



Individual New Account Form

Account Information				
Application: <input type="checkbox"/> New <input type="checkbox"/> Update				Date: _____
Account Title: _____				
Account Type: <input type="checkbox"/> Individual Account <input type="checkbox"/> 401K <input type="checkbox"/> IRA <input type="checkbox"/> Custodian <input type="checkbox"/> Options <input type="checkbox"/> Margin <input type="checkbox"/> Cash				
Delivery Instructions				
<input type="checkbox"/> In House Account <input type="checkbox"/> DVP Account <input type="checkbox"/> Other, Specify: _____				
If DVP	DTC#:	Institution ID:	Agent (BAS) #:	Customer #:
Applicant				
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.			Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
First Name:		Middle Name:		Last Name: <input type="checkbox"/> Sr. <input type="checkbox"/> Jr.
Permanent Address:			Apt/Suite No.:	
City:		State:	Zip:	Country:
Work Phone:		Home Phone:		Mobile Phone:
E-mail Address:			Alternate E-mail Address:	
<input type="checkbox"/> Check if you have been at your current home address for less than one year.				
Date of Birth:			Social Security or Taxpayer ID:	
Country of Citizenship:			Country of Tax Residence:	
ID: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID <input type="checkbox"/> Other Government-Issued ID				ID No: _____
Issue Date:			Expiration Date:	
Mailing Address (if different from above)				
Permanent Address:			Apt/Suite No.:	
City:		State:	Zip:	Country:
Employment Status				
Are you: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other: _____				
Job Title:			Occupation:	
Employer:			Years with Employer:	
Business Address:			Apt/Suite No.:	
City:		State:	Zip Code:	Country:
How was Account Acquired				
<input type="checkbox"/> Existing Customer <input type="checkbox"/> Prospected <input type="checkbox"/> Referral Name: _____ <input type="checkbox"/> Other: _____				
<input type="checkbox"/> Introducing Broker: _____				

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Industry and Other Affiliations	
<p>Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings and dependents employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, branch manager, registered representative or other associated person of a broker-dealer firm) or a financial services regulator?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, explain: _____</p> <p>If yes, name of entity: _____</p> <p>And please specify type of entity below:</p> <p><input type="checkbox"/> Broker-Dealer or Municipal Securities Dealer <input type="checkbox"/> Investment Adviser</p> <p><input type="checkbox"/> FINRA or other Self-Regulatory Organization* <input type="checkbox"/> State or Federal Securities Regulator</p> <p>(Including a national securities exchange, registered securities association, registered clearing agency or the Municipal Securities Rulemaking Board.)</p> <p>If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter with this application.</p>	
<p>Are you an officer, director or 10% (or more) shareholder in a publicly-owned company? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, name of company and symbol: _____</p>	
Financial Situation and Needs, Liquidity Considerations, and Tax Status	Amount (\$US)
Please tell us your best estimates as to:	
Annual Income:	\$
Net Worth:	\$
Liquid Net Worth:	\$
Tax Rate: <i>Leave blank if unknown</i>	
Annual Expenses:	\$
Special Expenses:	\$
Bank Reference:	
Other Reference:	
<p>Liquidity Needs:</p> <p>The ability to quickly and easily convert to cash all or a portion of the investments in this account without experiencing significant loss in value from, for example, the lack of a ready market, or incurring significant costs or penalties is:</p>	<p><input type="checkbox"/> Very Important</p> <p><input type="checkbox"/> Important</p> <p><input type="checkbox"/> Somewhat Important</p> <p><input type="checkbox"/> Does Not Matter</p>
<p>Explanations:</p> <p>Annual income includes income from sources such as employment, alimony, social security, investment income, etc.</p> <p>Net worth is the value of your assets minus your liabilities. For purposes of this application, assets include stocks, bonds, mutual funds, other securities, bank accounts, and other personal property. Do not include your primary residence among your assets. For liabilities, include any outstanding loans, credit card balances, taxes, etc. Do not include your mortgage.</p> <p>Liquid net worth is your net worth minus assets that cannot be converted quickly and easily into cash, such as real estate, business equity, personal property and automobiles, expected inheritances, assets earmarked for other purposes, and investments or accounts subject to substantial penalties if they were sold or if assets were withdrawn from them.</p> <p>Annual expenses might include mortgage payments, rent, long-term debts, utilities, alimony or child support payments, etc.</p> <p>Special expenses might include a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.</p>	

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Investment Risk Tolerance

Investing involves risk. Different investment products and strategies involve different degrees of risk. The higher the expected returns of a product or strategy, the greater the risk that you could lose most of your investment. Investments should be chosen based on your objectives, timeframe, and tolerance for market fluctuations.

Please select the degree of risk you are willing to take with the assets in this account.

Conservative - I want to preserve my initial principal in this account, with minimal risk, even if that means this account does not generate significant income or returns and may not keep pace with inflation.

Moderately Conservative - I am willing to accept low risk to my initial principal, including low volatility, to seek a modest level of portfolio returns.

Moderate - I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and understand I could lose a portion of the money invested.

Moderately Aggressive - I am willing to accept high risk to my initial principal, including high volatility, to seek high returns over time, and understand I could lose a substantial amount of the money invested.

Significant Risk - I am willing to accept maximum risk to my initial principal to aggressively seek maximum returns, and understand I could lose most, or all, of the money invested.

Please enter Risk Degree:

(Conservative, Moderately Conservative, Moderate, Moderately Aggressive, Significant Risk)

Please enter Investment Objectives:

(Income, Growth, Speculation, Trading, or Other (Specify))

Financial Investment Experience

We are collecting the information below to better understand your investment experience. We recognize your responses may change over time as you work with us.

Please fill out the boxes that best describe your investment experience to date.

Investment:	Years of Experience:	Transactions Per Year: <i>(excluding automatic investments)</i>
Mutual Funds/ETF's		
Individual Stocks		
Bonds		
Options		
Index Option		
Securities Futures		
Short Option		
Annuities		
Alternative ¹		
Margin		

¹ May include structured products, hedge funds, etc.

Decision Making (Check all that apply)

- I consult with my broker, investment advisor, CPA, or other financial professional
- I generally make my own decisions
- I discuss investment decisions with family and/or friends

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Other Investments			
<i>Please provide us with additional information about your other investments to help us more fully understand your investment profile and identify what types of investments or strategies may be suitable for you.</i>			
Investment Type/Description	Firm holding the investment	Amount (\$US)	
Please tell us how you are funding this account (Check all that apply)			
<input type="checkbox"/> Income <input type="checkbox"/> Pension or Retirement Savings <input type="checkbox"/> Funds from another account <input type="checkbox"/> Gift <input type="checkbox"/> Sale of business or property <input type="checkbox"/> Insurance Payout <input type="checkbox"/> Inheritance <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Home Equity Line of Credit /Reverse Mortgage <input type="checkbox"/> Other, please explain: _____			
Back-Up Contact Information			
If we are unable to reach you for the period of time stated in the Terms & Conditions, you authorize us to contact the person listed below and to disclose information about you in order to confirm the specifics of your current contact information, health status, and the identity of any legal guardian, executor, trustee, or holder of a power of attorney.			
Note: Your back-up contact should not be a co-applicant.			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.			
First Name:	Middle Name:	Last Name:	<input type="checkbox"/> Sr. <input type="checkbox"/> Jr.
Permanent Address:		Apt/Suite No.:	
City:	State:	Zip:	Country:
Work Phone:	Home Phone:	Mobile Phone:	
E-mail Address:			
Relationship to Applicant:			
IMPORTANT CUSTOMER DISCLOSURES			
I have read and agree with the following statements and disclosures available at www.leksecurities.com			
<ul style="list-style-type: none"> • Initial Margin Disclosure Statement • Electronic Consent Form • Privacy Policy • Truth in Lending Statement • Day Trading Risk Disclosure Statement • Statement of Additional Risks Associated with Trading in the Premarket Session or Post-Market Session 			
Signature:			
Applicant Print Name:			Date:
Signature:			

This is for Internal Use Only			
Branch:		Account ID:	
IB Signature:		Date:	
IB Print Name:			
Rep Signature:		Date:	
Rep Print Name:			
Is the RR registered in the state where the customer resides: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Principle Signature:		Date:	
Principle Print Name:			
Compliance Signature:		Date:	
Compliance Print Name:			
Compliance: <input type="checkbox"/> MIS <input type="checkbox"/> Photo ID <input type="checkbox"/> W8/W9			