

New Account Agreement

Additional Holder/Participant Information Supplement

Account Number _____

STEP 1. ADDITIONAL HOLDER/PARTICIPANT INFORMATION

A copy of the ID is required for each non-U.S. person and for U.S. citizens living abroad. Proof of address may also be required.

Name		
Holder/Participant Role		
Social Security (SSN)/ Employee Identification #(EIN)	☐ Person ☐ Entity	Date of Birth
Email	Percentage Ownership (Required for joint accounts if primary account holder's legal address is in Puerto Rico)	
Primary Citizenship(s)	Additional Citizenship(s)	
U.S. Resident Alien ☐ Yes ☐ No	Country of Birth	
Home Phone	Business Phone	Mobile Phone
Legal Address (no P.O box)		
City	State/Province	Zip/Postal code
Country		
Mailing Address (if different from legal address)		
City	State/Province	Zip/Postal code
Country		

Gender

☐ Male ☐ Female

Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Domestic Partner ☐ Widowed

Number of Dependents	Education Level
Beneficial Owner Percent of Ownership	Controlling Person Position Held

Employment Status and Industry Affiliations

☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Homemaker ☐ Student

Occupation	Years Employed	Type of Business	
Employer Name			
Employer's Address			
City	State/Province	Zip/Postal Code	Country

General Investment Knowledge and Experience

☐ Limited ☐ Moderate ☐ Extensive ☐ None



Knowledge and Experience by Investment Type

INVESTMENT	INVESTMENT KNOWLEDGE				INVESTMENT EXPERIENCE
Annuities Fixed	☐ Limited	☐ Moderate	☐ Extensive	☐ None	Since Year:
Annuities Variable	☐ Limited	☐ Moderate	☐ Extensive	☐ None	Since Year:
Commodities and Futures	☐ Limited	☐ Moderate	☐ Extensive	☐ None	Since Year:
Equities	☐ Limited	☐ Moderate	☐ Extensive	☐ None	Since Year:
Exchange Traded Funds	☐ Limited	☐ Moderate	☐ Extensive	☐ None	Since Year:
Fixed Income	☐ Limited	☐ Moderate	☐ Extensive	☐ None	Since Year:
Insurance	☐ Limited	☐ Moderate	☐ Extensive	☐ None	Since Year:
Mutual Funds	☐ Limited	☐ Moderate	☐ Extensive	☐ None	Since Year:
Options	☐ Limited	☐ Moderate	☐ Extensive	☐ None	Since Year:
Other:	☐ Limited	☐ Moderate	☐ Extensive	☐ None	Since Year:
Precious Metals	☐ Limited	☐ Moderate	☐ Extensive	☐ None	Since Year:
Real Estate	☐ Limited	☐ Moderate	☐ Extensive	☐ None	Since Year:
Unit Investment Trusts	☐ Limited	☐ Moderate	☐ Extensive	☐ None	Since Year:

Financial Information**Identify Verification Method Used**☐ Compliance Data Center Inc. Report (CDCR)☐ Internal Review (INRV)☐ Regulatory Data Corporation (RDCR)☐ Other ID Vendor (OTHR)

Annual Income: From \$	To \$
Net Worth (excluding home): From \$	To \$
Liquid Net Worth: From \$	To \$

Tax Bracket: ☐ 0-15% ☐ 15.1%-32% ☐ 32.1%-50% ☐ 50.1%+**Unexpired Government Identification**

Government issued unexpired photo identification should be provided for all individuals that were not verified using non-documentary methods, and for non-resident aliens, along with an IRS form W-8BEN.

GOVERNMENT PHOTO ID #1		
Type of Unexpired Photo ID	ID Number	Country of Issue
State/Province/Subdivision of ID	Date of Issue	Date of Expiration

GOVERNMENT PHOTO ID #2		
Type of Unexpired Photo ID	ID Number	Country of Issue
State/Province/Subdivision of ID	Date of Issue	Date of Expiration

ID Verification Comments

Corporate/Business Information

Corporate/Business ID Number	Formation Date of Corporation/Business	State/Province of Incorporation
Country of Incorporation	Legal Entity Identifier (LEI)	

Broker-Dealer Affiliations

Are you an employee of this broker-dealer?

☐ Yes ☐ No

Are you related to an employee at this broker-dealer?

☐ Yes ☐ No

Name	Relationship
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Are you an employee of another broker-dealer?

☐ Yes ☐ No

Broker-Dealer Name

Is a member of your immediate family affiliated with or employed by another broker-dealer?

☐ Yes ☐ No

Broker-Dealer Name	Employee Name	Relationship
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Are you maintaining any other brokerage accounts?

☐ Yes ☐ No

Brokerage Name	Years of Investment Experience
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Are you a member/employee or related to a member/employee of a national securities association (i.e. NYSE or FINRA)?

☐ Yes ☐ No

If yes, please list the affiliation here.

Are you, or an immediate family member, a director, 10% shareholder, policy-making officer or controlling person of a publicly traded company.

☐ Yes ☐ No

If yes, please provide company(ies)

STEP 2. SIGNATURE

Required only if additional holder/participant is also an owner.

Please Review your information, read the New Account Agreement Disclosures, and sign here. Keep a copy for your records.

I ACKNOWLEDGE AND AGREE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, IN PARAGRAPHS 13 AND 14, ON PAGES 1 AND 2 OF THE NEW ACCOUNT AGREEMENT DISCLOSURES. I HEREBY ACKNOWLEDGE RECEIPT OF THIS NEW ACCOUNT AGREEMENT WITH PREDISPUTE ARBITRATION CLAUSE THEREIN.

Authorized Signer

Print Name	Date
Signature	

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