

# New Account Application

## Introducing Broker-Dealer

Account # \_\_\_\_\_

Rep ID # \_\_\_\_\_

### Registration Type

INDIVIDUAL/JOINT	IRA/ERISA IRA:	ROTH:	OTHER	OTHER	BUSINESS
Individual	Traditional	Regular	External Custodian IRA	Trust	C-Corp
Joint	Rollover	Rollover	Profit Sharing Plan	Estate	S-Corp
Guardian/Custodian	SEP	Conversion	Pension Plan	Municipality	LLC
Subscription	Simple	Beneficiary		- Investing Bond Proceeds	Partnership
	Beneficiary			- No Bond Proceeds	Sole Proprietorship
	Educational			Other	Non-Profit
					Foreign Institution

### Account Type

Cash Option (Option Agreement Required)  
 Margin (Margin Agreement Required) Transfer on Death (TOD Agreement Required)

### Account Information

Account Title

Legal Address (No P.O. Boxes)

City  State  Zip/Postal Code

Mailing Address (If different from above)

City  State  Zip/Postal Code

### Primary Account Holder Information

Individual or Primary Holder  Minor  Business  Trust  Estate

Primary's Legal Name

Social Security Number or Taxpayer ID Number  Date of Birth

Legal Address (No P.O. Boxes)

City  State  Zip/Postal Code

Home Telephone Number  Business Number  Extension

Email Address  Cell Number

Citizenship: U.S.  Other (W-8 Required)

**Governmental ID:** Persons (choose one): Drivers License  Passport  Military ID  Other Government ID

**Institutions** (Attach any of the documents below):

Business Formation Document  Business License  Corporate Resolution  Partnership Agreement  Trust Document

Document Number  County/State of Issuance

Issuance Date  Expiration Date

**Gender:** Male  Female  **Marital Status:** Married  Single  Widowed  Divorced  **Number of Dependents:**  **Age(s):**

**Employment Status:** Employed  Not Employed  Retired  Student  Occupation

Employer Name  Address

City  State  Zip/Postal Code

Are you or your spouse employed by or otherwise associated with a stock exchange, a member firm of a stock exchange or FINRA, or a municipal securities dealer?

Yes  No  Employed by / Associated with

If yes, the entity with which you or your spouse are employed or associated must provide written consent to the opening of your account and provide an address to which duplicate confirmations and statements will be sent.

Are you or any of your relatives sharing your home, a policy-making officer, director, a 10% shareholder, or otherwise considered an affiliate of a publicly traded company

for purpose of SEC Rule 144? Yes  No  Company Name  Ticker

Are you (or are you related to someone who is) an employee or agent of INTL FCStone Financial Inc. or an INTL FCStone affiliated company?

Yes  No  Name  Position  Relationship

**Secondary Account Holder Information (Attach additional pages if more than one)**

**Type:** Joint Holder Custodian/Guardian Partner Trustee Executor Authorized Person

Secondary's Legal Name

Social Security Number or Taxpayer ID Number  Date of Birth

Legal Address (No P.O. Boxes)

City  State  Zip/Postal Code

Home Telephone Number  Business Number  Extension

Email Address  Cell Number

**Citizenship:** U.S. Other (W-8 Required)

**Governmental ID: Persons** (choose one): Drivers License Passport Military ID Other Government ID

Document Number  County/State of Issuance

Issuance Date  Expiration Date

**Gender:** Male Female **Marital Status:** Married Single Widowed Divorced **Number of Dependents:**  **Age(s):**

**Employment Status:** Employed Not Employed Retired Student Occupation

Employer Name  Address

City  State  Zip/Postal Code

Are you or your spouse employed by or otherwise associated with a stock exchange, a member firm of a stock exchange or FINRA, or a municipal securities dealer?

Yes No Employed by / Associated with

If yes, the entity with which you or your spouse are employed or associated must provide written consent to the opening of your account and provide an address to which duplicate confirmations and statements will be sent.

Are you or any of your relatives sharing your home, a policy-making officer, director, a 10% shareholder, or otherwise considered an affiliate of a publicly traded company for purpose of SEC Rule 144? Yes No Company Name  Ticker

Are you (or are you related to someone who is) an employee or agent of INTL FCStone Financial Inc. or an INTL FCStone affiliated company?

Yes No Name  Position  Relationship

**Retirement Accounts Subject to ERISA**

Employer or other Responsible Plan Fiduciary:

Contact Name  Contact Phone Number

Contact Address  Contact Email

**Joint Account Ownership**

It is the express intention of the undersigned that ownership of this account be vested in them as (check one):  
 Joint tenants with rights of survivorship and not as tenants in common or as tenants by the entirety. In the event of the death of either or any of the undersigned, the entire interest in the Joint Account shall be vested in the survivor or survivors on the same terms and conditions as theretofore held, without in any manner releasing the undersigned or their estates from the liability provided for in this Agreement.

Tenants in common. In the event of the death of either or any of the undersigned, the interests in the tenancy shall be equal unless otherwise specified immediately below. If tenants in common, if interests are not to be equal, designate the percentage interest of each tenant.

Name  % Name  %

Community Property (Opened in the name of 2 legally married people, age 18 or over, and who are residents of Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Phillipine Islands, Puerto Rico, Texas, Wisconsin, or Washington.)

**Client Profile (This information is mandatory. Please use combined figures if joint account.)**

FINRA requires INTL FCStone Financial Inc. to classify banks, savings and loan associations, insurance companies, registered investment companies, investment advisors or any individual or entity with \$50 million or more in assets as an Institutional Investor. Check here if you presently qualify under this definition:  
 Do you have any accounts at other Brokerage Firms? Yes No If yes, indicate firm(s):

Investment Experience	None N	Limited A	Average B	Extensive C	# of Years
Stocks/Bonds					
Mutual Funds					
Annuities					
Options					
Alternative Investments					

Account #  Rep ID #

**Client Profile** continued

Check Appropriate Boxes (Choose one per row)	\$0-\$49,999 A	\$50,000-\$99,999 B	\$100,000-\$199,999 C	\$200,000-\$499,999 D	\$500,000-\$999,999 E	\$1,000,000-\$2,499,999 F	\$2,500,000- or more G
Annual Income (all sources)							
Liquid Net Worth							
Net Worth (excluding residence)							

<b>Investment Profile</b>	A Capital Preservation	B Conservative	C Moderately Conservative	D Moderate	E Moderately Aggressive	F Aggressive	G Speculation
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\*See Investment Profile descriptions included in this account document package.

<b>Time Horizon:</b> When do you expect to begin withdrawing significant funds from this account?	A < 1 yr	B 1-3 yrs	C 4-6 yrs	D 7-9 yrs	E 10-12 yrs	F 13-15 yrs	G >15 yrs
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<b>Federal Tax Bracket</b>	≥10%	11-20%	21-30%	31-34%	≤ 35%
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<b>Liquidity Needs:</b> In the event you have unexpected changes in your life or financial situation, what is the likelihood you will need to access funds from this account to satisfy short term requirements?	1 Low	2 Medium	3 High
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<b>What is the primary source of funds for this account?</b>	A Income	B Sale of Business or Property	C Inheritance / Gift	D Insurance or Legal Settlement	E Pension / Retirement Savings	F Funds from Another Brokerage Account	G Other/Please specify: _____
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**Service Instructions**

**When Buying Securities:**

- Hold in Account
- Deliver in Client Name

**Cash Dividends/Interest:**

- Cash Sweep Option
- Mail Check
- Monthly
- Semi-Monthly

**Choose Cash Sweep Options:**

- SAI-Insured Deposit Account (FDIC Insured)
- FTT-Federated Trust for US Treasury Obligations
- FGO-Federated Government Obligations Fund

**When Selling Securities:**

- Cash Sweep Option
- Settle by Check

**Online Account Access and Electronic Delivery**

Is this account to be set up with Online Access and/or Electronic Delivery?      Yes      No

If Yes, please provide email address

Please Note: An email will be sent to the address of the primary account holder with instructions to the client portal.

**Householding of Statements**

Do you wish for statements to be combined with other accounts of this Household for delivery purposes?      Yes      No

If Yes: Primary Account number:

**Interested Party Information:**

Name  Address

City  State  Zip/Postal Code

Telephone  Email

Professional Capacity (Accountant, Attorney, etc.):

To the above Interested Party, please provide duplicate      Statements      Trade Confirmations      1099s

I authorize you to communicate with the above Interested Party about my account.

Name  Address

City  State  Zip/Postal Code

Telephone  Email

Professional Capacity (Accountant, Attorney, etc.):

To the above Interested Party, please provide duplicate      Statements      Trade Confirmations      1099s

I authorize you to communicate with the above Interested Party about my account.

Account #  Rep ID #

# New Account Application

## Introducing Broker-Dealer

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT.** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. A corporation, partnership, trust or other legal entity may need to provide other information, such as its principal place of business, local office, employer identification number, certified articles of incorporation, government-issued business license, a partnership agreement, or a trust agreement.

\_\_\_\_\_  
**Account Number**

\_\_\_\_\_  
**Primary Account Holder Signature**

\_\_\_\_\_  
**Secondary Account Holder Signature**

\_\_\_\_\_  
**Primary Account Holder Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Secondary Account Holder Name**

\_\_\_\_\_  
**Date**

### For Introducing Broker-Dealer Use Only

\_\_\_\_\_  
**Signature of Registered Representative**

\_\_\_\_\_  
**Rep Code**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Supervisory Principal**

\_\_\_\_\_  
**Date**