

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.	<input type="checkbox"/> Soc. Sec. <input type="checkbox"/> T.P.I.D.	Short Name
ZIP	Country/State	Pay Code	Auth #/93	Emp/Rel	Trader #
				Master Client Mnemonic	Account Category

ACCOUNT INFORMATION

Account Title

Mailing Address

CUSTOMER INFORMATION

Date of Birth of Primary Account Owner	Annual Income \$	Liquid Net Worth (excl. home) \$	Home Telephone # ()
# Dependents (incl. self)	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 (excl. home) \$	Home Telephone # ()
# Dependents (incl. self)	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	<input type="checkbox"/> Income	<input type="checkbox"/> Long-Term Growth	<input type="checkbox"/> Short-Term Trading	Yrs of Investment Experience
RISK EXPOSURE	<input type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> Speculation	<input type="checkbox"/> High Risk
DISCRETION	<input type="checkbox"/> RR	<input type="checkbox"/> Inv. Adviser	<input type="checkbox"/> 3rd Party	<input type="checkbox"/> Party Exercising Discretion
CORPS, PARTNERSHIPS & OTHER NON-IND A/C	Name(s) and Title(s) of Person(s) Authorized to Enter Orders			
MIISC. INFO	Is account employee of the firm? <input type="checkbox"/> No <input type="checkbox"/> Yes	RR is registered in State of customer's residence. <input type="checkbox"/> Yes	Initials	
	Is account related to an employee of the firm? <input type="checkbox"/> No <input type="checkbox"/> Yes	If YES, Name of employee and relationship		
	Is account a senior officer, director or large shareholder of a public company? <input type="checkbox"/> No <input type="checkbox"/> Yes	If YES, Name of company		
	How was a/c acquired? <input type="checkbox"/> Related <input type="checkbox"/> Solicited <input type="checkbox"/> Known Personally <input type="checkbox"/> Referred By (specify) <input type="checkbox"/> Other (specify)	Yrs known by RR		
	Initial Transaction <input type="checkbox"/> Tfr from Broker <input type="checkbox"/> Buy <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
OTHER BROKERAGE ACCOUNTS	Check if None <input type="checkbox"/>	Brokerage Firm	Brokerage Firm	
BANK INFO.	Bank Name	Address		

ACCOUNT INFORMATION

Cash Margin Option COD
 ProCash Plus

PROCEEDS INSTRUCTIONS

Hold Remit to sweep, account must be coded HOLD
 Sweep Weekly Sweep Daily
Sweep to (Name of Money Fund)

PERIODIC DISTRIBUTIONS:
If third party, LOA required

Amount	1st Payment Date
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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:
 Semi-monthly Monthly Bi-Monthly
 Quarterly Semiannually Annually

INSTITUTIONAL INSTRUCTIONS

Inst ID #	Agent Bank #	DIC #
Internal Account #		
* * *		
IP #1 ID #	Internal a/c #	
IP #2 ID #	Internal a/c #	
ABA Routing #		
Prime Brokerage <input type="checkbox"/> Yes <input type="checkbox"/> No		
ALERT Mnemonic		

INTERESTED PARTY #1
DTC INELIGIBLE INSTR. JIP#1

Confirms
 Statements

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