

1 Account Information

Account Name:	Account Type:	Account Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>

2 Additional Authorized Person

First Name/: Name of Entity	Middle: Name/Initial	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number/EIN:	Date of Birth:	
<input type="text"/>	<input type="text"/>	
Primary Phone:	Email Address:	
<input type="text"/>	<input type="text"/>	
Legal Address (No PO Boxes): <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>

Citizenship: U.S. Citizen or Resident Alien Other (*W-8 and Photo ID Required*)

Occupation (Select only one):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Administrative/Clerical | <input type="checkbox"/> Clergy | <input type="checkbox"/> Craftsman/Skilled Worker | <input type="checkbox"/> Education |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Information Tech | <input type="checkbox"/> Personal Service Provider | <input type="checkbox"/> Proprietor/Professional |
| <input type="checkbox"/> Public Services | <input type="checkbox"/> Retired | <input type="checkbox"/> Sales | <input type="checkbox"/> Student |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Farming/Fishing/Forestry | | |

Employer Name: <small>(If retired, please list previous employer)</small>	<input type="text"/>
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- Yes - Are you associated with, or employed by, a stock exchange, exchange member, FINRA, or municipal securities dealer?
If yes, you must obtain and attach an approval letter from your employer or affiliated broker-dealer ("Rule 3210").
- Yes - Are you affiliated with a registered investment advisor?
"Affiliated with" includes people who control the RIA or employees but excludes employees whose duties are primarily clerical in nature.
- Yes - Are you or an immediate family member a director, a 10% shareholder, or policy-making executive officer of a publicly traded company?
If yes, provide the following: Symbol CUSIP
- Yes - Are you or an immediate family member a politically exposed person (PEP)?

3 Additional Authorized Person

First Name/: Name of Entity	Middle: Name/Initial	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number/EIN:	Date of Birth:	
<input type="text"/>	<input type="text"/>	
Primary Phone:	Email Address:	
Legal Address (No PO Boxes): <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>

Continued Additional Authorized Person

Citizenship: U.S. Citizen or Resident Alien Other (*W-8 and Photo ID Required*)

Occupation (*Select only one*):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Administrative/Clerical | <input type="checkbox"/> Clergy | <input type="checkbox"/> Craftsman/Skilled Worker | <input type="checkbox"/> Education |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Information Tech | <input type="checkbox"/> Personal Service Provider | <input type="checkbox"/> Proprietor/Professional |
| <input type="checkbox"/> Public Services | <input type="checkbox"/> Retired | <input type="checkbox"/> Sales | <input type="checkbox"/> Student |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Farming/Fishing/Forestry | | |

Employer Name:

(*If retired, please list previous employer*)

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Yes - Are you or an immediate family member a director, a 10% shareholder, or policy-making executive officer of a publicly traded company?

If yes, provide the following: Symbol CUSIP

Yes - Are you or an immediate family member a politically exposed person (PEP)?

4 Additional Authorized Person

First Name/: Middle: Last Name:
 Name of Entity Name/Initial

Social Security Number/EIN: Date of Birth:

Primary Phone: Email Address:

Legal Address (*No PO Boxes*):

City: State: Zip:

Citizenship: U.S. Citizen or Resident Alien Other (*W-8 and Photo ID Required*)

Occupation (*Select only one*):

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Administrative/Clerical | <input type="checkbox"/> Clergy | <input type="checkbox"/> Craftsman/Skilled Worker | <input type="checkbox"/> Education |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Information Tech | <input type="checkbox"/> Personal Service Provider | <input type="checkbox"/> Proprietor/Professional |
| <input type="checkbox"/> Public Services | <input type="checkbox"/> Retired | <input type="checkbox"/> Sales | <input type="checkbox"/> Student |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Farming/Fishing/Forestry | | |

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If yes, provide the following: Symbol CUSIP

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5 Certification

By Signing below, I/We agree to all terms and conditions listed below, and all terms and conditions contained within the attached applicable agreements:

A. Tax Certification (Select Only One):

Entity Taxpayer Identification Number: _____

- U.S. Person or Resident Alien: Under penalties of perjury, I certify that:

- 1) *The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me); and*
- 2) *I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and*
- 3) *I am a U.S. citizen or other U.S. person; and*
- 4) *The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (NOTE: The FATCA code is not applicable for accounts maintained in the United States.)*

You must cross out item 2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

- Non-Resident Alien Individuals and Foreign Entities: By checking this box, I certify that I am not a U.S. citizen, resident alien or other U.S. entity for U.S. tax purposes and I will provide the appropriate Form W-8 with this application. If any joint owner of this account provides an IRS Form W-9, I understand all income will be reported to that person or entity under the rules in Chapters 3, 4, and 61 of the U.S. Internal Revenue.

- B. I have reviewed the information contained in this Application and attest to its accuracy.
- C. I understand that THE PRODUCTS OFFERED ARE NOT FDIC INSURED, ARE NOT OBLIGATIONS OF A BANK, ARE NOT GUARANTEED BY A BANK, AND INVOLVE INVESTMENT RISKS, INCLUDING THE POSSIBLE LOSS OF PRINCIPAL.
- D. I acknowledge receipt of the CUSTOMER AGREEMENT, which is made a part of this Application by reference, and agree to its terms and conditions, and I understand that the Schedule of Fees may change from time to time and agree to be bound by such changes as they appear in the most current Customer Agreement. I understand that I may request a copy of the most current Customer Agreement, in writing, at any time, or can access the most current Customer Agreement at www.tradepmr.com.
- E. I understand my Advisor is not affiliated with or an agent of Trade-PMR, Inc. ("TPMR") and is not authorized to act or make representations on TPMR's behalf.
- F. I understand that TPMR does not give investment, legal, or tax advice and will not advise me concerning the nature, potential value, or suitability of any particular securities transaction or investment strategy, and all decisions related to investments and trading are solely mine and my Advisor's responsibility.
- G. I understand that TPMR is not responsible for and will not review, monitor, or supervise the suitability of the investment or frequency of trading activity in my account.
- H. I shall indemnify and hold harmless TPMR and its officers, directors, employees, agents, and affiliates from and against any and all losses, claims or financial obligations that may arise from any act or omission of my Advisor with respect to my account.
- I. I understand that information collected on parties associated with this account is subject to verification as mandated by the USA PATRIOT ACT.
- J. I acknowledge having received TPMR's most recent Privacy Policy and Business Continuity Plan Summary.
- K. If this application is for a business entity, I have provided the information for all legal owners with 10% or greater ownership interest in the business entity.
- L. I acknowledge having received TradePMR's Customer Relationship Summary (Form CRS).

Authorized Signatures

I hereby authorize my Advisor to assist with first-party distributions to me, at my address of record, or to any other account(s) held in my name at Trade-PMR, Inc., or other accounts held in my name at another financial institution, and Trade-PMR, Inc., may rely on such directions and representations from my Advisor to effect such transactions. In regard to any ongoing or other authorizations to transfer funds or securities from my account to a third-party, my Advisor does not have authority or discretion as to amount, payee or timing. The authorizations herein do not implicate custodial authority per the Securities and Exchange Commission Regulations.

Trade-PMR, Inc. is authorized, by me, to accept and act upon instructions from my Advisor, with respect to my account(s), including providing trading instructions, changes to IRA distribution withholding rates and instructions with respect to Cash Sweep options and Tax Lot options, until revoked in writing by me.

I authorize Trade-PMR, Inc., to provide my Advisor with duplicate trade confirmations and statements for my account(s) held at Trade-PMR, Inc.

Account Control. All Individuals, Joint Owners, and those authorized to establish and control accounts must sign.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

THE ATTACHED CUSTOMER AGREEMENT CONTAINS A PRE-DISPUTE ARBITRATION CLAUSE LOCATED ON PAGE 1, PARAGRAPH 5, UNDER THE HEADER "ARBITRATION." BY EXECUTING THIS DOCUMENT I AGREE TO BE BOUND BY THE PRE-DISPUTE ARBITRATION CLAUSE. THE UNDERSIGNED HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THE CUSTOMER AGREEMENT WITH THE ACCOUNT DISCLOSURES AND HEREBY AGREES TO THE TERMS OF THESE AGREEMENTS.

Additional Authorized Person Signature	Print Name	Title (if applicable)	Date
Additional Authorized Person Signature	Print Name	Title (if applicable)	Date
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