

ASSOCIATED PERSON / ADDITIONAL ACCOUNT OWNER FORM

Account #:

Rep ID#:

ASSOCIATED PERSON / ACCOUNT OWNER INFORMATION *Attach additional copies if needed*

Type	Joint Owner	Custodian/Guardian	Partner	Trustee	Executor	Authorized Person
Owner Information	Legal Name			Date of Birth (mm/dd/yyyy)		Social Security Number / Tax ID
	U.S. citizen or permanent resident		Other (W-8 required)		Country of Citizenship	
	Legal Address (No P.O. Boxes)					
Contact Information	City		State / Province	ZIP / Postal Code	Country	
	Email Address		Primary Phone		Mobile Phone	
	Employed		Not Employed		Retired	
	Employer Name		Occupation		Business Phone	
Employment Information	Employer Address		City		State / Province	ZIP / Postal Code
	City		State / Province	ZIP / Postal Code	Country	
	Single		Married		Divorced	
	Widowed		Number of Dependents:		Ages of Dependents:	
	Drivers License		Passport		Military ID	
Government Identification	Document Number		Country / State of Issuance		Date of Issuance (mm/dd/yyyy)	
					Expiration Date (mm/dd/yyyy)	
Are you or your spouse employed by, or associated with, a stock exchange, a member firm of a stock exchange, FINRA, or a municipal securities dealer?						
Yes		No		Company Name		
Are you, or any relatives sharing your home, a policy-making officer, director, a 10 percent shareholder, or otherwise considered an affiliate of a publicly traded company for purposes of SEC Rule 144?						
Yes		No		Company Name		Company Ticker
Are you (or are you related to someone who is) an employee or agent of StoneX Group Inc., or a StoneX-affiliated company?						
Yes		No		Employee / Agent Name		Employee / Agent 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		

SIGNATURE

Associated Person / Additional Account Holder Signature _____

Name _____ Date _____