bank deposit balance at each individual Program Bank at which you have deposits. If you maintain a separate account at a Program Bank outside of The Program, you are responsible for monitoring the total amount of deposits that you have with The Program Bank to determine the extent of deposit insurance coverage available to you. The total amount of FDIC insurance coverage may change at any time.

The Program is your default sweep option for available cash in your eligible accounts. By your participation in The Program, you acknowledge that you have received and carefully read the Terms and Conditions. If you have any questions about any of the provisions of these Terms and Conditions, please contact your Brokerage Firm.

The Program should not be viewed as a long-term investment option. If you desire to maintain invested cash balances for other than a short-term period and/or are seeking the highest yields currently available in the market, please contact your Brokerage Firm to discuss investment options that may be available outside of The Program to help maximize your return potential consistent with your investment objectives, risk tolerance and liquidity needs. Please keep in mind that such outside investment options may not be FDIC insured and may not include the automatic sweep features included in The Program.

As provided in your account agreement with your Brokerage Firm, The Firm is the carrier of your brokerage account as clearing brokerage firm pursuant to a clearing agreement with your Brokerage Firm. As clearing brokerage firm, The Firm provides certain administrative services in connection with The Program. The services rendered by The Firm in connection with The Program are not intended to create a joint venture, partnership, or other form of business organization of any kind. The Firm shall not be responsible or liable for any acts or omissions of your Brokerage Firm, any Program Bank, or their respective employees. The Firm provides no advice regarding The Program, nor does The Firm give advice or offer any opinion with respect to the suitability of any transaction or order in connection with your brokerage account. Neither your Brokerage Firm nor any Program Bank is acting as the agent of The Firm. You agree that you will not hold The Firm, its affiliates, and its officers, directors, and agents liable in connection with any transactions related to The Program.

### Differences Between The Program and Money Market Mutual Funds

Money market mutual funds and The Program are subject to differing risks and account protection. Money market mutual funds invest in short term securities and seek to maintain a stable net asset value but are subject to market risks and potential loss of value. Money market mutual funds are not bank accounts and not subject to FDIC insurance protection. Money market mutual funds are covered by SIPC, which protects against the custodial risk (not a decline in market value) if a Brokerage Firm fails by replacing missing securities and cash up to a limit of \$500,000, of which \$100,000 may be cash. Deposits in The Program equal to or less than the maximum FDIC deposit insurance limit are insured against the risk of a Program Bank’s failure.

### FDIC Coverage and Limitations

Upon deposit into The Program, your deposits are insured by the FDIC, an independent agency of the federal government backed with the full faith and credit of the U.S. Government, up to the current FDIC limit per depositor for each category of legal ownership. To provide additional coverage, The Program uses a network of Program Banks in a manner designed to provide you with a maximum deposit insurance limit in excess of the current FDIC limits per depositor for each category of legal ownership. If the amounts deposited in The Program exceed the maximum deposit insurance limit, the excess funds will be deposited at a Program Bank and not be insured by the FDIC. If you have or make deposits on your own with a Program Bank, neither Legent nor your Brokerage Firm would be aware of these deposits and they may not be insured.

Additional FDIC insurance coverage may also apply to certain categories of legal ownership. For additional information and any other questions about FDIC Deposit Insurance Coverage, you may wish to seek advice from your own legal advisor. You may also obtain information by contacting the FDIC, Division of Supervision and Consumer Protection, by letter (550 17<sup>th</sup> Street, N.W., Washington, D.C. 20429), by phone (877-275-3342, 800-925-4618 (TDD)), by e-mail ([dcainetnet@fdic.gov](mailto:dcainetnet@fdic.gov)), or by accessing the FDIC Web site at [www.fdic.gov](http://www.fdic.gov).

### Your Responsibility

You must monitor and determine the best sweep option for you under The Program. You may elect not to participate in The Program and instead periodically invest cash balances directly into investment options that may be available outside of The Program to help maximize your return potential consistent with your investment objectives, risk tolerance and liquidity needs.

You are responsible for monitoring the total amount of all deposits you have at each Program Bank for purposes of calculating your FDIC insurance coverage. Activity with respect to your funds in The Program, including The Program Banks in which your funds are invested and the interest rate paid to you, will appear on your periodic brokerage account statement. If your total funds on deposit at any individual Program Bank exceed the maximum deposit insurance limit, the FDIC will not insure your funds in excess of the limit.

## **Interest**

The Program Banks will pay interest on funds in The Program at a variable rate established periodically by The Firm based on prevailing market, economic and other business conditions. The Firm may change the interest rate at our discretion without notice to you. The Firm may establish a schedule of rates to be applied to accounts based on, among other things, the total value of household assets in your Brokerage accounts. The asset tiers and interest rates may be changed by The Firm from time-to-time. Current interest rate information is available by contacting your Brokerage Firm.

Interest on funds in The Program will accrue from the day funds are deposited by us into The Program up to, but not including, the day of withdrawal. The Program Banks will use the daily-balance method to calculate the interest on your account. This method applies a daily periodic rate to the principal in the account each day. Interest will be compounded monthly and will be credited to your account on or about the 25th day of each month (or preceding business day if the 25th day is not a business day). You will receive a 1099-INT form from The Firm indicating the amount of interest paid to you.

## **Fees**

No direct fees will be assessed to you or deducted from your brokerage account with respect to The Program. We may, without notice, refuse any deposit, close any account or impose a fee, if your actions become administratively burdensome.

## **Program Compensation**

No direct fees will be assessed to you or deducted from your specified rate of return. Instead fees are collected from The Program Banks. The fee of the intermediary bank (currently Deutsche Bank Trust Company America “DBTCA”) will be collected from The Program Banks in the form of fees collected in addition to interest paid on The Program. The Firm will receive a fee from DBTCA that varies depending on the balance in your account, the service plan you may be on and other factors. Although the actual fees are subject to change and vary depending on the tier and other factors (please see our website at [www.legentclearing.com](http://www.legentclearing.com), for the applicable rate structure), this fee currently is expected to range from .5% to 6.0%. This fee is subject to change and we may waive all or part of this fee. Other than applicable fees imposed by us on a brokerage account, there will be no charge, fee or commission imposed on your account with respect to The Program.

## **Relationships and Your Privacy**

Although your Brokerage Firm, The Firm, and The Program Banks may share certain information about you and your accounts, information shared with Program Banks will be handled in accordance with the Privacy Policies of your Brokerage Firm and The Firm.

## **Eligibility**

The Program is available to individuals, certain non-profit organizations and to certain fiduciaries and trusts, provided that the beneficiaries are individuals or otherwise eligible. Accounts in the name of business entities including corporations, limited liability companies and partnerships are also eligible for The Program. Excluded are all plans subject to the Employee Retirement Income Security Act of 1974, as amended. Also excluded are IRAs participating in an advisory program offered by your Brokerage Firm. Please contact your Brokerage Firm if you are unsure if your account(s) are eligible.

## **Deposits**

Because The Program is your default sweep option for cash balances in your eligible account, unless you elect out of The Program you will have cash balances in your eligible account(s) automatically deposited in Deposit Accounts at The Program Banks. These Deposit Accounts will receive FDIC coverage up to The Program’s maximum deposit insurance limit. There is no minimum initial deposit. Funds will be deposited into a Deposit Account under the following circumstances: (i) in the case of available cash balances resulting from the proceeds of securities sales, on the settlement date of the securities sale; and (ii) in the case of available cash balances resulting from non-trade-related credits (e.g., the receipt of dividend or interest payments or a deposit in the brokerage account), on the business day after receipt into your brokerage account of the non-trade-related credit. Funds deposited into a Deposit Account will begin earning interest from the day that they are received by The Program Bank. Your deposit will be in book entry form and, therefore, you will not receive a passbook or a certificate. Your uninvested cash balances will be deposited into a Settlement Account at Deutsche Bank Trust Company Americas (DBTCA), which will allocate your deposits to any eligible Program Bank according to an order of priority established from time to time. Once your funds in a Deposit Account at any of the individual Program Banks reach 95% of the applicable FDIC, any additional funds will be deposited at another Program Bank. You may exclude any Program Bank from being able to receive your uninvested cash balance at any time. For example, you may want to exclude any Program Bank at which you maintain balances (e.g. Certificates of Deposit, checking account deposits) which, when added to amounts in the Deposit Account, might exceed the maximum deposit insurance limits. This exclusion may be accomplished at the time of your initial deposit into The Program, or at any other time, by contacting your Brokerage Firm and may impact the overall FDIC coverage available to you through The Program. The list of Program Banks participating in The Program is attached. This list will be updated from time to time and the updated list will be available from your Brokerage Firm or by visiting [www.LegentClearing.com](http://www.LegentClearing.com). In addition, The Program Banks in which your Program balances were invested will be listed on your periodic account statement.

Program Banks may be added or removed from The Program. It is your responsibility to monitor your Program deposits with each Program Bank in order for you to determine the extent of insurance coverage available to you.

Deposit Accounts are established on an omnibus basis at each Program Bank, with records of ownership in a manner consistent with FDIC rules governing “pass through” deposit insurance. DBTCA and its service provider are finders assisting in locating and negotiating deposit arrangements with Program Banks. A different settlement bank, finder or service provider may be selected or the role in The Program of the settlement bank’s service provider or finder in The Program may be eliminated altogether.

## **Withdrawals**

All withdrawals necessary to satisfy debits in your brokerage accounts will be made by us as your agent. A debit will be created, for example, when you purchase securities or request withdrawal of funds from your brokerage account, when you write a check, or use other withdrawal methods (such as through an ACH). Checks written on your brokerage account are not drawn directly against the amounts deposited for you at any of The Program Banks, but the money is transferred back from The Program Banks to our Intermediary Bank and then to us, and then used to satisfy your debit through The Program. Withdrawals may not be made directly from The Program Banks, except through The Firm acting as your agent.

The funds necessary to satisfy debits in your securities account will be drawn from your account in the following order: (i) free credit balances in your brokerage account (if any); (ii) balances in your money fund (if any); and (iii) amounts in The Program Account.

### **Electronic Funds Transfers**

The only items processed through The Program are deposits from the brokerage account to The Program Banks, transfers among The Program Banks, and transfers back to the brokerage account from The Program Banks.

The Program does not allow electronic funds transfers, ATM access, check-writing, deposit, point-of-sale terminal access, pre-authorized payments to third parties, access by credit or debit card or ACH transfers directly from The Program Bank Deposit Accounts.

### **Program Deposit Account Error Resolution Notice**

Please contact your Brokerage Firm as soon as possible, if you think The Program Deposit Account portion of your statement is wrong or if you need more information about a transfer listed on the statement. Your Brokerage Firm must hear from you no later than fifteen (15) days after the date of the statement on which the problem or error first appeared. In making that contact you must:

- (1) Provide your name and account number (if any)
- (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information.
- (3) Provide the dollar amount of the suspected error.

If you provide this information orally, you may be required to send your complaint or question in writing within fifteen (15) business days.

It will be determined whether an error occurred within fifteen (15) business days after hearing from you and any error will be promptly corrected. If more time is needed, however, it may take up to forty-five (45) days to investigate your complaint or question. In such case, it will be requested that The Program Bank credit your Program Deposit Account within fifteen (15) business days for the amount you think is in error, so that you will have the use of the money during the time it takes to complete the investigation. If you are asked to put your complaint or question in writing and your Brokerage Firm does not receive it within fifteen (15) business days, The Program Bank may not credit your Program deposit account.

For errors involving new Program Deposit Accounts, it may take up to ninety (90) days to investigate your complaint or question. For new Program Deposit Accounts, The Program Bank may take up to twenty (20) business days to credit your Program Deposit Account for the amount you think is in error.

Your Brokerage Firm will contact you with the results within three (3) business days after investigation is completed. If it is determined that there was no error, a written explanation will be provided. You may ask for copies of the documents used in the investigation.

### **Account Information**

Activity with respect to your funds in The Program, including The Program Banks in which your funds are invested and the interest rate paid to you, will appear on your periodic brokerage account statement. For each statement period, your brokerage account statement will reflect: (i) all deposits to and withdrawals from your Program account; (ii) the opening and closing balances of your Program account; (iii) interest earned on your Program account balances; and (iv) the detail of balances held in your Program account at each Program Bank.

### **Summary of Certain Relationships**

All Program Banks in The Program are depository institutions duly chartered under the laws of the United States or a State thereof, the deposits of which are insured by the FDIC. Your Brokerage Firm and The Firm are broker-dealers registered with the U.S. Securities and Exchange Commission ("SEC") and the Financial Industry Regulatory Authority ("FINRA"). Your Brokerage Firm and The Firm are not banks. Deposit Accounts are held by the respective Program Banks.

Pursuant to the clearing agreement between Your Brokerage Firm and The Firm and acting on the instructions of your Brokerage Firm, The Firm will act as exclusive custodian and agent with respect to all transactions related to The Program. The Deposit Accounts established for The Program will be evidenced by a book entry on the account records of each such Program Bank. The Firm and its agents will maintain records of your interest in each Deposit Account. No evidence of ownership, such as a passbook or certificate, will be issued to you.

All questions regarding your funds in each Deposit Account should be directed to your Brokerage Firm and not The Program Banks. No Program Bank will accept any instructions concerning your deposits in a Program Bank through The Program unless such instructions are transmitted by The Firm or an authorized agent on its behalf.

The Firm will assume the responsibility and the risk of loss for any funds transfers of yours that have theretofore been delivered by you to your Brokerage Firm until such time as the funds have been received in the Deposit Account (the "Settlement Account") maintained at a designated bank (the Settlement Bank, which shall be DBTCA, unless another bank is designated by us for the purpose of transmitting funds from The Program Banks through the Settlement Bank to your Brokerage Firm, and from your Brokerage Firm through the Settlement Bank to the accounts at The Program Banks.

Withdrawals will be deemed paid by a particular Program Bank when such funds are transmitted by such Program Bank to the Settlement Account and such Program Bank will be released from all liability for such withdrawn funds once The Program Bank delivers those funds to the Settlement Account. The Program Banks are not responsible for the actions of DBTCA or for the actions of your Brokerage Firm or The Firm, with respect to The Program or otherwise. Each Program Bank deposit account is an obligation of The Program Bank and is not directly or indirectly an obligation of The Firm. Program Banks are selected by The Firm in conjunction with its service providers. This document includes a list of The Program Banks. The list of Program Banks is subject to change at any time by its service providers. You can obtain publicly available financial information concerning any or all of The Program Banks at [www.FDIC.gov](http://www.FDIC.gov) or by contacting the FDIC Public Information Center by mail at 801 17th Street, N.W. Room 100, Washington DC 20434 or by phone at 800-276-6003.

The Firm does not guarantee in any way the financial condition of any Program Bank or the accuracy of any publicly available financial information concerning a Program Bank. You may exclude deposits of any Program Bank from inclusion in your brokerage account by contacting your Brokerage Firm. By your continued use of The Program, you agree to the terms provided herein.

**Waiver of Confidentiality**

You expressly give consent for federal or state regulators to access your customer account information for audit and review purposes.

**Changes to The Program**

Your Brokerage Firm or The Firm may modify or cancel The Program at anytime, which may result in changing the sweep option for your account. If we make any change, there is no guarantee that such change will provide an equal or greater rate of return to you on your uninvested cash balances during any given period, and the rate of return may be lower. You will receive advance notice of any change that results in changing the sweep option for your account. Unless you object within the time period specified, we will transfer the balances from your prior sweep into any new sweep.

**Relationships and Your Privacy**

Although your Brokerage Firm, The Firm, and The Program Banks may share certain information about you and your accounts, information shared with Program Banks will be handled in accordance with the Privacy Policies of The Firm and your Brokerage Firm.

**Inactive Accounts**

The Firm may be required by law to turn over (escheat) funds in your Program Deposit accounts to a state, typically your state of residence, based on account inactivity for a certain time period established by applicable state law. If funds are remitted to the state, you may file a claim with the state to recover the funds within the time periods established by state law.

**Transferability**

Your Program Bank deposit accounts may not be transferred by you to another owner except by a change in ownership of your brokerage account. A transfer that occurs due to death, incompetence, marriage, divorce, attachment or otherwise by operation of law, shall not be binding until sufficient documentation has been received.

**Closing of Account**

If you close or The Firm closes your brokerage account, your associated Program Bank deposit accounts will also be closed and the funds in your Program Bank deposit accounts will be distributed out through your brokerage account.

**Right of Set-Off**

Under the terms of your brokerage account customer agreement, funds in your Program Bank deposit accounts may be charged or set-off against indebtedness or obligations you have. For further information on such indebtedness or obligations, please review your brokerage agreement.



Account Number \_\_\_\_\_

### Corporate Resolution

I, \_\_\_\_\_, in my official capacity as Secretary of \_\_\_\_\_, a corporation duly organized under the laws of the State of \_\_\_\_\_, hereby certify that the following is a true copy of a resolution duly and regularly adopted by the board of directors of said corporation at the meeting held on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at which a quorum for the transaction of business was present and acting, and is still in full force and effect, and appears in the minutes of the meeting:

RESOLVED, that the President, Vice President and Treasurer of this corporation, or any one of such officers named below, are hereby fully authorized and empowered to open a brokerage account, transfer, endorse, sell, assign, set over and deliver any and all securities (including short sales) now or hereafter standing in the name of or owned by this corporation, to purchase securities (on margin or otherwise), including the purchase and sale of options, and to make, execute, and deliver, under the Resolution of this corporation any and all written instruments necessary or proper to effectuate the authority hereby confirmed.

I am the sole Officer

President's Signature	President's Name
Social Security Number	Date of Birth (mm/dd/yyyy)
Address	Telephone Number

Vice President's Signature	Vice President's Name
Social Security Number	Date of Birth (mm/dd/yyyy)
Address	Telephone Number

Treasurer's Signature	Treasurer's Name
Social Security Number	Date of Birth (mm/dd/yyyy)
Address	Telephone Number

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said corporation this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Secretary's Signature	Secretary's Name
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(CORPORATE SEAL)

**Please Note: Legent and/or your broker will verify information provided on this form through a third-party vendor in accordance with the USA Patriot Act.**

Company Name

Account Number

## Customer Identification Addendum

*Authorized Officer or Director, Managing Member or Manager, Beneficial Owner*

**Who completes this form?** A person who is considered any one or more of the following; an Authorized Officer or Director, Managing Member or Manager, or a Beneficial Owner of the entity. (“the required Respondent”). **A separate form must be completed for each required Respondent.**

- (Select whichever applies to the Respondent below.)
- “Authorized Officer or Director”** - a person that World Trade Financial Corporation (“World Trade”) or its clearing firm have been authorized to accept instruction from as evident from the entity’s Corporate Resolution.
- “Managing Member or Managing Manager”** – a person or entity that World Trade or its clearing firm have been authorized to accept instruction as evident from the entities’ LLC agreement or operating agreement.
- “Beneficial Owner”** - a person or entity that (i) owns, controls, or has power to vote, directly or indirectly, 20% or more of the voting shares or other voting interests of a company; or (ii) controls in a manner the election of a majority of the directors (or individuals exercising similar functions). Thus a mere nominee/trustee - or a person acting in a similar capacity - is not the Beneficial Owner.

### 1. Respondent Information

(a) Name	
(b) Social Security Number	
(c) Date of Birth	
(d) Address (Residence) No PO Boxes, PMBs, or other types of mail service provider addresses.	
(e) Phone Number (Residence)	
(f) Email (Optional)	
(g) Identification Type and Place of Issuance <b>(provide photocopy with this form)</b>	
(h) Identification Number and Expiration Date	
(i) Source of wealth and income (if source is from employer include employer name and length of service)	
(j) Address of Employer	
(k) Occupation/Type of Business (include job title) If the required Respondent is retired or not employed, his/her prior profession.	
(l) Current Annual Income (\$)	
(m) Total Net Worth(\$)(excluding residence)	

Company Name


Account Number

(n) Years of Investment Experience?	
(o) Are you, or a member of your family, associated with a securities dealer, insurance company, fund or investment advisor? If so, who?	
(p) Are you a control person, officer, director or 10% or more stock owner in any publicly traded company? If so, which company?	
(q) Are you or any member of your immediate family a senior foreign political figure?	
(r) Are you currently or have you previously been licensed by the Financial Industry Regulatory Authority (“FINRA”) f.k.a. National Association of Securities Dealers (“NASD”) or a Registered Investment Advisory? If yes, provide the name(s) of the firm(s) including the dates employed?	
(s) Have you ever been the subject of a formal investigation by the Securities and Exchange Commission (“SEC”), FINRA f.k.a NASD, state securities regulatory authorities, state insurance departments or other regulatory bodies or have been involved in a violation of its rules (other than a violation designated as “minor rule violation” under a plan approved by the SEC)?	

**2. Beneficial Ownership Information**

(a) Are you considered a “Beneficial Owner” as defined in this document for this account. If yes, indicate the percentage owned (%)?	
(b) How many “Beneficial Owners” are there for this account?	

**The undersigned Respondent declares that the statements and information set forth herein are true. The undersign agrees that if the information supplied changes he/she will notify World Trade promptly.**

   
**Respondent Signature**  
  
**Date**

**Attach a copy of your unexpired, government-issue identification. Government-issue identification includes driver’s licenses, state identification cards, and/or passports. Non-US residents must submit passports.**

**In addition to a copy of the company’s Articles of Incorporation, provide World Trade Financial with a “certified” copy of the records showing the registration of all issued shares of the company. Certification can be made by a transfer agent or authorized officer in the form a shareholder ledger. Only one copy of the shareholder records needs to be provided.**

Client Name:

Broker:

## Foreign Account Due Diligence Questionnaire

Please answer all the following questions in their entirety:

1.	What is your full legal name? (First, Middle, Last)	
2.	Can you speak/read/write the English language?	No Yes
	If "No", answer the following:	
	A. What is the name of the individual assisting you complete this questionnaire?	
	B. What is your relationship to the individual assisting you complete this questionnaire?	
	C. How long have you known the person assisting you complete this questionnaire?	
3.	Please provide the following contact information to reach you directly:	
	A. Home Phone:	
	B. Cell Phone:	
	C. Work Phone:	
	D. Personal Email:	
	E. Work Email:	
4.	What is the physical address where you reside?	
	A. How long have you resided at this address?	
5.	What is your current mailing address?	
6.	What is the mailing address you want associated with this account?	
	A. If different than your current mailing address, please explain why mail should be sent there and not to your main mailing address.	

Client Name:

Broker:

<b>7.</b>	What is the name of the person who referred you to World Trade Financial Corporation & the Broker?	
	A. What is your relationship to the person who referred you?	
	B. How long have you known the person who referred you?	
<b>8.</b>	What is the name of your employer?	
<b>9.</b>	What is the nature of the business of your employer? (i.e. travel company, etc.)	
<b>10.</b>	If you are self-employed, what is your source of wealth and income?	
<b>11.</b>	Do you own any businesses?	
<b>12.</b>	Please provide any additional sources of wealth/income:	
<b>13.</b>	Do you have any other existing bank/brokerage relationships?	No    Yes
	If "Yes", please include the following:	
	A. Name of Bank/Brokerage Firm(s):	
	B. Approximate Account Value(s):	
<b>14.</b>	Will anyone else have authority to affect trade transactions and/or assist with your account?	No    Yes
	If "Yes", please include the following:	
	A. Please provide the following information regarding the person(s) who will have authority over your account:	

Client Name:

Broker:

**THIS PERSON WILL HAVE TRADING AUTHORIZATION:**

Name:	
Relationship to you and years known:	
Date of Birth:	
Country of Birth:	
Country currently residing in:	
Physical address where individual resides:	
Phone:	
Email:	
Name & Address of Employer:	
Occupation:	

**THIS PERSON WILL HAVE AUTHORITY TO ASSIST IN OPENING MY ACCOUNT ONLY, BUT WILL NOT HAVE TRADING AUTHORIZATION:**

Name:	
Relationship to you and years known:	
Date of Birth:	
Country of Birth:	
Country currently residing in:	
Physical address where individual resides:	
Phone:	
Email:	
Name and Address of Employer:	
Occupation:	

**THIS PERSON WILL HAVE AUTHORITY TO DISCUSS ALL DETAILS OF MY ACCOUNT OPENLY, BUT WILL NOT HAVE TRADING AUTHORIZATION:**

Name:	
Relationship to you and years known:	
Date of Birth:	
Country of Birth:	
Country currently residing in:	
Physical address where individual resides:	
Phone:	
Email:	
Name and Address of Employer:	
Occupation:	

Client Name:

Broker:

\*\*\* A trading authorization form will be required to be completed and signed by you and the person you are giving trading authorization to. In addition, a photo id (ie. passport or driver license) will be required for all individuals authorized on the account.

**15.** How often do you plan on wire transferring out funds from your account?

\*\*\* Special note: NO 3rd party wires will be processed. All incoming and outgoing wires must be from the same name on the account as where the funds are coming from or going to (ie. John Smith to John Smith).

**16.** What country do you plan on wiring funds to?

**17.** What is your investment strategy/time horizon with this account?

Examples:

Immediate (less than 1 month) - I will most likely sell all my stock as soon as I am able and I will request that you send me all the proceeds of the sale.

Short term (less than 1 yr) – I will most likely sell all my stock over the next year and I will request that you send me all the proceeds of the sale.

Long Term (1-10 yrs) – I see this account as a long term investment. I will most likely reinvest the proceeds of any sale of my stock.

\*\*\*Note: Stock will not be sold in your account until either you or your authorized individual contacts are firm with an order to sell.

**In your own words please answer question #17 below:**

Client Name:

Broker:

<b>18.</b> Please provide the information below for Corporate Accounts only:	
A. Country of Incorporation:	<input type="text"/>
B. Company Address:	<input type="text"/>
C. Type of Business:	<input type="text"/>
D. Geographic Location of Market:	<input type="text"/>
E. Name of Officer 1:	<input type="text"/>
F. Physical Address of Officer 1:	<input type="text"/>
G. Name of Officer 2:	<input type="text"/>
H. Physical Address of Officer 2:	<input type="text"/>

**Client Name:**

**Date:**

**Client Signature:**

**Internal Use Only:**

**Principals Name:**

**Date:**

**Principals Signature:**

# Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

OMB No. 1545-1621

▶ Section references are to the Internal Revenue Code. ▶ See separate instructions.  
 ▶ Give this form to the withholding agent or payer. Do not send to the IRS.

**Do not use this form for:**

- A U.S. citizen or other U.S. person, including a resident alien individual . . . . . W-9
- A person claiming that income is effectively connected with the conduct of a trade or business in the United States . . . . . W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions) . . . . . W-8ECI or W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions) . . . . . W-8ECI or W-8EXP

**Instead, use Form:**

**Note:** These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.

- A person acting as an intermediary . . . . . W-8IMY

**Note:** See instructions for additional exceptions.

**Part I Identification of Beneficial Owner** (See instructions.)

<b>1</b> Name of individual or organization that is the beneficial owner	<b>2</b> Country of incorporation or organization
<b>3</b> Type of beneficial owner: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Simple trust <input type="checkbox"/> Grantor trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> International organization <input type="checkbox"/> Central bank of issue <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Private foundation	
<b>4</b> Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>	
City or town, state or province. Include postal code where appropriate.	Country (do not abbreviate)
<b>5</b> Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	Country (do not abbreviate)
<b>6</b> U.S. taxpayer identification number, if required (see instructions) <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN	<b>7</b> Foreign tax identifying number, if any (optional)
<b>8</b> Reference number(s) (see instructions)	

**Part II Claim of Tax Treaty Benefits** (if applicable)

**9 I certify that (check all that apply):**

- a  The beneficial owner is a resident of ..... within the meaning of the income tax treaty between the United States and that country.
- b  If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
- c  The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).
- d  The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).
- e  The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

**10 Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article ..... of the treaty identified on line 9a above to claim a ..... % rate of withholding on (specify type of income): .....  
 Explain the reasons the beneficial owner meets the terms of the treaty article: .....

**Part III Notional Principal Contracts**

**11**  I have provided or will provide a statement that identifies those notional principal contracts from which the income is **not** effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

**Part IV Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- 1** I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,
- 2** The beneficial owner is not a U.S. person,
- 3** The income to which this form relates is (a) not effectively connected with the conduct of a trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner's share of a partnership's effectively connected income, **and**
- 4** For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner.

**Sign Here** ▶

Signature of beneficial owner (or individual authorized to sign for beneficial owner)      Date (MM-DD-YYYY)      Capacity in which acting




Account Name

Account Number

### RECEIPT OF DOCUMENTATION

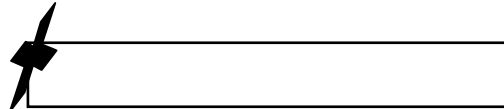
**By signing below, you are confirming to World Trade Financial Corporation (“World Trade”):**

- ✓ That you have been furnished with a copy of World Trade’s Penny Stock Disclosure Statement either in paper or electronic form, and that you have read and understand the Penny Stock Disclosure Statement in its entirety.
- ✓ That you have been furnished with a copy of World Trade’s Day-Trading Risk Disclosure Statement either in paper or electronic form, and that you have read and understand the Day-Trading Risk Disclosure Statement in its entirety.
- ✓ That you have been furnished with a copy of World Trade’s Margin Disclosure Statement either in paper or electronic form, and that you have read and understand its contents.
- ✓ That you have been furnished with a copy of World Trade’s Business Contingency Plan either in paper or electronic form, and that you have read and understand its contents.
- ✓ That you have been made aware, that you may obtain information about Securities Investor Protection Corporation (SIPC), including the SIPC brochure, by contacting SIPC. SIPC’s website address is [www.sipc.org](http://www.sipc.org) and phone number is (202) 371-8300. *World Trade will also provide the SIPC brochure upon request.*
- ✓ That you have been furnished with a copy of World Trade’s Privacy Notice Statement.
- ✓ That you have been furnished with a clear explanation of the Investment Objectives.
- ✓ That you have been furnished with information on “How to File a Complaint” with the Financial Industry Regulatory Authority (FINRA) either in paper or electronic form, or have been made aware of how to obtain a brochure detailing this procedure by visiting the following web link at [https://apps.finra.org/Investor\\_Information/Complaints/complaintCenter.asp](https://apps.finra.org/Investor_Information/Complaints/complaintCenter.asp), or by calling World Trade Financial at (619) 325-2620 to obtain a current copy. Complaints are mailed to: FINRA Investor Complaint Center, 1735 K Street NW, Washington, DC 20006-1500, or fax to: (866) 397-3290.



**Account Holder Signature**

**Date**



**Joint Account Holder Signature**

**Date**

Many of the documents referenced above are available at our website [www.worldtradefinancial.com](http://www.worldtradefinancial.com).

Within 30 days from the date on which your account is opened, World Trade will provide an Account Summary detailing the information that you provided on your account application. The Account Summary will be mailed to the address provided on the application. If you do not receive the Account Summary within 30 day, please call (619) 325-2620.



Account Name

Account Number

### INITIAL PRIVACY NOTICE

Securities Regulation S-P requires World Trade Financial Corporation ("World Trade"), upon account opening, to provide its privacy notice to its customers. This regulation is designed to protect customers from unauthorized use of their private information by non-affiliated third parties.

As a customer, we are required to notify you upon account opening and at least annually as to our use of this information and to give you an opportunity to tell us whether you agree to our use of this private information other than for a permitted use as described below.

#### Information World Trade Collects

We collect nonpublic personal information about you from the following sources:

1. Information we receive from you on applications or other forms;
2. Information about your transactions with us, our affiliates, or others; and
3. Information we receive from a consumer-reporting agency.


#### Information World Trade May Disclose

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.

#### Confidentiality and Security


World Trade restricts access to nonpublic personal information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

**By signing this form, the account holder(s) acknowledge receipt and understanding of World Trade's privacy policy in accordance with Securities Regulation S-P.**



**Account Holder Signature**

**Date**



**Joint Account Holder Signature**

**Date**

*Please fax (619) 325-2630 this signed document to World Trade as evidence that you have been notified of our privacy policy. Alternatively you may return this document by mail to World Trade Financial Corporation - Attn: New Accounts, 2010 Hancock St. Second Floor, San Diego, CA 92110.*