

ASSOCIATED PERSON / ADDITIONAL ACCOUNT OWNER INFORMATION



Account #: _____

Rep ID #: _____

(Attach additional pages if more than one)

Type: Joint Holder Custodian/Guardian Partner Trustee Executor Authorized Person

Legal Name: _____

Social Security Number: _____ Non-US Tax ID: _____ Date of Birth: _____

Legal Address: _____
(No PO Boxes)

City: _____ County: _____

State / Province: _____ Postal Code: _____

Home Phone Number: _____ Business Number: _____ Extension: _____

Email Address: _____ Cell Number: _____

Citizenship: US Other (W-8 Required) _____

Government ID: Drivers License Passport Military ID Other Government ID

Document Number: _____ Country/State of Issuance: _____

Issuance Date: _____ Expiration Date: _____

Gender: Male Female **Marital Status:** Married Single Widowed Divorced

Number of Dependents: _____ **Age(s):** _____ **Employment Status:** Employed Not Employed
 Retired Student

Occupation: _____

Employer Name: _____

Employer Address: _____

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

Yes* No 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?
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 an address to which duplicate confirmations and statements will be sent.

Yes* No Are you, or any of your relatives sharing your home, a policy making officer, director, a 10% shareholder, or otherwise considered an affiliate of a publicly traded company for purpose of SEC Rule 144?
Company Name: _____ Ticker: _____

Yes* No Are you (or are you related to someone who is) an employee or agent of INTL FCStone Financial INC. or a INTL FCStone Financial INC. affiliated company?
Name: _____
Position: _____ Relationship: _____

X _____
Associated Person / Additional Owner Signature

Date _____