

New Account Form

New

Change

Account Name:

Branch:

Account Acronym:

Tax I.D.:

Date:

Address:

Contact Name:

Contact Phone No.:

Contact Fax No.:

Contact Email:

City State Zip

Type of Firm: Registered BD Hedge Fund
 Bank Investment Advisor Foreign BD
 Foreign Bank Other _____

Type of Clearing: In-House DVP/RVP
 ACT CMTA NSCC (Flip) OTC
 Other _____

Delivery Instructions:

Commission Profile: (price/100)

DTC _____ Agent _____

1. Listed _____

Institutional _____ Account _____

2. Billable _____

Interested Parties:

3. Option _____

IP 1 Instit ID: _____ Acct No.: _____

4. OTC _____

IP 2 Instit ID: _____ Acct No.: _____

5. CMTA _____

Will they be using ROX? Yes No

6. ECN _____

Will they need FIX Connectivity? Yes No

7. Other _____

ALERT Code, if applicable: _____

8. PassThrus Yes No

Investment Objective (s):

Investment Advisor and/or Introd. Broker:

Income Growth Speculation

Managed By: _____

Trading Other (specify) _____

Introduced By: _____

Is customer an officer, director or 10% shareholder of any publicly held company? YES NO. Is the customer (1) a broker-dealer, (2) an officer, director, general partner, employee or agent of a broker-dealer, (3) a senior officer of a banking organization (any kind), insurance company, registered investment company, registered advisory firm or other institutional type account, or a person in the securities department -- or in a position to influence transactions -- of any such institution, (4) an immediate family member of any person in 2 or 3, or (5) an account in which a broker-dealer or any person in 2, 3, or 4, has a beneficial interest? YES NO. If "YES", specify (indicate name, relationship and position): _____

Is the RR registered in the state where the customer resides? YES NO

Registered Rep Signature _____ Date _____

Supervisor Approval _____ Date _____