

# New Account Agreement

## Additional Holder/Participant Information Supplement

Account Number

### STEP 1. ADDITIONAL HOLDER/PARTICIPANT INFORMATION

Name		
Social Security or Tax ID Number (EIN)	<input type="checkbox"/> Person <input type="checkbox"/> Entity	Date of Birth
Additional Holder/Participant Role (see the instructions for the appropriate code)		
Email		
Home Phone	Business Phone	Mobile Phone
<b>Legal Address</b> (no P.O. box)		
City	State	Zip/Postal Code
Province/County/Subdivision	Country	
<b>Mailing Address</b> (if different from legal address)		
City	State	Zip/Postal Code
Province/County/Subdivision	Country	
Country of Citizenship(s)	Country of Permanent Residence	
U.S. Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Birth	

**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.**

#### Gender

Male  Female

#### Marital Status

Single  Married  Divorced  Domestic Partner  Widowed

#### Employment and Industry Affiliations

Employed  Self-Employed  Retired  Unemployed  Homemaker  Student

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



NAW9

**General Investment Knowledge and Experience**

Limited  Moderate  Extensive  None

**Knowledge and Experience by Investment Type**

INVESTMENT	INVESTMENT KNOWLEDGE				INVESTMENT EXPERIENCE
	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	
Equities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Options	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Fixed Income	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Mutual Funds	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Unit Investment Trusts	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Exchange Traded Funds	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Real Estate	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Insurance	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Fixed Annuities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Variable Annuities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Precious Metals	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Commodities, Futures	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Other:	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> 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)

<b>Annual Income</b> From \$	To \$
<b>Net Worth (excluding home)</b> From \$	To \$
<b>Liquid Net Worth</b> From \$	To \$

Check box if aggregated with other joint tenants.

**Tax Bracket:**  0-15%  15.1%-32%  32.1%-50%  50.1% +

**Unexpired Government Identification**

GOVERNMENT PHOTO ID #1		GOVERNMENT PHOTO ID #2	
Type of Unexpired Photo ID		Type of Unexpired Photo ID	
ID Number		ID Number	
Country of Issue		Country of Issue	
State/Province/Subdivision of ID		State/Province/Subdivision of ID	
Date of Issue	Date of Expiration	Date of Issue	Date of Expiration

**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.**

ID Verification Comments

## 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

Employee Name	Relationship
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Are you an employee of another broker-dealer?  Yes  No

Broker-Dealer Name
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Are you related to an employee at another broker-dealer?  Yes  No

Broker-Dealer Name	Employee Name	Relationship
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Are you maintaining any other brokerage accounts?  Yes  No

With what firm(s) are you maintaining other brokerage accounts?	Years of Investment Experience
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Are you or any member of your immediate family affiliated with or employed by a member of a stock exchange or the Financial Industry Regulatory Authority?  Yes  No

Employer authorization is required. What is the affiliation?
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Are you a senior officer, director, or 10% or more shareholder of a public company?  Yes  No

Company Name(s)
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## STEP 2. SIGNATURE

Required only if additional holder/participant is a joint tenant.

**I ACKNOWLEDGE AND AGREE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, IN PARAGRAPHS 13 AND 14, ON PAGE 13. I HEREBY ACKNOWLEDGE RECEIPT OF THIS NEW ACCOUNT AGREEMENT WITH PREDISPUTE ARBITRATION CLAUSE THEREIN.**

### Secondary Account Holder

Print Name	Date
Signature	

X

**PLEASE REVIEW YOUR INFORMATION, READ THE AGREEMENT ON PAGE 13, AND SIGN HERE. KEEP A COPY FOR YOUR RECORDS.**