

ASSOCIATED PERSON FORM

Account Number		Account Title		
Associated Person's Information				
Name		Social Security Number		
Permanent Street Address (Cannot be a P.O. Box)		City	State	Zip
Mailing Address (If different from permanent address)		City	State	Zip
Birth Date (mm/dd/yyyy)	Gender	Married <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Phone	Business Phone	Cell/Other Phone	Fax	E-mail Address
Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-resident Alien (Non-Resident Alien must submit a W-8 form with this application)				
Government ID: Type:		ID#	Expiration Date	Country or Providence of Residence
Employment Information				
Employer		Nature of Business	Yrs. Employed	Occupation
Business Address		City	State	Zip Code
Are you or a member of your household affiliated with or employed by a member of, or employed directly by a stock exchange or the Financial Industry Regulatory Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you or a member of your household licensed by the Financial Industry Regulatory Authority or a Registered Investment Advisor and using the license or registration in a professional sales, trading or customer service capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you or a member of your household a director, 10% shareholder or policy making officer of a publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you answered "Yes" to any of the questions above please provide more information on the affiliation (e.g. affiliated company name, nature of affiliation, etc.)				
Are you or any member of your immediate family a senior foreign political figure? <input type="checkbox"/> Yes <input type="checkbox"/> No				
W-9 Certification: Under penalties of perjury, I (we) certify that the taxpayer identification number shown above on this form is my correct taxpayer identification number. Unless, otherwise indicated, I (we) certify that I (we) am not subject to backup withholding and I (we) am a U.S. Person (including a U.S. resident alien). <u>Check the box</u> if you are subject to backup withholding under the provisions of the Internal Revenue Service code. <input type="checkbox"/>				
Associated Person's Signature		Date		
Associated Person's Information				
Name		Social Security Number		
Permanent Street Address (Cannot be a P.O. Box)		City	State	Zip
Mailing Address (If different from permanent address)		City	State	Zip
Birth Date (mm/dd/yyyy)	Gender	Married <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Phone	Business Phone	Cell/Other Phone	Fax	E-mail Address
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Associated Person's Signature		Date		