

NEW ACCOUNT APPROVAL FORM
Account Number: _____

| | | | |
|--|--------------------------------|--|------------------|
| Account Information: | | | |
| Account type: | Cash Margin/Short Option | Rep Code: _____ | Open Date: _____ |
| Initial Deposit (\$): _____ | | Is this account a Foreign Bank? Yes No | |
| If yes, please list U.S. Agent for service of process: _____ | | | |

Title of Account: _____

| | |
|--|-------|
| Entity Information: | |
| Name of Entity: | _____ |
| EIN / Tax ID #: | _____ |
| Business Phone: | _____ |
| Residential Address: (No# PO Boxes) | _____ |
| City, State, Zip: | _____ |
| Mailing Address: (if different) | _____ |
| City, State, Zip: | _____ |
| Business Nature: | _____ |
| Email Address: | _____ |

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 | <input type="checkbox"/> <input type="checkbox"/> | 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 Regulator |
| Name of Entity(ies): _____ | | |

| | | |
|-----------|---|---|
| Yes No | <input type="checkbox"/> <input type="checkbox"/> | 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 | <input type="checkbox"/> <input type="checkbox"/> | A senior military, governmental or political official in a non-US country? Name of Country: _____ |
|-----------|---|--|

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

| | |
|---|--|
| Type of Registration: | |
| INDIVIDUAL | JTWROS (Joint With Rights Of Survivorship (except in LA)) |
| CORPORATE | JOINT TENANTS IN COMMON |
| RETIREMENT | Foreign Non-Resident Alien Resident Alien |
| Other (circle): Limited Liability Company, Trust, Partnership, Non-profit, Sale Proprietorship, Investment Club | |

| | | |
|-------------------------------|-------------|-----------------------|
| Investment Experience: | | |
| | N# of Years | N# of Trades per Year |
| Options | | |
| Stocks | | |
| Bonds | | |
| Other | | |

| |
|---|
| Money Fund Instructions: |
| COR Insured Deposit (DLD) |
| 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 I have read and understand the terms and conditions of the Sweep Program included in the Customer Agreement.

X _____ **Primary Initials**

| | | |
|---------------------------------|-----|----|
| Citizenship Information: | | |
| Are you a U.S. Entity? | Yes | No |
| Resident Alien? | Yes | No |
| Non-Resident Alien? | Yes | No |
| Country of Incorporation: _____ | | |
| Country Residing In: _____ | | |

NEW ACCOUNT APPROVAL FORM

| | | | | | | | | | | | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Account Number: | | | | | | | | | | | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| Payment Instructions: | Securities: | Money: | Dividends: | Principal & Maturity: |
|-----------------------|-------------------------------------|-------------|---------------------|-----------------------------------|
| | Transfer & Ship Hold on St. Name | Pay Hold | Pay Monthly Hold | Credit to account Send Payment |

| Risk Tolerance: | A - Low | B - Moderate | C - Aggressive | D - Speculative |
|-----------------|---------|--------------|----------------|-----------------|
|-----------------|---------|--------------|----------------|-----------------|

| Investment Objectives: |
|---|
| Current Income - Preservation of capital with a primary consideration on current income |
| Balanced - A balance between capital appreciation and current income with the primary consideration being current income |
| Growth & Income - A balance between capital appreciation and current income with the primary consideration being capital appreciation |
| Growth - Capital appreciation through quality equity investment and little or no income |
| Maximum Growth - Maximum capital appreciation with higher risk and little to no income |
| Speculation - Maximum total return potential, involving a higher degree or risk through investments in a broad spectrum of securities |

| Associated Party 1 - Personal & Employment Information | |
|--|---|
| Name: | |
| SSN, Fed ID, NIT#: | Home phone: |
| Residential Address: (No PO Boxes) | |
| City, State, Zip: | |
| Mailing Address: (if different) | |
| City, State, Zip: | Marital Status: S M D W |
| Employer's Name: | Occupation: |
| Employer's Address: | Employer's phone: |
| City, State, Zip: | |
| Business Nature: | Years Employed: |
| Email Address: | Date of Birth: |

| Associated Party 1 Industry and Other Affiliations: (Are you, your spouse, or any other immediate family members, including parents, in-laws, sibling or dependents): | |
|---|---|
| Yes No | 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 checked YES, OBTAIN AND ATTACH COMPLIANCE OFFICER'S LETTER OF APPROVAL 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). <div style="display: flex; justify-content: space-around;"> Broker-Dealer or Municipal Securities Dealer FINRA or other serl-Regulatory Organization Investment Adviser State or Federal Regulator </div> 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: _____ |

| Associated Party 1 - Citizenship Information: | |
|---|---|
| Are you a U.S. Entity: Yes No | Resident Alien: Yes No Non-Resident Alien? Yes No Country of Incorporation: _____ Country Residing In: _____ |

| Associated Party 1 - Usa Patriot Act Information: | |
|---|---|
| Driver's Licence | Passport |
| Country of Issuance: _____ | State ID |
| ID Number: _____ | Issue Date (mm/dd/year): _____ Expiration Date (mm/dd/year): _____ |

NEW ACCOUNT APPROVAL FORM

| | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|
| Account Number: | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|--|--|

Associated Party 2 - Personal & Employment Information

| | |
|---------------------------------------|---|
| Name: | |
| SSN, Fed ID, 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: |

Associated Party 2 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"/> | <p>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>If checked YES, OBTAIN AND ATTACH COMPLIANCE OFFICER'S LETTER OF APPROVAL</p> <p>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).</p> <table border="0"> <tr> <td>Broker-Dealer or Municipal Securities Dealer</td> <td>Investment Adviser</td> </tr> <tr> <td>FINRA or other serl-Regulatory Organization</td> <td>State or Federal Regulator</td> </tr> </table> <p>Name of Entity(ies): _____</p> | Broker-Dealer or Municipal Securities Dealer | Investment Adviser | FINRA or other serl-Regulatory Organization | State or Federal Regulator |
| Broker-Dealer or Municipal Securities Dealer | Investment Adviser | | | | |
| FINRA or other serl-Regulatory Organization | State or Federal Regulator | | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | <p>An officer, director or 10% (or more) shareholder in a public-owned company?</p> <p>What is your title? <input type="checkbox"/> 10% shareholder <input type="checkbox"/> CEO <input type="checkbox"/> CFO <input type="checkbox"/> COO <input type="checkbox"/> Other: _____</p> <p>Name of Company and symbol: _____</p> | | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | <p>A senior military, governmental or political official in a non-US country? Name of Country: _____</p> | | | | |

Associated Party 2 - Citizenship Information:

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

Associated Party 2 - Usa Patriot Act Information:

| | | |
|----------------------------|-------------------------------------|----------|
| Driver's Licence | Passport | State ID |
| Country of Issuance: _____ | Issue Date (mm/dd/year): _____ | |
| ID Number: _____ | Expiration Date (mm/dd/year): _____ | |

Client Signature:

| | | |
|------------------------------------|---|-------------|
| Primary Associated Party: | X | Date: _____ |
| Secondary Associated Party: | X | Date: _____ |

Broker Use Only:

| | | |
|-------------------------------------|--------------------|--------------|
| Registered Rep Signature: | Print Name: | Date: |
| _____ | _____ | _____ |
| General Principal Signature: | Print Name: | Date: |
| _____ | _____ | _____ |