



# 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		Student
	Employer Name		Occupation		Business Phone		Extension
Employment Information	Employer Address						
	City		State / Province	ZIP / Postal Code	Country		
	Single		Married		Divorced		Widowed
	Number of Dependents:		Ages of Dependents:				
Government Identification	Drivers License		Passport		Military ID		Other Government-Issued ID
	Document Number		Country / State of Issuance		Date of Issuance (mm/dd/yyyy)		Expiration Date (mm/dd/yyyy)
	<p>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?</p> <p>Yes    No</p> <p>Company Name</p>						
<p>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?</p> <p>Yes    No</p> <p>Company Name</p> <p>Company Ticker</p>							
<p>Are you (or are you related to someone who is) an employee or agent of StoneX Group Inc., or a StoneX-affiliated company?</p> <p>Yes    No</p> <p>Employee / Agent Name    Employee / Agent Position    Relationship</p>							
<p>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?</p> <p>Yes    No</p> <p>Political Organization    Politically Exposed Person Name    Relation to Account Holder</p>							

## SIGNATURE

Associated Person / Additional Account Holder Signature

Name \_\_\_\_\_ Date \_\_\_\_\_