



Account Application Supplemental

This form is used for additional Account Holders or Authorized Parties to a Joint Account, Corporate Account, or other Entity account. (Do not use this form for existing account changes.)

STEP 1. ACCOUNT DETAILS

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| Account Title (Name of this account) | Account |
|--------------------------------------|---------|

STEP 2. PERSONAL INFORMATION

Relationship to Account Account Holder Authorized Party Associated Party

NOTE: Primary account holder may include owner, minor, ward, executor or entity. On a UGMA/UTMA account the minor is the primary account holder, the custodian is the secondary account holder. Associated Party may include, secretaries, assistants or persons authorized to communicate on behalf of the account holder but has no authorization to trade or control funds.

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|---|--|----------------------------------|---|---|---------|
| First Name | | Middle Initial | | Last Name | |
| Entity Name (if applicable) | | | Date of Birth (mm/dd/yyyy) | | Gender |
| Social Security Number | | Tax Identification Number (ITIN) | | Married <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Home Phone | | Business Phone | | Mobile Phone | |
| Email Address | | | | Home <input type="checkbox"/> Own <input type="checkbox"/> Rent | |
| Legal Address (no PO Box) | | | Mailing Address (if different from legal address) | | |
| City | | State | Zip/Postal Code | | |
| City | | State | Zip/Postal Code | | |
| Country | | | Country | | |
| Citizenship: Please check only one: <i>Proof of address is required for each non-US Person and US Citizens living abroad. Non-resident Alien must provide a valid Government ID and a form W-8</i> <input type="checkbox"/> U.S. <input type="checkbox"/> U.S. Resident Alien <input type="checkbox"/> Non-Resident Alien Country of legal and tax resident: <input type="checkbox"/> U.S <input type="checkbox"/> Other (specify) _____ | | | Previous Physical Address (if current is less than 6 months old) | | |
| City | | State | Zip/Postal Code | | |
| Country | | | Country | | |
| Employment and Industry Affiliations <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <i>If Employed/Self-Employed is indicated, please complete all employment fields.</i> | | | | | |
| Employer Name | | Years Employed | | Occupation | |
| Employer's Address | | | | | |
| City | | State | Zip | | Country |

USA Patriot Act Information (Required by Federal Law)

Account Number:

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| All applicants must provide the information below. Non-resident aliens must also include a completed W-8. <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID <input type="checkbox"/> Other Government-issued ID | | | |
| Place/Country of Issuance | ID No: | Issue Date (mm/yyyy) | Expiration Date (mm/yyyy) |
| Industry and Other Affiliations <i>Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings or dependents:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No IF CHECKED YES, OBTAIN AND ATTACH THE COMPLIANCE OFFICER'S LETTER OF APPROVAL Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, branch manager, registered representative or other associated person of a broker-dealer firm) or a financial services regulator? If yes, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this Application). <input type="checkbox"/> Broker-Dealer or Municipal Securities Dealer <input type="checkbox"/> Investment Adviser <input type="checkbox"/> FINRA or other Self-Regulatory Organization <input type="checkbox"/> State or Federal Securities Regulator Name of Entity(ies): _____ <input type="checkbox"/> Yes <input type="checkbox"/> No An officer, director or 10% (or more) shareholder in a publicly-owned company? Name of company and symbol: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No A senior military, governmental or political official in a non-US country? Name of country: _____ | | | |

STEP 3. SIGNATURES

This Supplemental form is an extension of the Account Application and Agreement. All certifications and disclaimers contained within the main Account Application are applicable to the supplemental party completing this form.

By signing this agreement, you affirm that you are of full legal age in the state of jurisdiction in which you reside and have the capacity to enter into this agreement. You further affirm that you have read, understood and agree to the Terms and Conditions attached to this Account Application and Agreement.

Account Holder/Trustee/Corporate Officer Signature

| | | |
|---|------------|------|
| Account Holder Signature x | Print Name | Date |
| Broker Signature x | Print Name | Date |
| General Principal Signature x | Print Name | Date |