

ACCOUNT REGISTRATION

1. ACCOUNT REGISTRATION / OWNERSHIP *Select one*

Individual / Joint

- Individual
- Joint tenants with rights of survivorship (JTWROS)
 In the event of the death of any of the undersigned, the entire interest in the Joint Account shall be vested in the survivor(s) on the same terms and conditions as previously held, without releasing the undersigned or their estates from the liability provided for in this Agreement.
- Joint tenants in common (JTIC)
 In the event of the death of any of the undersigned, the interests in the tenancy shall be divided equally unless otherwise specified below.

Name	% share

- Community Property
 Opened in the name of two legally married people, age 18 or over, who are residents of Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Philippine Islands, Puerto Rico, Texas, Wisconsin, or Washington.
- Guardian / Custodian
- Non-US Individual
- Non-US Joint

Retirement

- | | |
|---|--|
| <input type="checkbox"/> Traditional IRA | <input type="checkbox"/> Education |
| <input type="checkbox"/> Rollover | <input type="checkbox"/> Ext. Custodian IRA |
| <input type="checkbox"/> SEP | <input type="checkbox"/> Profit Sharing Plan |
| <input type="checkbox"/> Simple | <input type="checkbox"/> Pension Plan |
| <input type="checkbox"/> Beneficiary | |
| <input type="checkbox"/> Regular Roth | |
| <input type="checkbox"/> Rollover Roth | |
| <input type="checkbox"/> Roth Conversion | |
| <input type="checkbox"/> Roth Beneficiary | |

Decedent Name (if applicable)	Date of Death
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Other

- Trust
- Estate
- Municipality
 (Investing bond proceeds)
- Municipality
 (No bond proceeds)
- Other: _____

Business

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

2. ACCOUNT TITLE AND TYPE

Select all applicable options for this account.

- Cash
 Margin
 Options
 Transfer on Death

Account Title

3. HOUSEHOLDING

Account statements and trade confirmations can be combined with those from other accounts for your convenience. Household accounts will also appear in the online account summary of the primary account holder.

- Yes No

Please see the Household disclosure in the Introduced Customer Account Terms, & Disclosures document for more information.

Primary Account Number

ACCOUNT OWNER INFORMATION

4. SOLE OR PRIMARY ACCOUNT OWNER INFORMATION

Owner Type	<input type="checkbox"/> Individual <input type="checkbox"/> Minor <input type="checkbox"/> Business <input type="checkbox"/> Trust <input type="checkbox"/> Estate				
Owner Information	Legal Name	Date of Birth (mm/dd/yyyy)		Social Security Number / Tax ID	
	<input type="checkbox"/> U.S. citizen or permanent resident <input type="checkbox"/> Other (W-8 required)		Country of Citizenship		
Contact Information	Legal Address (No P.O. Boxes)				
	City	State / Province	ZIP / Postal Code	Country	
	Email Address	Primary Phone		Mobile Phone	
	<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student			Business Phone	Ext.
Employment Information	Employer Name		Occupation		
	Employer Address				
	City	State / Province	ZIP / Postal Code	Country	
	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Number of Dependents:

5. SOLE OR PRIMARY ACCOUNT OWNER IDENTITY INFORMATION

Government Identification	<input type="checkbox"/> Drivers License	<input type="checkbox"/> Passport	<input type="checkbox"/> Military ID	<input type="checkbox"/> Other Government-Issued ID
	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?				
<input type="checkbox"/> Yes <input type="checkbox"/> 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?				
<input type="checkbox"/> Yes <input type="checkbox"/> 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?				
<input type="checkbox"/> Yes <input type="checkbox"/> 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?				
<input type="checkbox"/> Yes <input type="checkbox"/> No Political Organization: _____ Politically Exposed Person Name: _____ Relationship to Account Holder: _____				

6. FINANCIAL PROFILE Use combined figures for joint accounts.

Do you have accounts at any other brokerage firm?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Firm(s): _____				
<input type="checkbox"/> Check if you qualify as an Institutional Investor.		(A bank, savings and loan association, insurance company, registered investment company, investment adviser, or any individual or entity with \$50 million or more in assets.)						
Funding Source	<input type="checkbox"/> Income <input type="checkbox"/> Sale of Business/Property <input type="checkbox"/> Inheritance/Gift <input type="checkbox"/> Insurance/Settlement <input type="checkbox"/> Pension/Retirement <input type="checkbox"/> Brokerage Account <input type="checkbox"/> Other							
Income & Net Worth		A	B	C	D	E	F	G
		< \$50,000	\$50,000-99,999	\$100,000-199,999	\$200,000-499,999	\$500,000-999,999	\$1 mil-2.49 mil	\$2.5 mil +
	Annual Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Net Worth	<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"/>
Estimated Federal Tax Rate		< 10%	10 - 15%	16-20%	21 - 25%	26 - 30%	31 - 35%	> 35%
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When do you expect to begin withdrawing significant funds from this account?		A	B	C	D	E	F	G
		< 1 year	1 - 3 years	4 - 6 years	7 - 9 years	10 - 12 years	13 - 15 years	> 15 years
		<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
		Capital Preservation	Conservative	Moderately Conservative	Moderate	Moderately Aggressive	Aggressive	Speculative
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is the likelihood you will need to access funds from this account to satisfy short-term requirements?		1		2		3		
		Low		Medium		High		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Investment Experience		N	A	B	C			
		None	Limited	Average	Extensive			
	Stocks / Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Alt. Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

7. SECOND ACCOUNT OWNER INFORMATION If applicable

Owner Type	<input type="checkbox"/> Joint Owner <input type="checkbox"/> Custodian/Guardian <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/> Executor <input type="checkbox"/> Authorized Person					
Owner Information	Legal Name		Date of Birth (mm/dd/yyyy)		Social Security Number / Tax ID	
	<input type="checkbox"/> U.S. citizen or permanent resident <input type="checkbox"/> 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	

7. SECOND ACCOUNT INFORMATION *Continued*

Employment Information	<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student				Business Phone		Ext.
	Employer Name			Occupation			
	Employer Address						
	City		State / Province	ZIP / Postal Code	Country		
	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Number of Dependents: _____ Ages of Dependents: _____						
Government Identification	<input type="checkbox"/> Drivers License <input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> Other Government-Issued ID						
	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?							
<input type="checkbox"/> Yes <input type="checkbox"/> 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?							
<input type="checkbox"/> Yes <input type="checkbox"/> 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?							
<input type="checkbox"/> Yes <input type="checkbox"/> 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 cose associate of such person?							
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Political Organization		Politically Exposed Person Name		Relationship to Account Holder			

8. THIRD ACCOUNT OWNER INFORMATION *If applicable*

Owner Type	<input type="checkbox"/> Joint Owner <input type="checkbox"/> Custodian/Guardian <input type="checkbox"/> Partner <input type="checkbox"/> Trustee <input type="checkbox"/> Executor <input type="checkbox"/> Authorized Person						
Owner Information	Legal Name			Date of Birth (mm/dd/yyyy)	Social Security Number / Tax ID		
	<input type="checkbox"/> U.S. citizen or permanent resident <input type="checkbox"/> 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		
	<input type="checkbox"/> Employed <input type="checkbox"/> Not Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student				Business Phone		Ext.
Employment Information	Employer Name			Occupation			
	Employer Address						
	City		State / Province	ZIP / Postal Code	Country		
	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed Number of Dependents: _____ Ages of Dependents: _____						
	<input type="checkbox"/> Drivers License <input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> Other Government-Issued ID						
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?							
<input type="checkbox"/> Yes <input type="checkbox"/> 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?							
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Company Name							
Company Ticker							

8. THIRD ACCOUNT INFORMATION *Continued*

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
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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 cose associate of such person?

Yes No

Political Organization	Politically Exposed Person Name	Relationship to Account Holder
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9. FOURTH ACCOUNT OWNER INFORMATION *If applicable*

Owner 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
<input type="checkbox"/> U.S. citizen or permanent resident <input type="checkbox"/> Other (W-8 required)		Country of Citizenship

Contact Information

Legal Address (No P.O. Boxes)			
City	State / Province	ZIP / Postal Code	Country
Email Address	Primary Phone	Mobile Phone	

Employment Information

Employed Not Employed Retired Student

Business Phone	Ext.		
Employer Name	Occupation		
Employer Address			
City	State / Province	ZIP / Postal Code	Country

Marital Status Single Married Divorced Widowed

Number of Dependents:	Ages of Dependents:
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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)
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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
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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
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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 cose associate of such person?

Yes No

Political Organization	Politically Exposed Person Name	Relationship to Account Holder
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ACCOUNT INFORMATION
10. MAILING ADDRESS

This is where all mail communication about the account will be sent.

Street Address			
City	State / Province	ZIP / Postal Code	Country

11. RETIREMENT ACCOUNTS SUBJECT TO ERISA

Skip this section if account is not subject to ERISA.

Employer or Other Responsible Plan Fiduciary		
Contact Name	Contact Phone Number	Contact Email Address

12. INTERESTED PARTIES *If requested, third parties can receive copies of account documents.*

Interested Party 1	Name		Professional Capacity (Accountant, attorney, etc.)		
	Address				
	City		State / Province	ZIP / Postal Code	Country
	Email Address		Primary Phone		
	To the interested party, please duplicate: <input type="checkbox"/> Statements <input type="checkbox"/> Trade Confirmations <input type="checkbox"/> Tax Documents				
	Interested Party 2	Name		Professional Capacity (Accountant, attorney, etc.)	
Address					
City		State / Province	ZIP / Postal Code	Country	
Email Address		Primary Phone			
To the interested party, please duplicate: <input type="checkbox"/> Statements <input type="checkbox"/> Trade Confirmations <input type="checkbox"/> Tax Documents					

13. TRUSTED CONTACTS *If requested*

A Trusted Contact is an individual (age 18 or older) whom you authorize us to contact and disclose information about your account in the event (1) we are concerned someone may be exploiting you financially or (2) we desire to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney. Designating a Trusted Contact person does not authorize that person to effect transactions or withdraw funds from your account. We are not obligated to contact your Trusted Contacts, but you give us permission to do so if we have any of the foregoing needs or concerns.

You are not required to designate any Trusted Contact. Should you desire to do so, please provide the following information:

Trusted Contact Person #1	Name		Relationship to Account Owner			
	Address					
	City		State / Province	ZIP / Postal Code	Country	
	Email Address		Primary Phone	Mobile Phone		
	Trusted Contact Person #2	Name		Relationship to Account Owner		
		Address				
City		State / Province	ZIP / Postal Code	Country		
Email Address		Primary Phone	Mobile Phone			

14. SIGNATURES

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.

_____ Primary Account Holder Signature		_____ Additional Account Holder Signature	
_____ Primary Account Holder Name	_____ Date	_____ Additional Account Holder Name	_____ Date
_____ Additional Account Holder Signature		_____ Additional Account Holder Signature	
_____ Additional Account Holder Name	_____ Date	_____ Additional Account Holder Name	_____ Date

For Introducing Broker-Dealer Use Only

_____ Signature of Registered Representative		_____ Signature of Supervisory Principal	
_____ Registered Representative Name	_____ Date	_____ Supervisory Principal Name	_____ Date