

New Account Application INTRODUCED CLIENT ACCOUNTS

1. R	egistration Type								
Indiv	vidual / Joint	☐ Individual	☐ Non-U.S. Inc	lividual 🗌 Joint (c	omplete joint sec	tion) 🗌 Guardia	an/ Custodian		
Retii	rement	☐ Traditional IRA☐ Rollover☐ SEP	SIMPLE Beneficiary Regular Rot		r Roth onversion eneficiary	Education Ext Custodian IRA Profit Sharing Plan	Pension Plan		
		DECEDENT NAME (IF APPLICAE	3LE)		DATE OF DEATH (IF A	PPLICABLE)			
Bus	iness	☐ Partnership☐ Sole Proprietorship	S-Corporat		ofit x classification:	Non-U.S. Institution (C=C-Corp, S=S-C	Corp, P=Partnership))		
Oth	er	☐ Trust☐ Municipality (Investi	Estate ing bond proceeds	Other:	pality (No bond pro	oceeds)			
2. J	oint Accounts								
	Joint tenants with rights of su In the event of the death of an as previously held, without rele	y of the undersigned, the (ne terms and conditions		
	Joint tenants in common (JTIC In the event of the death of an		interests in the ter	nancy shall be divided	equally unless otl	nerwise specified bel	OW.		
	NAME	 		·		% SHARE			
	NAME					% SHARE			
	NAME					% SHARE			
	NAME					% SHARE			
	Community Property Opened in the name of two le Philippine Islands, Puerto Rico			e residents of Alaska, A	Arizona, California	ı, Idaho, Louisiana, Nei	vada, New Mexico,		
	Non-U.S. Joint								
3. <i>F</i>	Account Informatic) n *Additional aareeme	ents reauired						
	Cash	☐ Margin	·	Options*		Transfer	on Death*		
ACCOL	JNT TITLE								
Thic	is where all mail	ADDRESS							
com	nmunication about this pount will be sent.	CITY		STATE / PROVINCE		ZIP / POSTAL	COUNTRY		
4. H	Householding								
Acco the or	unt statements and trade con nline account summary of the e see the Householding disclo	primary account holder.					ints will also appear in		
Doy	ou want to add this account t	o a household?	☐ Yes ☐ N	ACCOUNT NUMBER					
5. F	rimary Account O	wner Informatio	on						
Acc	ount Holder Type	Individual	Minor	Business	☐ Trust	☐ Estate			
		LEGAL NAME							
O14.00	ner	DATE OF BIRTH (MM/DD/YYYY)		U.S. TAX ID NUMBER	(IF APPLICABLE)				
Owr Infor	ier mation	U.S. citizen or per	manent resident	Other (W-8	required)	COUNTRY OF CITIZE	COUNTRY OF CITIZENSHIP		
		NON-U.S. IDENTIFICATION		1.1-1	onal registration on sport number	or tax identifier	ax identifier Permanent resident number		

NEW ACCOUNT F	ORM (INTRODUCEI	D CLIENT ACCOUNT	rs)	Accoun	t Number:		Rep	o ID:		
5. Sole or	Primary Ac	count Holde	er Informatio	ON Continue	d					
		PHYSICAL ADDRESS (NO P.O. BOXES)							
Contact Inform	nation	CITY		STATE / PROV	INCE	ZI	P/POSTAL	COUNTRY		
		EMAIL ADDRESS		PRIMARY PHO	DNE	M	OBILE PHONE			
		☐ Employed	☐ Not en	nployed 🗌 Re	tired	Student	USINESS PHONE			
Employment Information		EMPLOYER NAME								
Marital Status		Single	Married	Divorced	☐ Widowed	NUMBER	R OF DEPENDENTS A	GES .		
	al Drofila an		at Eva orion							
o. Financi	ai Proffie an	d Investmer	nt Experient	Ce Use comb	ined figures t	for joint ac	counts.	G		
		< \$50,000	\$50,000 - 99,999	\$100,000 - 199,999	\$200,000 - 499,999	\$500,000 - 999,99		\$2.5 mil +		
Income &	Annual Income									
Net Worth	Net Worth									
	Liquid Net Worth									
		<10%	10 - 15%	16 - 20%	21 - 25%	26 - 30%	31-35%	35%+		
Estimated Fed	eral Tax Rate									
						1	2	3		
What is the like requirements?		d to access funds f	rom this account t	to satisfy short-terr	m	Low	Medium	High		
roquirornonto.										
		A Capital	В	C Moderately	D	E Moderately	F	G		
Investor Profile	e / Objectives	Preservation	Conservative	Conservative	Moderate	Aggressive	Aggressive	Speculative		
When do you e	expect to hegin	А	В	С	D	Е	F	G		
withdrawing si	When do you expect to begin withdrawing significant funds		1-3 years	4-6 years	7-9 years	10-12 years	13-15 years	> 15 years		
from this acco	unt?									
		None	A Limited	B Average	C Extensive	-	Number of Years			
	Stocks / Bonds	None	Limited	Average	Extensive					
	Stocks / Borius									
Investment	Options		Ш							
Experience	Mutual Funds									
	Variable Annuities									
	Alternative		П		П					
	Investments									
	urce of funds for	Income		Inheritance / Gif		ision / Retireme	-			
this account?		Sale of Busin	ess / Property	Insurance / Sett	lement Uth	ier Brokerage Ai	ccount			
7 Primary	/ Account H	older Identif	ication and		n					
7. I TIITIGI y	ACCOUNTI									
Government		☐ Drivers Lic	ense	Passport	Military ID		Other Governm	nent-Issued ID		
Identification		DOCUMENT NUMBER	COL	UNTRY / STATE OF ISSUA	NCE DATE OF I	SSUANCE (MM/DD/\	(YYY) EXPIRATION	DATE (MM/DD/YYYY)		
Do you have acc	counts at any other	r brokerage firm?	☐ Yes	☐ No BROKERA	GE FIRM NAME					
		stitutional Investor.	istered investment comp	pany, investment adviser	or any individual or entit	y with \$50 million or r	more in assets.)			
Are you, or is a	(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.) Are you, or is anyone in your immediate family or living in the same household, 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 is anyone in your immediate family or living in the same household, 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?										
COMPANY NAME							COMPANY TICKER			
Are you, or is a affiliated comp		ediate family or livin	g in the same hous	sehold, an employe	ee or agent of Ston	eX Group Inc., o	r a StoneX-	☐ Yes ☐ No		
	EMPLOYEE / AGENT NAME EMPLOYEE / AGENT POSITION RELATIONSHIP									

StoneX Financial Inc., Member FINRA/SIPC 2 of 6 ONBD_NEWA IBD 20230727X

NEW ACCOUNT FORM (INTRODUCED	CLIENT ACCOUNTS)		Account	: Number: _				Rep ID:		
7. Primary Account Ho	older Identificat	ion and Ass	sociatio	∩ Cont i	inued					
Are you, or is anyone in your immed officer of a foreign government or pmember or close associate of such	liate family or living in the spolitical party, or a senior e	same household, (a politically e	xposed pe	erson (PEP), curr			☐ Yes	□No	
COMPANY NAME	Tporcorr.					С	OMPANY TICKER			
Please review the following an Account holder is an accredite introducing broker-dealers (AC) Account holder is affiliated wit Account holder is a U.Sregist Account holder is an officer or shares, of a public company (C) Account holder is an employe	ed investor of StoneX Find CC) th a U.Sregistered investi tered broker-dealer (BD) r director, or owns 10 perc CP)	ancial Inc. or one oment advisor (AD), ent or more of the		Account I than Stor Account I	holder does not holder is affiliate neX Financial Inc holder is a regis holder is a trust he above.	ed with a l c. <i>(OTB)</i> tered inve	U.Sregistered	broker-dealer,	other	
8. Second Account H	older									
Account Holder Type	Joint Owner [Custodian / Gu	ardian [Partner	☐ Trustee	E	xecutor 🗌	Authorized P	erson	
	LEGAL NAME									
ldentification	DATE OF BIRTH (MM/DD/YYYYY) U.S. SOCIAL SECURITY NUMBER (IF APPLICABLE)					() U.S.	.TAX ID NUMBER (IF	APPLICABLE)		
Information	U.S. citizen or per		Other (W-8 required)			COUNTRY OF CITIZENSHIP				
	NON-U.S. IDENTIFICATION		Non-U.S. ID Type:		nal registration oort number	or tax ide	'	ermanent res umber	ident	
	PHYSICAL ADDRESS (NO P.O. E	BOXES)	1							
Contact Information	CITY		STATE / PROVI	VCE		ZIP	/ POSTAL	COUNTRY		
	EMAIL ADDRESS	EMAIL ADDRESS PRIMARY PHONE					MOBILE PHONE			
Employment	☐ Employed	☐ Not employe	d Ret	ired	Studer	nt BUS	SINESS PHONE			
Information	EMPLOYER NAME				OCCUPATION					
Marital Information	Single Mar	ried D	ivorced	□ W	idowed	NUMBER C	OF DEPENDENTS	AGES		
Government	☐ Drivers License	☐ Pas	sport	Milito	ary ID		Other Gover	nment-Issued	JID	
Identification	DOCUMENT NUMBER	COUNTRY /	STATE OF ISSUA	NCE	DATE OF ISSUANCE	(MM/DD/YY	M/DD/YYYY) EXPIRATION DATE (MM/DD/YYYY)			
Are you, or is anyone in your imme firm of a stock exchange, FINRA, o	udiate family or living in the or a municipal securities d	e same household ealer?	l, employed b	y, or assoc	ciated with a sto	ock excha	inge, a membe	r Yes	☐ No	
COMPANY NAME										
Are you, or is anyone in your imme otherwise considered an affiliate (er, director, a 10 p	ercent sh	hareholder, or	Yes	☐ No	
COMPANY NAME	, ,	, , , ,				С	OMPANY TICKER			
Are you, or is anyone in your imme affiliated company?	ediate family or living in the	same household	l, an employe	e or agent	t of StoneX Grou	up Inc. or (a StoneX-	Yes	☐ No	
EMPLOYEE / AGENT NAME		EMPLOYEE / AGENT F	POSITION			R	ELATIONSHIP			
Are you, or is anyone in your imme officer of a foreign government or member or close associate of suc	political party, or a senior							☐ Yes	☐ No	
POLITICAL ORGANIZATION	J., poroon.	POLITICALLY EXPOSE	ED PERSON			R	ELATIONSHIP		<u> </u>	
Please review the following an Account holder is an accredite introducing broker-dealers (AC) Account holder is affiliated with account holder is a U.Sregist. Account holder is an officer or shares, of a public company (C) Account holder is an employe	ed investor of StoneX Find CC) th a U.Sregistered investi tered broker-dealer (BD) r director, or owns 10 perc CP)	ancial Inc. or one ome one one of the ent or more of the	<i>n</i>	Account I than Stor Account I	holder does not holder is affiliate neX Financial Inc holder is a regis holder is a trust he above.	ed with a l c. (OTB) tered inve	U.Sregistered	broker-dealer,	other	

StoneX Financial Inc., Member FINRA/SIPC

NEW ACCOUNT FORM (INTRODUCED		Account Number:				Rep ID:				
9. Third Account Hold	er									
Account Holder Type	Joint Owner	Custodian / Gu	ardian [Partner	☐ Trustee		Executor	A	uthorized P	erson
	LEGAL NAME									
ldentification	DATE OF BIRTH (MM/DD/YYYY)		U.S. SOCIAL SE	CURITY NUM	IBER (IF APPLICABLE	Ē)	U.S. TAX ID NU	JMBER (IF AP	PLICABLE)	
Information	U.S. citizen or peri	_ O	ther (W-8	required)		COUNTRY OF	CITIZENSHII	P		
	NON-U.S. IDENTIFICATION	Non-U.S. National registration or tax ID Type: Passport number				x identifier Permanent resident number				
	PHYSICAL ADDRESS (NO P.O. B	OXES)								
Contact Information	CITY		STATE / PROVIN	NCE			ZIP / POSTAL COUNTRY			
	EMAIL ADDRESS		PRIMARY PHON	NE			MOBILE PHO	NE	1	
Employment	Employed	☐ Not employe	d Reti	red	Studer	nt	BUSINESS PH	HONE		
Information	EMPLOYER NAME				OCCUPATION					
Marital Information	Single Mar	ried D	ivorced	☐ Wi	dowed	NUME	BER OF DEPEN	DENTS A	GES	
Government	☐ Drivers License	Pas	sport	☐ Milita	ry ID		Othe	r Governn	nent-Issued	IID
Identification	DOCUMENT NUMBER	STATE OF ISSUANCE DATE OF ISSUANCE (MI			(MM/D	M/DD/YYYY) EXPIRATION DATE (MM/DD/YYYY)			/YYYY)	
Are you, or is anyone in your imme firm of a stock exchange, FINRA, o			, employed b	y, or assoc	ciated with a sto	ock ex	change, a r	member	Yes	□ No
Are you, or is anyone in your imme	diate family or living in the	same household	, a policy-mak	king office	r, director, a 10 p	oercer	nt sharehol	der, or	Yes	No
otherwise considered an affiliate of COMPANY NAME	or a publicly traded compo	any for purposes (DI SEC RUIE I	14?			COMPANY	TICKER		
Are you, or is anyone in your imme affiliated company?	diate family or living in the	same household	, an employee	e or agent	of StoneX Grou	up Inc.	or a Stone	X-	☐ Yes	☐ No
EMPLOYEE / AGENT NAME		EMPLOYEE / AGENT F	POSITION				RELATIONS	SHIP		
Are you, or is anyone in your imme officer of a foreign government or member or close associate of suc	political party, or a senior								☐ Yes	☐ No
POLITICAL ORGANIZATION	лгрогоот.	POLITICALLY EXPOSE	ED PERSON	RELATIONSHIP						
Please review the following an Account holder is an accredite introducing broker-dealers (AC) Account holder is affiliated with account holder is a U.Sregist. Account holder is an officer or shares, of a public company (C) Account holder is an employer	ed investor of StoneX Finc (C) h a U.Sregistered investr ered broker-dealer (BD) director, or owns 10 perc (P)	ncial Inc. or one one one one one one one one of the		Account h than Ston Account h	nolder does not nolder is affiliate eX Financial Ind nolder is a regis nolder is a trust ne above.	ed witl c. <i>(OTE</i> tered	h a U.Sreg 3)	istered bro	oker-dealer,	other
10. Fourth Account Ho	older									
Account Holder Type	Joint Owner	Custodian / Gu	ardian 🗌	Partner	☐ Trustee] Executor	Au	uthorized Pe	erson
	LEGAL NAME									
Identification	DATE OF BIRTH (MM/DD/YYYY)		U.S. SOCIAL SE	CURITY NUM	BER (IF APPLICABLE	Ē)	U.S. TAX ID NU	JMBER (IF AP	PLICABLE)	
Information	U.S. citizen or perr	manent resident	Ot	ther (W-8 r	required)		COUNTRY OF	CITIZENSHII	Р	
	NON-U.S. IDENTIFICATION		Non-U.S. ID Type:		nal registration (ort number	or tax	identifier	Perr	nanent resi ber	dent

10. Fourth Account Ho	older										
	PHYSICAL ADDRESS (NO P.O. BOX	ES)									
Overland	CITY		STATE / PROVINCE		ZIP / POSTAL	ZID / POSTAI		COUNTRY			
Contact Information	GITT		CIVIL / I NOVII VOL		211 /1 001/12	-	OOOIVIIKI				
	EMAIL ADDRESS		PRIMARY PHONE		MOBILE PHO	DNE					
	☐ Employed ☐	Not employe	ed Retired	Student	BUSINESS P	HONE					
Employment	Employed										
Information	EMPLOYER NAME		OCCUPATION								
Marital Information	Single Marrie	ed 🔲 D	ivorced	Widowed	MBER OF DEPEN	IDENTS AG	BES				
	☐ Drivers License										
Government Identification	DOCUMENT NUMBER		STATE OF ISSUANCE	DATE OF ISSUANCE (MM)		EXPIRATION					
identification	DOCOMENT NOMBER	COUNTRY	STATE OF ISSUANCE	DATE OF IGGOANGE (WIN)	DD/TTTT	EXFINATION	JATE (IVIIVI)DD	,,,,,,			
Are you, or is anyone in your imme firm of a stock exchange. FINRA, o			l, employed by, or as	sociated with a stock e	xchange, a i	member	Yes	☐ No			
COMPANY NAME	Ta manoparocountico dod	101 .						<u> </u>			
A	alianta farrath cardicina in the c			::		lalan an					
Are you, or is anyone in your imme otherwise considered an affiliate				icer, director, a 10 perce	ent snareno	ider, or	☐ Yes	☐ No			
COMPANY NAME					COMPANY	TICKER					
Are you, or is anyone in your imme	ediate family or living in the sc	ame household	l, an employee or ag	ent of StoneX Group In	c. or a Stone	eX-	☐ Yes	□ No			
affiliated company? EMPLOYEE / AGENT NAME	l E	MPLOYEE / AGENT F	POSITION		RELATION:	SHID	L res	L INO			
Em Estery is entitled in the second		20122711021111									
Are you, or is anyone in your imme officer of a foreign government or							Yes	□No			
member or close associate of suc	ch person?	OLITICALLY EXPOSI			RELATION:	<u> </u>					
TOLINO LE ONO MALE MOTO		OEMONEEL EN OO	EDT ENGOIN		NED MON	OI III					
Please review the following an			C11.	at the data and a second to a		de 116 - 750	201				
Account holder is an accredite introducing broker-dealers (AC	DC)		Accou	nt holder does not hav nt holder is affiliated w	ith a U.Sreg			, other			
Account holder is affiliated with Account holder is a U.Sregist		ent advisor <i>(AD</i> I		toneX Financial Inc. (O) int holder is a registere	,	nt company	(RIC)				
Account holder is an officer or	r director, or owns 10 percen	t or more of the		nt holder is a trust <i>(TR)</i>	J II IVOSTITION	it company	(1110)				
shares, of a public company (C Account holder is an employe		eX Financial Inc		of the above.							
11. Retirement Accour											
	EMPLOYER OR OTHER RESPONSIE	BLE PLANE FIDUCIAI	RY								
Skip this section if the account	CONTACT NAME		PHONE NUMBER	2	EMAIL AD	DDRESS					
is not subject to ERISA.	ADDRESS										
12. Trusted Contact If	requested										
A Trusted Contact is an individual (ag		hariza ua ta aan	stant and displace inf	ormation about your ac	ocupt in the	ovent (1) we	are cone	ornod			
someone may be exploiting you find	incially or (2) we desire to con	firm the specifi	cs of your current co	ntact information, healt	h status, or t	the identity of	of any lega	ıl			
guardian, executor, trustee or holder funds from your account. We are no											
You are not required to designate a 1	- ·		· -								
I do NOT want to designate a T				DELATIONIOLIID TO ACCO	LINIT OWN ISS						
	NAME			RELATIONSHIP TO ACCC	UN I OWNER						
	ADDRESS										
Trusted Contact Person Information	CITY		STATE / PROVINCE		ZIP / POSTAL C	CODE	COUNTRY				
	EMAIL ADDRESS			DI IONIE NII IN IDES							
	EMAIL ADDRESS			PHONE NUMBER							

Account Number:

Rep ID:

NEW ACCOUNT FORM (INTRODUCED CLIENT ACCOUNTS)

NEW ACCOUNT FORM (INTRODUCED	CLIENT ACCOUNTS)		Account Number:		Rep	ID:	
13. Interested Parties I	f requested, third	-parties can	receive copies	of account do	cuments.		
	NAME			PROFESSIONAL CAPAC	ITY (ACCOUNT, LAWYER, ETC.)		
Interested Party #1	ADDRESS			1			
	CITY		STATE / PROVINCE		ZIP / POSTAL CODE	COUNTRY	
I authorize communication with the Interested Party about	EMAIL ADDRESS			PHONE NUMBER			
my account.	To the interested party, please duplicate:		Statements	nts Trade Confirmations		Tax Documents	
	NAME			PROFESSIONAL CAPAC	ITY (ACCOUNT, LAWYER, ETC.)		
Interested Party #2	ADDRESS			'			
	CITY		STATE / PROVINCE		ZIP POSTAL CODE	COUNTRY	
I authorize communication	EMAIL ADDRESS			PHONE NUMBER			
with the Interested Party about my account.	To the interested party, p	olease duplicate:	Statements	Trade Confir	mations Tax	Documents	
14. Certification							
By signing below I/we confirm that I/	9					ct. I/we agree that	
any questions or concerns about th ACCOUNT HOLDER #1 SIGNATURE	is form or the content her	ein, will be submit 	ted in writing to my fin	·	е.		
PRINTED NAME		DATE	PRINTED NAME			DATE	
ACCOUNT HOLDER #3 SIGNATURE		<u>'</u>	ACCOUNT HOLDER	#4 SIGNATURE			
PRINTED NAME		DATE	PRINTED NAME			DATE	
FRINTED NAME		DATE	FRINTEDIVAME			DAIL	
To help the government fight the information that identifies each p that will allow us to identify you. With may need to provide other infor	erson who opens an acco	money laundering ount. What this me or driver's license o oal place of busine	g activities, Federal la eans for you: We will a or other identifying do ess, local office, empla	w requires all financionsk for your name, ad ocuments. A corpora oyer identification nu	al institutions to obtain, v dress, date of birth, and o tion, partnership, trust or mber, certified articles c	other information other legal entity	
REGISTERED REPRESENTATIVE SIGNATU		NTRODUCING E	SUPERVISORY PRIN	SE ONLY NCIPAL SIGNATURE			
PRINTED NAME		DATE	PRINTED NAME			DATE	