

____-____-____
 Brokerage account number

 Investment Representative name and number

CUSTOMER ID VERIFIED YES NO
 (Must be completed)

Valet Asset Management Account Application

Please print clearly in BLUE or BLACK ink. Minimum balance required to open an account is \$5,000 in cash and/or securities.

<p>1. ACCOUNT TYPE Please select one</p> <p><input type="checkbox"/> Upgrade of existing brokerage account to a Valet Asset Management Account</p> <p>Current account # ____-____-____</p> <p><input type="checkbox"/> New brokerage account</p>	<p>2. ACCOUNT REGISTRATION Please select one (only required for new accounts)</p> <p><input type="checkbox"/> Individual (In your name only) <input type="checkbox"/> Joint - WROS (With Right of Survivorship) <input type="checkbox"/> Joint - TEN COM (Tenants in Common) <input type="checkbox"/> Trust</p> <p><input type="checkbox"/> Corporate <input type="checkbox"/> Community Property <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership</p> <p><i>Please Note - Certain Account registrations require additional documentation. Please consult your Investment Representative for details.</i></p>
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3. CASH MANAGEMENT OPTIONS

Comprehensive Check Writing Please select one of the following check styles:
 (If no box is checked, **no checks will be issued**)

Standard wallet size (**S**) (Free initial order of 50 checks - reorders of 120 \$15)

End stub deskbook (**D**) (\$35 initial order of 300 checks - reorders \$27)

Business style (**B**) (\$60 initial order of 300 checks - reorders \$40)

See Valet brochure for more details about check styles available.

(Please select card type)

Visa © Classic Debit/ATM **Visa © Platinum Debit/ATM** **No Debit/ATM**
 (A maximum of two cards may be issued for each account. If no box is checked, **no cards will be issued.**)

Please issue a card to the primary account owner only

Please issue a card to both the primary account owner and co-applicant

Please issue a card in the following name(s): _____

For corporate accounts, partnerships, and approved trust accounts only

4. ACCOUNT HOLDER(S) (Only required for new accounts)

Primary Account Holder	Your Social Security or Tax ID Number	Passport Number (if not a U.S. citizen)	E-mail Address
____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	____	____
Date of Birth	Are you married?	Driver's License Number/State, or Government Issued Identification Number	
____	____	____	
Country of Citizenship (if other than U.S.)	Country of Legal Residence (if other than United States, attach Form W-8)		
____	____		
Co-Applicant	Social Security or Tax ID Number	Passport Number (if not a U.S. citizen)	E-mail Address
____/____/____	<input type="checkbox"/> Yes <input type="checkbox"/> No	____	____
Date of Birth	Are you married?	Driver's License Number/State, or Government Issued Identification Number	
____	____	____	
Country of Citizenship (if other than U.S.)	Country of Legal Residence (if other than United States, attach Form W-8)		
____	____		
Home Address (P.O. Box is not sufficient)	City	State	Zip Code
____	____	____	____
Mailing Address (if different from home address, P.O. Box may be used)	City	State	Zip Code
____	____	____	____

Rule 14b-1(c) of the Securities Exchange Act, unless you object, requires us to disclose to an issuer, upon its request, the names, addresses, and securities positions of our customers who are beneficial owners of the issuer's securities held by us in nominee name. The issuer would be permitted to use your name and other related information for corporation communication only. If you object to this disclosure check the box below. Yes, **I do object** to the disclosure of such information.

5. EMPLOYMENT DETAILS (Only required for new accounts)

Employment Status Employed Self-employed Unemployed Retired
 If retired or unemployed, please list source of your income in the Employer section.

Your Employer	Occupation/Position	Years of Employment	Type of Business
____	____	____	____
Business Address	City	State	Zip Code
____	____	____	____
Business Telephone	____		
____	____		
Co-Applicant's Employer	Occupation/Position	Years of Employment	Type of Business
____	____	____	____
Business Address	City	State	Zip Code
____	____	____	____
Business Telephone	____		
____	____		

EMPLOYMENT AFFILIATION (IF APPLICABLE)

If you or the Co-Applicant on this account work for, or are affiliated with, a securities firm, exchange, or any of its affiliated companies, or are a director, officer, or 10% shareholder of any publicly owned company, please specify the name of the company.

Your Company	Position	Co-Applicant's Company	Position
____	____	____	____

Perforation

(For office use only - Please continue application on the other side)

