

NEW ACCOUNT APPROVAL FORM

Account Number:

Account Information

Account Type: Cash Margin / Short Option Rep.code _____ Open Date: _____ Initial deposit \$ _____
 Is this account for a Foreign Bank? YES NO. If YES, please list U.S. agent for service of process: _____

Name of Primary Acct. Holder or Title of Acct: _____
 (Write name exactly as it appears on Social Security Card or Fed ID Registration)

Name of Secondary Acct. Holder: _____

Primary Account Holder Information:

SSN, Fed ID, Cedula, NIT#:				Home phone:
Residential Address: (No PO Boxes)				
City, State, Zip:				
Mailing Address (if different):				
City, State, Zip:				Marital status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W
Employer's Name:				Occupation:
Employer's Address:				Employer's phone:
City, State, Zip:				
Business Nature:				Years Employed:
Email Address:				Date of Birth:

Industry and Other Affiliations

Are you, your spouse, or any other immediate family members, including parents, in-laws, sibling or dependents: Yes <input type="checkbox"/> No <input type="checkbox"/>	
IF CHECKED YES, OBTAIN AND ATTACH COMPLIANCE OFFICER'S LETTER OF APPROVAL	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? If yes, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this Application). <input type="checkbox"/> Broker-Dealer or Municipal Securities Dealer <input type="checkbox"/> Investment Adviser <input type="checkbox"/> FINRA or other serl-Regulatory Organization <input type="checkbox"/> State or Federal Securities Regulator Name of Entity(ies): _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	An officer, director or 10% (or more) shareholder in a public-owned company? What is your title? 10% shareholder <input type="checkbox"/> CEO <input type="checkbox"/> CFO <input type="checkbox"/> COO <input type="checkbox"/> Other: _____ Name of Company and symbol: _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	A senior military, governmental or political official in a non-US country? Name of country: _____

Citizenship Information:

Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Country of Birth: _____	Country Residing In: _____

Secondary Account Holder Information (If Joint Acct.): Yes No - Is Secondary Account holder the Spouse of Primary Account Holder?

SSN, Fed ID, Cedula, NIT#:				Home phone:
Residential Address: (No PO Boxes)				
City, State, Zip:				
Mailing Address (if different):				
City, State, Zip:				Marital status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W
Employer's Name:				Occupation:
Employer's Address:				Employer's phone:
City, State, Zip:				
Business Nature:				Years Employed:
Email Address:				Date of Birth:

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Industry and Other Affiliations

Are you, your spouse, or any other immediate family members, including parents, in-laws, sibling or dependents:

 Yes No

 IF CHECKED YES, OBTAIN
 AND ATTACH COMPLIANCE
 OFFICER'S LETTER OF
 APPROVAL

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?

If yes, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this Application).

 Broker-Dealer or Municipal Securities Dealer Investment Adviser
 FINRA or other serl-Regulatory Organization State or Federal Securities Regulator

Name of Entity(ies):

 Yes No
An officer, director or 10% (or more) shareholder in a public-owned company?
What is your title? 10% shareholder CEO CFO COO Other: _____

Name of Company and symbol:

 Yes No
A senior military, governmental or political official in a non-US country? Name of country:

Citizenship Information:

 Are you a U.S.
 Citizen?

 Yes No

Resident Alien?

 Yes No

Non-Resident Alien?

 Yes No

Country of Birth:

Country Residing In:

Income:	Liquid Net Worth: (Cash & liquid investment only)	Net Worth: (Excluding Residence)
\$ _____	\$ _____	\$ _____
<input type="checkbox"/> \$0 - 24,999	<input type="checkbox"/> \$0 - 24,999	A <input type="checkbox"/> \$0 - 24,999
<input type="checkbox"/> \$25,000 - 39,999	<input type="checkbox"/> \$25,000 - 39,999	B <input type="checkbox"/> \$25,000 - 39,999
<input type="checkbox"/> \$40,000 - 64,999	<input type="checkbox"/> \$40,000 - 64,999	C <input type="checkbox"/> \$40,000 - 64,999
<input type="checkbox"/> \$65,000 - 124,999	<input type="checkbox"/> \$65,000 - 124,999	H <input type="checkbox"/> \$65,000 - 124,999
<input type="checkbox"/> \$125,000 - 249,999	<input type="checkbox"/> \$125,000 - 249,999	I <input type="checkbox"/> \$125,000 - 249,999
<input type="checkbox"/> \$250,000 - \$499,999	<input type="checkbox"/> \$250,000 - \$499,999	J <input type="checkbox"/> \$250,000 - \$499,999
<input type="checkbox"/> \$500,000 - \$999,999	<input type="checkbox"/> \$500,000 - \$999,999	M <input type="checkbox"/> \$500,000 - \$999,999
<input type="checkbox"/> \$1,000,000 - Over	<input type="checkbox"/> \$1,000,000 - Over	N <input type="checkbox"/> \$1,000,000 - Over

Investment experience:		
	Nº of years	Nº trades per year:
Options:		
Stocks:		
Bonds:		

Payment Instructions:	
Securities	Money
<input type="checkbox"/> Transfer & Ship	<input type="checkbox"/> Pay
<input checked="" type="checkbox"/> Hold St. Name	<input checked="" type="checkbox"/> Hold
Dividends	<input checked="" type="checkbox"/> Hold
<input type="checkbox"/> Pay Monthly	
Principal & Maturity:	
<input checked="" type="checkbox"/> Credit to Account	<input type="checkbox"/> Send Payment

Investment Objectives:
<input type="checkbox"/> Current Income - Preservation of capital with a primary consideration on current income
<input type="checkbox"/> Balanced - A balance between capital appreciation and current income with the primart consideration being current income
<input type="checkbox"/> Growth & Income - A balance between capital appreciation and current income with the primary consideration being capital appreciation
<input type="checkbox"/> Growth - Capital appreciation through quality equity investment and little or no income
<input type="checkbox"/> Maximum Growth - Maximum capital appreciation with higher risk and tittle to no income
<input type="checkbox"/> Speculation - Maximum total return potential, invovinf a higher degree or risk of trough investment in a broad spectrum of securities

Type of Registration:
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JTWR0S Joint with Rights of Survivorship (except in LA)
<input type="checkbox"/> CORPORATE <input type="checkbox"/> JOINT TENANTS IN COMMON
<input type="checkbox"/> Retirement Account-Type <input type="checkbox"/> Foreign Non-Resident Alien
<input type="checkbox"/> Resident Alien
<input type="checkbox"/> Other (Circle): Limited Leability Company, Trust, Partnership, Non-Profit, Sale Proprietorship, Investment Club.

Risk Tolerance:	<input type="checkbox"/> A - Low	<input type="checkbox"/> B - Moderate	<input type="checkbox"/> C - Aggressive	<input type="checkbox"/> D - Speculative
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Money Fund Instructions
<input type="checkbox"/> COR Insured Deposit (DLD)
<input type="checkbox"/> I do not sweep to COR Insured Deposit (DLD)
Disclaimer: By initialing this document, I represent my consent and authorization to participate in the chosen Sweep Program I acknowledge that have read and undertand the terms and conditions of the Sweep Program included in the Customer Agreement.
<input checked="" type="checkbox"/> Primary Initials

Customer Signature:

BY SIGNIN THIS APPLICATION, I (WE) ACKNOWLEDGE THE FOLLOWING: (1) THAT, PAGE 2 PARAGRAPH 21 OF THE CUSTOMER ACCOUNT AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE AND IN ACCORDANCE WITH THIS AGREEMENT I (WE) AGREE IN ADVANCE TO ARBITRATE ANY CONTROVERSIES WHICH MAY ARISE BETWEEN OR AMONG ME (US), MY BROKER, AND/OR CLEARING FIRM, (2) RECEIPT OF A COPY OF THE CUSTOMER ACCOUNT AGREEMENT FOLLOWING THIS APPLICATION AND MY (OUR) AGREEMENT WITH THE TERMS THEREIN AND (3) THE INFORMATION PROVIDED ABOVE IS ACCURATE.

Primary Account Holder:

Date:

Secondary Account Holder:

Date:

Broker Use Only:

Registered Rep Signature:	Print Name	Date:
General Principal Signature:	Print Name	Date: