

New Account Form

SEE THE BACK OF THE OFFICE COPY OF THIS FORM FOR INFORMATION ON SETTING UP ACCOUNT TITLES AND CATEGORY CODES

Office Account RR # Account Soc. Sec. No. Soc Sec F.P.I.D. Short Name ZIP Country/State Pay Code Auth (init) Emp/Rel Trader # Master Client Mnemonic Account Category Retail Inst.

ACCOUNT INFORMATION Account Title Mailing Address

CUSTOMER INFORMATION Date of Birth of Primary Account Owner Annual Income Liquid Net Worth Home Telephone # # Dependents Country of Citizenship Spouse's Name Legal Address if different from Mailing Address Employer and Address Type of Business Business Telephone # Yrs Employed Occupation

SPOUSE/JOINT TENANT INFORMATION Date of Birth of Joint Account Owner Annual Income Liquid Net Worth Home Telephone # # Dependents Country of Citizenship Spouse's Name Legal Address if different from Mailing Address Employer and Address Type of Business Business Telephone # Yrs Employed Occupation

INVESTMENT OBJECTIVES Income Long-Term Growth Short-Term Trading Yrs of Investment Experience

RISK EXPOSURE Low Moderate Speculation High Risk

DISCRETION RR Inv. Adviser 3rd Party Party Exercising Discretion

CORPS. PTNRSHIPS & OTHER NON-IND A/C Name(s) and Title(s) of Person(s) Authorized to Enter Orders

MISC. INFO Is account employee of the firm? Is account related to an employee of the firm? Is account a senior officer, director or large shareholder of a public company? How was a/c acquired? Initial Transaction Tfr from Broker Buy Sell Security Name Deposit Is customer or any member of customer's immediate family affiliated with or employed by a member of a stock exchange or the National Association of Securities Dealers?

OTHER BROKERAGE ACCOUNTS Check if None Brokerage Firm Brokerage Firm

BANK INFO. Bank Name Address

ACCOUNT INFORMATION Cash Margin Option COD ProCash Plus

PROCEEDS INSTRUCTIONS Hold Remit Sweep Weekly Sweep Daily PERIODIC DISTRIBUTIONS: Amount 1st Payment Date Payment Frequency Monthly Semi-annually Quarterly Annually Specify Other:

TRANSFER INSTRUCTIONS Hold in Street Name Transfer into Customer Name and Ship Transfer into Customer Name and Hold

DIVIDEND/INTEREST INCOME INSTRUCTIONS Hold Remit to Client Other Remittance (LOA Req'd) If Remit: Semimonthly Monthly Bi-Monthly Quarterly Semiannually Annually

INSTITUTIONAL INSTRUCTIONS Inst ID # Agent Bank # DTC # Internal Account # IP #1 ID # Internal a/c # IP #2 ID # Internal a/c # ABA Routing # Prime Brokerage Yes No ALERT Mnemonic

DTC INELIGIBLE INSTR./IP#1

Confirms Statements

INTERESTED PARTY #2

Confirms Statements

Prepared by Date Print Name RR Signature Date Print Name Operations Manager Date Print Name Branch Manager or Authorized Designee Date Print Name