

NEW ACCOUNT APPLICATION

Account # _____

Rep ID # _____

Registration Type

INDIVIDUAL/JOINT

- Individual
- Joint
- Guardian/Custodian
- Non-US Individual
- Non-US Joint

IRA/ERISA

IRA:

- Traditional
- Rollover
- SEP
- Simple
- Beneficiary
- Educational

ROTH:

- Regular
- Rollover
- Conversion
- Beneficiary

OTHER:

- External Custodian IRA
- Profit Sharing Plan
- Pension Plan

OTHER

- Trust
- Estate
- Municipality - Investing Bond Proceeds
- Municipality - No Nond Proceeds
- Other

BUSINESS

- C-Corp
- S-Corp
- LLC
- Partnership
- Sole Proprietorship
- Non-Profit
- Non-US Institution

Account Type

- Cash
 Margin (Margin Agreement Required)
 Option (Option Agreement Required)
 Transfer o Death (TOD Agreement Required)

Account Information

Account Title: _____

Legal Address: _____
(No P.O. Boxes)

City: _____ State/Province: _____ Zip Code: _____ Country: _____

Mailingdress: _____
(if different)

City: _____ State/Province: _____ Zip Code: _____ Country: _____

Primary Account Holder Information

Legal Name: _____

Social Security # _____ Tax ID: _____ Date of Birth: _____

Legal Address: _____
(No P.O. Boxes)

City: _____ State/Province: _____ Zip Code: _____ Country: _____

Email Address: _____ Cell Phone: _____

Home Phone: _____ Business Phone: _____ Extension _____

Citizenship: U.S. Other (W-8Required) Government ID: Drivers License Passport
 Military ID Other Government ID

Gender: Male Female Document Number: _____

Marital Status: Single Married Divorced Widowed Country /State of Issuance: _____

Number of Dependents: _____ Ages: _____

Employment Status: Employed Not Employed Retired Student Issuance Date: _____ Expiration Date: _____

Employer Name: _____ Occupation: _____

Employer Address: _____

City: _____ State/Province: _____ Zip Code: _____ Country: _____

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 the address to which duplicate confirmations and statements will be sent.

Are you or any relatives sharing your home a policy-making officer, director, a 10 percent shareholder, or otherwise considered an affiliate of a public trade 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 SA Stone Wealth Management Inc. or an INTL FCStone affiliated company?

Yes No Name: _____ Position: _____ Relationship: _____

Are you or your spouse a politically exposed person, current or former senior official of a foreign government or political party, or senior executive of a foreign government owned commercial enterprise, or a family member or close associate of such person?

Yes No Political Organization: _____ Politically Exposed Person Name: _____ Relation to Account Holder: _____

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

Legal Name: _____

Social Security # _____ Tax ID: _____ Date of Birth: _____

Legal Address: _____
(No P.O. Boxes)

City: _____ State/Province: _____ Zip Code: _____ Country: _____

Email Address: _____ Cell Phone: _____

Home Phone: _____ Business Phone: _____ Extension _____

Citizenship: U.S. Other (W-8 Required) Government ID: Drivers License Passport
 Military ID Other Government ID

Gender: Male Female Document Number: _____

Marital Status: Single Married Divorced Widowed Country /State of Issuance: _____

Number of Dependents: _____ Ages: _____

Employment Status: Employed Not Employed Retired Student Issuance Date: _____ Expiration Date: _____

Employer Name: _____ Occupation: _____

Employer Address: _____

City: _____ State/Province: _____ Zip Code: _____ Country: _____

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 the address to which duplicate confirmations and statements will be sent.

Are you or any relatives sharing your home a policy-making officer, director, a 10 percent shareholder, or otherwise considered an affiliate of a public trade 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 SA Stone Wealth Management Inc. or an INTL FCStone affiliated company?

Yes No Name: _____ Position: _____ Relationship: _____

Are you or your spouse a politically exposed person, current or former senior official of a foreign government or political party, or senior executive of a foreign government owned commercial enterprise, or a family member or close associate of such person?

Yes No Political Organization: _____ Politically Exposed Person Name: _____ Relation to Account Holder: _____

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.

Joint 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 interest 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, Philippine Islands, Puerto Rico, Texas, Wisconsin, or Washington.)

Retirement Accounts Subject to ERISA

Employer or other Responsible Plan Fiduciary:

Contact Name: _____ Contact Phone Number: _____

Contact Address: _____ Contact Email: _____

Service Instructions

When Buying Securities:

- Hold in Account
- Deliver in Client Name

When Selling Securities:

- Hold in Account
- Settle by Check

Cash Dividends/Interest:

- Hold in Account
- Reinvest Dividends
- Mail Check Monthly
- Mail Check Semi-Monthly

Cash Sweep Program:

- FDIC Insured Deposit Program

Online Account Access and Electronic Delivery

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

YES NO Do you wish for statements to be combined with other accounts of this Household for delivery purposes?
 If Yes: Primary Account number _____

Client Profile continued

Check here if you presently qualify under this definition: 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.

Do you have any accounts at other Brokerage Firms? Yes No If yes, indicate firm(s): _____

Investment Experience	N	A	B	C	# of Years
Stocks/Bonds	<input type="checkbox"/> None	<input type="checkbox"/> Limited	<input type="checkbox"/> Average	<input type="checkbox"/> Extensive	_____
Mutual Funds	<input type="checkbox"/> None	<input type="checkbox"/> Limited	<input type="checkbox"/> Average	<input type="checkbox"/> Extensive	_____
Annuities	<input type="checkbox"/> None	<input type="checkbox"/> Limited	<input type="checkbox"/> Average	<input type="checkbox"/> Extensive	_____
Options	<input type="checkbox"/> None	<input type="checkbox"/> Limited	<input type="checkbox"/> Average	<input type="checkbox"/> Extensive	_____
Alternative Investments	<input type="checkbox"/> None	<input type="checkbox"/> Limited	<input type="checkbox"/> Average	<input type="checkbox"/> Extensive	_____

Federal Tax Bracket <10% 10-15% 15-25% 25-28% 28-33% 33-35% 35-39.60% >39.60%

Liquidity Needs

	1	2	3
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 requirements?	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High

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

Investment Profile	A	B	C	D	E	F	G
*See Investment Profile descriptions included at the end of this document.	<input type="checkbox"/> Capital Preservation	<input type="checkbox"/> Conservative	<input type="checkbox"/> Moderately Conservative	<input type="checkbox"/> Moderate	<input type="checkbox"/> Moderately Aggressive	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Speculation

Time Horizon	A	B	C	D	E	F	G
When do you expect to begin withdrawing significant funds from this account?	<input type="checkbox"/> <1 yr	<input type="checkbox"/> 1-3 yrs	<input type="checkbox"/> 4-6 yrs	<input type="checkbox"/> 7-9 yrs	<input type="checkbox"/> 10-12 yrs	<input type="checkbox"/> 13-15 yrs	<input type="checkbox"/> >15 yrs

Fund Source	A	B	C	D	E	F	G
What is the primary source of funds for this account?	<input type="checkbox"/> Income	<input type="checkbox"/> Sale of Business or property	<input type="checkbox"/> Inheritance or Gift	<input type="checkbox"/> Insurance or Legal Settlement	<input type="checkbox"/> Pension/Retirement Savings	<input type="checkbox"/> Funds from Another Brokerage Account	Other: <input type="checkbox"/>

Interested Party Information:

Name _____ Address _____
 Email _____ City _____ Country/Province _____
 Telephone _____ State _____ Zip/Postal Code _____
 Professional Capacity (Accountant, Attorney, etc.): _____

To the above Interested Party, please provide duplicate Statements Trade Confirmations 1099s
 I authorize communication with the above Interested Party about my account.

Name _____ Address sadfasdsdfssaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa
 Email _____ City _____ Country/Province _____
 Telephone _____ State _____ Zip/Postal Code _____

Professional Capacity (Accountant, Attorney, etc.): _____
 To the above Interested Party, please provide duplicate Statements Trade Confirmations 1099s
 I authorize communication with the above Interested Party about my account.

Primary's Trusted Contact Person Information:

Name (Full) _____ Address _____
 Email _____ City _____ Country/Province _____
 Mobile Phone _____ State _____ Zip/Postal Code _____
 Home Phone _____ Relationship to Primary _____

Secondary's Trusted Contact Person Information:

Check here if Trusted Contact Person is same as Primary Trusted Contact Person listed above

Name (Full) _____ Address _____
 Email _____ City _____ Country/Province _____
 Mobile Phone _____ State _____ Zip/Postal Code _____
 Home Phone _____ Relationship to Primary _____

Trusted Contact Person Acknowledgments and Signatures

I authorize INTL FCStone Financial Inc., and its affiliates, to communicate with my designated contact person in the event there are questions or concerns regarding my health status, including concerns about my mental capacity, including, but not limited to, concerns that I may not be able to manage my financial affairs. This authorization applies to any current or future account(s) I may maintain at INTL FCStone Financial Inc.

Specifically, I authorize INTL FCStone Financial Inc. to:

- > discuss with any contact person appearing above, which individual may be an immediate family member, close personal friend, attorney, accountant or clergy, among any others that I so authorize, any concerns or observations regarding my cognitive or health related ability to make reasonable decisions about my financial affairs. Such communications will not specifically disclose any information about your INTL FCStone Financial Inc. securities account(s), investments or other personally identifiable information;
- > discuss with my contact person whether any individual(s) has/have legal authority to act on my behalf; and
- > communicate with any individual(s) who claim(s) to have legal authority to act on my behalf to determine whether such individual(s) have such authority.

I understand that there is no requirement that INTL FCStone Financial Inc. reach out to my contact person and that I may withdraw this Contract Authorization at any time by notifying INTL FCStone Financial Inc. in writing at the address shown on my INTL FCStone Financial Inc. account statement. By signing below, you, and your heirs, hold INTL FCStone Financial Inc. harmless if we either act, or fail to act, on your stated preferences based upon our own best judgment.

Multiple contact persons may be designated by completing additional copies of this form for each contact person.

By signing below I confirm that I have both read and agree with all pages of this New Account Form and certify all information is true and correct. I agree that any questions or concerns about this form or the content herein, will be submitted in writing to my Registered Representative.

X

Primary Account Holder Signature

X

Secondary Account Holder Signature

_____	_____	_____	_____
Primary Account Holder Name	Date	Secondary Account Holder Name	Date

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.

For Introducing Broker-Dealer Use Only

X

Signature of Registered Representative **Date**

X

Signature of Supervisory Principal **Date**