

Account Application Supplemental

This form is used for additional Account Holders or Authorized Parties to a Joint Account, Corporate Account, or other Entity account. Do not use this form for existing account changes.

	NT DETAIL														
Account Title (Name of this account)								Account Number							
STEP 2. PERSON	IAL INFOR	MATIO	N								1				
Relationship to A	ccount	O Acc	ount Ho	lder O	Autho	orize	d Party	0	Asso	cia	ted Party				
First Name Middle Initial			nitial	Last Name				<u> </u>		Social Security N	lumber				
Date of Birth (mm/	Gender O M O F O No Ans) Answ	Marital O Married wer Status O Divorced			I O Single d O Widowe	d	Dependents	Home O Own O Rent				
Contact Information	on		I												
Home or Mobile Ph	Business Phone			For	Foreign Phone				Email Address						
Address(es)															
Physical Address (no PO Box)	Address 1					Address				ress	; 2				
	City					State						Zip Code			
	Country					Province						Foreign Postal Code			
Mailing Address (if different from Physical)	Address 1				•				Add	ress	s 2				
	City					State			•			Zip C	ode		
	Country					Province						Foreign Postal Code			
Previous Physical Address (if Physical is less than 6 months old)	Address 1					Address 2					s 2				
	City					State					Zip Code				
ola,	Country					Province					Foreign Postal Code				
Citizenship					<u> </u>										
Please check on Proof of address ID and a form W	s is require	d for ed	ach non-L	IS Person	and U	S Citiz	zens livii	ng abi	road.	No	on-Resident A	Alien	must provide a	valid Government	
O U.S. O U.S.	Resident A	lien O	Non-Res	ident Alie	en										
Country of legal O U.S O Othe	and tax re r (specify)	sident:													

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			7.0	ccount itan	ibci.					
USA Patriot Act Information (R	equired by Federa	l Law)								
All applicants must provide	the information b	elow. Nor	n-Resident ali	ens must also in	clude a	completed	d W-8.			
O Driver's License O Passp	oort O State ID	O Foreign	Tax ID O Ot	her Government	-issued	ID				
Place/Country of Issuance			Issue Date (mm/	Expiration		n Date (mm/dd/yyyy)				
Employment and Industry Af	filiations			•		•				
O Employed O Self-Employ	red ORetired O	Unemploy	ed O Homen	naker O Student						
If Employed/Self-Employed i	s indicated, pleas	e complete	e all employm	ent fields.						
If Retired or Unemployed is i	indicated, please	indicate fo	rmer Occupa	tion.						
Employer Name		Ye	ars Employed	Phone Number		Occupation		Business Nature		
Employer's Address		II.	City	•	State			Zip Code		
Country		Province				Foreign Pos	tal Code			
Industry and Other Affiliation	ns				ı					
-										
Are yo	ou, your spouse, c	or any othe	r immediate	family members,	includi	ing parents	s, in-laws,	siblings or depende	nts:	
O Yes O No	Employed by o	r associate	d with the se	curities industr	y (for e	xample, a	sole prop	rietor, partner, offi	cer,	
IF CHECKED YES, OBTAIN AND	director, branc	h manager	, registered r	epresentative o	r other	associate	d person o	of a broker-dealer f	irm)	
ATTACH THE COMPLIANCE	or a financial se	ervices reg	ulator?	•			-			
OFFICER'S LETTER OF APPROVAL		ease specify entity below. If this entity requires its approval for you to open this account, please								
		•	•	zation letter (wit		•		,		
				es Dealer O Inve			•			
			•	nization O Stat			rities Regu	ulator		
		,	, ,				U			

An officer, director or 10% (or more) shareholder in a publicly-owned company?

What is your position? ○ 10% shareholder ○ CEO ○ CFO ○ COO Other Officer

A senior military, governmental or political official in a non-US country?

Account Number

STEP 3. SIGNATURES

O Yes O No

O Yes O No

This Supplemental form is an extension of the Account Application and Agreement. All certifications and disclaimers contained within the main Account Application are applicable to the supplemental party completing this form.

By signing this agreement, you affirm that you are of full legal age in the state of jurisdiction in which you reside and have the capacity to enter into this agreement. You further affirm that you have read, understood and agree to the Terms and Conditions attached to this Account Application and Agreement.

Account Holder/Trustee/Corporate Officer Signature

Name of Entity(ies): _

Name of country:

Name of company and symbol:

Account Holder Signature	Print Name	Date
×		
Broker Signature	Print Name	Date
×		
General Principal Signature	Print Name	Date
×		