

Sample New Account Form

New Account Information

The information required in this form is intended to comply with the minimum standards set by the National Association of Securities Dealers for establishing customer accounts.

Account Registration Information	Print Account name(s) (if corporation, add name of authorized individual)		Social Security or tax identification number		
			Social Security or tax identification number		
	Address		Phone Number (residence)		
	City	State	Zip	Phone Number (business)	
	Is Account of legal age: <input type="checkbox"/> Yes <input type="checkbox"/> No Birthdate of Account (Optional): _____				
	<input type="checkbox"/> US citizen <input type="checkbox"/> Resident alien <input type="checkbox"/> Non resident alien – state or country: _____				
	Account registration: <input type="checkbox"/> Individual <input type="checkbox"/> JTWROS <input type="checkbox"/> Community Property <input type="checkbox"/> Custodian for minor <input type="checkbox"/> Corporation <input type="checkbox"/> IRA <input type="checkbox"/> Trust <input type="checkbox"/> Business retirement plan <input type="checkbox"/> Qualified ERISA plan <input type="checkbox"/> Other: _____				
	Name of employer		Years employed	Type of business	
	Address of employer		City	State	Zip
	Spouse name and employer name		Years employed	Type of business	
Position					
Broker reference		Personal Reference			
Bank reference (branch and address)					
Reference verification: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Investment experience: _____ years		Manager Initials _____			
<input type="checkbox"/> Mutual funds		<input type="checkbox"/> Stocks		<input type="checkbox"/> Bonds	
<input type="checkbox"/> Options		<input type="checkbox"/> Partnerships		<input type="checkbox"/> Other: _____	
Name and position of person contacted _____ Reference knew Account _____ years					
Papers:		Require	Received	Account licensed as a:	
Investment advisor contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Registered <input type="checkbox"/> Yes <input type="checkbox"/> No	
Trust documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Representative: _____ Broker/Dealer name	
ERISA documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Account related to <input type="checkbox"/> Yes <input type="checkbox"/> No	
Corporate resolution of authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Registered Representative: _____ Name	
Suitability Information	Income:		Net Worth:		
	<input type="checkbox"/> \$ 000,000 - \$ 29,999	<input type="checkbox"/> \$ 000,000 - \$ 74,999	Investment Objectives:		
	<input type="checkbox"/> \$ 30,000 - \$ 49,999	<input type="checkbox"/> \$ 75,000 - \$ 99,999	<input type="checkbox"/> Income	Federal tax bracket: _____%	
	<input type="checkbox"/> \$ 50,000 - \$ 74,999	<input type="checkbox"/> \$ 100,000 - \$ 149,999	<input type="checkbox"/> Long term growth	State tax bracket: _____%	
	<input type="checkbox"/> \$ 75,000 - \$ 149,000	<input type="checkbox"/> \$ 150,000 - \$ 249,999	<input type="checkbox"/> Speculative capital gains	(MSRB rules)	
	<input type="checkbox"/> \$ 150,000 - Over	<input type="checkbox"/> \$ 250,000 - \$ 499,999	<input type="checkbox"/> Deferral of taxes	<input type="checkbox"/> Short term (1- 4 years)	
		<input type="checkbox"/> \$ 500,000 - \$ 1,000,000		<input type="checkbox"/> Intermediate term (4 - 9 years)	
				<input type="checkbox"/> Long term (10+ years)	
	I/We hereby acknowledge that I/we have read all the information on both sides of this New Account Information form and I/we have received a copy. Furthermore, I/we acknowledge that this agreement includes a pre-dispute arbitration clause that is fully set forth in paragraph 13 on the reverse side of this form.				
	Signature of Account		Second Signature of Account		Date

Signature of Registered Representative	Date
Print Registered Representative name	
Signature of OSJ Manager	Date
Print OSJ Manager name	Home Office approval
	Date

Account Registration Information	Print Account name(s)	Social Security Number
		Social Security Number
	Address	Phone Number (residence)
	City	State
		Zip
	Phone Number (business)	
	<input type="checkbox"/> New Account (COMPLETE & ATTACH A SEPARATE NEW ACCOUNT INFORMATION FORM) <input type="checkbox"/> Existing Account	
	<input type="checkbox"/> Individual <input type="checkbox"/> JTWROS <input type="checkbox"/> Community property <input type="checkbox"/> Custodian for minor <input type="checkbox"/> IRA <input type="checkbox"/> Trust <input type="checkbox"/> Business retirement plan <input type="checkbox"/> Qualified ERISA plan <input type="checkbox"/> Other:	

Order Instructions	<input type="checkbox"/> Solicited order <input type="checkbox"/> Unsolicited order	
	<input type="checkbox"/> Buy <input type="checkbox"/> Sell	_____ shares or \$

	<input type="checkbox"/> Buy <input type="checkbox"/> Sell	_____ shares or \$

<input type="checkbox"/> Buy <input type="checkbox"/> Sell	_____ shares or \$	

<input type="checkbox"/> Buy <input type="checkbox"/> Sell	_____ shares or \$	

Listed OTC Trades & Mutual Fund Wire Orders	Account # _____ <input type="checkbox"/> Pershing <input type="checkbox"/> FNIC <input type="checkbox"/> Short sale <input type="checkbox"/> Long sale	
	Location of certificates: _____ <input type="checkbox"/> Certificates received <input type="checkbox"/> Other:	
	Price instructions: <input type="checkbox"/> At market <input type="checkbox"/> Limit \$ _____ Optional:	
	Order taken _____: _____: ______am/pm _____ Order Executed:	
	Name of H.O. Trader Contacted	
Phoned to Home Office: _____: _____: ______am/pm Execution price: \$		

Mutual Funds	Applicable when customer is entitled to a reduced price because:	
	<input type="checkbox"/> Letter of intent dated: _____ for \$ _____	<input type="checkbox"/>
	Withdrawal plan	
	<input type="checkbox"/> Right of accumulation: \$ _____ breakpoint at _____ % charge	<input type="checkbox"/> Pre-authorized check plan: \$ _____
	<input type="checkbox"/> BREAKPOINT SALES LETTER ATTACHED	<input type="checkbox"/> SWITCH LETTER ATTACHED

Mutual Fund Exchanges	_____	_____	
	From _____	To _____	Shares or dollar amount
	No		Subject to sales charge <input type="checkbox"/> Yes <input type="checkbox"/> No

Suitability Information (Complete for all Securities Transactions)	Investment objectives:	Municipal Bonds only:	Income: \$
	<input type="checkbox"/> Income _____	<input type="checkbox"/> Short Term (1 - 4 years)	Net Worth: \$
	<input type="checkbox"/> Long Term Growth _____	<input type="checkbox"/> Intermediate Term (4 - 9 years)	(excluding home)
	<input type="checkbox"/> Speculative Capital Gains	<input type="checkbox"/> Long Term (10 + years)	Federal Tax Bracket: _____ % <small>(MSRB Rules)</small>
	<input type="checkbox"/> Deferral of Taxes		Investment advisory client:
	Source of funds:		<input type="checkbox"/> SWITCH LETTER
	<input type="checkbox"/> \$ _____ Savings		
	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> \$ _____ from sale or liquidation		
	_____ of shares of _____		
	ATTACHED		
	<input type="checkbox"/> Other: _____		

Prospectus Delivery	For mutual funds, direct participation programs and/or other products, where prospectus delivery is required: Was a prospectus given to the Account for each transaction? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Special Instructions	_____ _____ _____
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Signature of Registered Representative _____	Registered Representative number _____
Print Registered Representative name _____	Trade Date _____
Signature of OSJ Manager _____	OSJ Approval Date _____
Print OSJ Manager Name _____	Home Office Approval (Initials) _____ Date _____
DATE APPLICATION AND CHECK RECEIVED FROM CUSTOMER _____	DATE APPLICATION AND CHECK FORWARDED TO SPONSOR _____