

## 1. Registration Type

|                    |   |  |   |   |                                       |
|--------------------|---|--|---|---|---------------------------------------|
| Individual / Joint | <input type="checkbox"/> Individual                             | <input type="checkbox"/> Non-U.S. Individual | <input type="checkbox"/> Joint (complete joint section)                                     | <input type="checkbox"/> Guardian/ Custodian  |                                       |
| Retirement         | <input type="checkbox"/> Traditional IRA                        | <input type="checkbox"/> SIMPLE              | <input type="checkbox"/> Rollover Roth  | <input type="checkbox"/> Education            | <input type="checkbox"/> Pension Plan |
|                    | <input type="checkbox"/> Rollover                               | <input type="checkbox"/> Beneficiary         | <input type="checkbox"/> Roth Conversion  | <input type="checkbox"/> Ext Custodian IRA    |                                       |
|                    | <input type="checkbox"/> SEP                                    | <input type="checkbox"/> Regular Roth        | <input type="checkbox"/> Roth Beneficiary   | <input type="checkbox"/> Profit Sharing Plan  |                                       |
|                    | DECEDENT NAME (IF APPLICABLE)                                   |  | DATE OF DEATH (IF APPLICABLE)   |   |                                       |
| Business           | <input type="checkbox"/> Partnership                            | <input type="checkbox"/> S-Corporation       | <input type="checkbox"/> Non-Profit   | <input type="checkbox"/> Non-U.S. Institution |                                       |
|                    | <input type="checkbox"/> Sole Proprietorship                    | <input type="checkbox"/> C-Corporation       | <input type="checkbox"/> LLC (Tax classification: ____ (C=C-Corp, S=S-Corp, P=Partnership)) |   |                                       |
| Other              | <input type="checkbox"/> Trust                                  | <input type="checkbox"/> Estate              | <input type="checkbox"/> Other: _____   |   |                                       |
|                    | <input type="checkbox"/> Municipality (Investing bond proceeds) |  | <input type="checkbox"/> Municipality (No bond proceeds)                                    |   |                                       |

## 2. Joint Accounts

|   |         |
|---|---------|
| <input type="checkbox"/> Joint tenants with rights of survivorship (JTWROS)<br><i>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.</i> |         |
| <input type="checkbox"/> Joint tenants in common (JTIC)<br><i>In the event of the death of any of the undersigned, the interests in the tenancy shall be divided equally unless otherwise specified below.</i>  |         |
| NAME  | % SHARE |
| NAME  | % SHARE |
| NAME  | % SHARE |
| NAME  | % SHARE |
| <input type="checkbox"/> Community Property<br><i>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.</i>   |         |
| <input type="checkbox"/> Non-U.S. Joint   |         |

## 3. Account Information \*Additional agreements required

|   |                                 |                                   |   |
|---|---------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Cash   | <input type="checkbox"/> Margin | <input type="checkbox"/> Options* | <input type="checkbox"/> Transfer on Death* |
| ACCOUNT TITLE   |                                 |                                   |   |
| This is where all mail communication about this account will be sent. | ADDRESS                         |                                   |   |
|   | CITY                            | STATE / PROVINCE                  | ZIP / POSTAL                                |

## 4. 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.

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

|   |                              |                             |                |
|---|------------------------------|-----------------------------|----------------|
| Do you want to add this account to a household? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | ACCOUNT NUMBER |
|---|------------------------------|-----------------------------|----------------|

## 5. Primary Account Owner Information

|                     |   |                                |  |                                    |                                 |
|---------------------|---|--------------------------------|--|------------------------------------|---------------------------------|
| Account Holder 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)                                  |                                | U.S. SOCIAL SECURITY NUMBER (IF APPLICABLE)  | U.S. TAX ID NUMBER (IF APPLICABLE) |                                 |
|                     | <input type="checkbox"/> U.S. citizen or permanent resident |                                | <input type="checkbox"/> Other (W-8 required)  |                                    | COUNTRY OF CITIZENSHIP          |
|                     | NON-U.S. IDENTIFICATION                                     |                                | Non-U.S. ID Type: <input type="checkbox"/> National registration or tax identifier <input type="checkbox"/> Permanent resident number <input type="checkbox"/> Passport number |                                    |                                 |

5. Sole or Primary Account Holder Information **Continued**

|                        |   |                  |                      |                |
|------------------------|---|------------------|----------------------|----------------|
| Contact Information    | PHYSICAL ADDRESS (NO P.O. BOXES)  |                  |                      |                |
|                        | CITY  | STATE / PROVINCE | ZIP / POSTAL         | COUNTRY        |
|                        | EMAIL ADDRESS   | PRIMARY PHONE    | MOBILE PHONE         |                |
| Employment Information | <input type="checkbox"/> Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Retired <input type="checkbox"/> Student |                  |                      | BUSINESS PHONE |
|                        | EMPLOYER NAME   |                  | OCCUPATION           |                |
| Marital Status         | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed       |                  | NUMBER OF DEPENDENTS | AGES           |

6. Financial Profile and Investment Experience **Use combined figures for joint accounts.**

|  |                         |  |                          |                          |                          |                          |                          |                          |  |  |  |
|--|-------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|--|--|
| 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"/> |  |  |  |
| Estimated Federal Tax Rate   | Liquid Net Worth        | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |
|  |                         | <10%   | 10 - 15%                 | 16 - 20%                 | 21 - 25%                 | 26 - 30%                 | 31 - 35%                 | 35%+                     |  |  |  |
| 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"/> |  |  |  |
| Investor Profile / Objectives  |                         | A  | B                        | C                        | D                        | E                        | F                        | G                        |  |  |  |
|  |                         | Capital Preservation   | Conservative             | Moderately Conservative  | Moderate                 | Moderately Aggressive    | Aggressive               | Speculative              |  |  |  |
| When do you expect to begin withdrawing significant funds from this account?                               |                         | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |  |  |
|  |                         | A  | B                        | C                        | D                        | E                        | F                        | G                        |  |  |  |
| Investment Experience  |                         | < 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"/> |  |  |  |
|  |                         | N  | A                        | B                        | C                        | Number of Years          |                          |                          |  |  |  |
|  |                         | None   | Limited                  | Average                  | Extensive                |                          |                          |                          |  |  |  |
|  | Stocks / Bonds          | <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"/> |                          |                          |                          |  |  |  |
| What is the source of funds for this account?  | Variable Annuities      | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |  |  |
|  | Alternative Investments | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |                          |  |  |  |
|  |                         | <input type="checkbox"/> Income <input type="checkbox"/> Inheritance / Gift <input type="checkbox"/> Pension / Retirement <input type="checkbox"/> Other:      |                          |                          |                          |                          |                          |                          |  |  |  |
|  |                         | <input type="checkbox"/> Sale of Business / Property <input type="checkbox"/> Insurance / Settlement <input type="checkbox"/> Other Brokerage Account    _____ |                          |                          |                          |                          |                          |                          |  |  |  |

## 7. Primary Account Holder Identification and Association

|   |   |  |                               |  |
|---|---|--|-------------------------------|--|
| 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)                             |
| Do you have accounts at any other brokerage firm?   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No | BROKERAGE FIRM NAME           |  |
| <input type="checkbox"/> Check if you qualify as an Institutional Investor.<br>(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?   |   |  |                               | <input type="checkbox"/> Yes <input type="checkbox"/> 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?                  |   |  |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| COMPANY NAME  |   |  | COMPANY TICKER                |  |
| Are you, or is anyone in your immediate family or living in the same household, 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   |

**7. Primary Account Holder Identification and Association Continued**

Are you, or is anyone in your immediate family or living in the same household, a politically exposed person (PEP), current or former senior officer of a foreign government or political party, or a senior executive of a foreign-government owned commercial enterprise, or a family member or close associate of such person? ☐ Yes ☐ No

COMPANY NAME

COMPANY TICKER

**Please review the following and select all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Account holder is an accredited investor of StoneX Financial Inc. or one of its introducing broker-dealers (ACC) | <input type="checkbox"/> Account holder does not have a U.S. tax identifier (FOR)  |
| <input type="checkbox"/> Account holder is affiliated with a U.S.-registered investment advisor (ADV)                                     | <input type="checkbox"/> Account holder is affiliated with a U.S.-registered broker-dealer, other than StoneX Financial Inc. (OTB) |
| <input type="checkbox"/> Account holder is a U.S.-registered broker-dealer (BD)   | <input type="checkbox"/> Account holder is a registered investment company (RIC)   |
| <input type="checkbox"/> Account holder is an officer or director, or owns 10 percent or more of the shares, of a public company (CP)     | <input type="checkbox"/> Account holder is a trust (TR)  |
| <input type="checkbox"/> Account holder is an employee or is associated with StoneX Financial Inc. (EMP)                                  | <input type="checkbox"/> None of the above.  |

**8. Second Account Holder**

Account Holder Type

☐ Joint Owner ☐ Custodian / Guardian ☐ Partner ☐ Trustee ☐ Executor ☐ Authorized Person

Identification Information

LEGAL NAME

DATE OF BIRTH (MM/DD/YYYY)

U.S. SOCIAL SECURITY NUMBER (IF APPLICABLE)

U.S. TAX ID NUMBER (IF APPLICABLE)

☐ U.S. citizen or permanent resident☐ Other (W-8 required)

COUNTRY OF CITIZENSHIP

NON-U.S. IDENTIFICATION

Non-U.S.  
ID Type:☐ National registration or tax identifier  
☐ Passport number☐ Permanent resident number

Contact Information

PHYSICAL ADDRESS (NO P.O. BOXES)

CITY

STATE / PROVINCE

ZIP / POSTAL

COUNTRY

EMAIL ADDRESS

PRIMARY PHONE

MOBILE PHONE

Employment Information

☐ Employed☐ Not employed☐ Retired☐ Student

BUSINESS PHONE

EMPLOYER NAME

OCCUPATION

Marital Information

☐ Single☐ Married☐ Divorced☐ Widowed

NUMBER OF DEPENDENTS

AGES

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)

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?

☐ Yes☐ No

COMPANY NAME

COMPANY TICKER

Are you, or is anyone in your immediate family or living in the same household, an employee or agent of StoneX Group Inc. or a StoneX-affiliated company?

☐ Yes☐ No

EMPLOYEE / AGENT NAME

EMPLOYEE / AGENT POSITION

RELATIONSHIP

Are you, or is anyone in your immediate family or living in the same household, a politically exposed person (PEP), current or former senior officer of a foreign government or political party, or a senior executive of a foreign-government owned commercial enterprise, or a family member or close associate of such person?

☐ Yes☐ No

POLITICAL ORGANIZATION

POLITICALLY EXPOSED PERSON

RELATIONSHIP

**Please review the following and select all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Account holder is an accredited investor of StoneX Financial Inc. or one of its introducing broker-dealers (ACC) | <input type="checkbox"/> Account holder does not have a U.S. tax identifier (FOR)  |
| <input type="checkbox"/> Account holder is affiliated with a U.S.-registered investment advisor (ADV)                                     | <input type="checkbox"/> Account holder is affiliated with a U.S.-registered broker-dealer, other than StoneX Financial Inc. (OTB) |
| <input type="checkbox"/> Account holder is a U.S.-registered broker-dealer (BD)   | <input type="checkbox"/> Account holder is a registered investment company (RIC)   |
| <input type="checkbox"/> Account holder is an officer or director, or owns 10 percent or more of the shares, of a public company (CP)     | <input type="checkbox"/> Account holder is a trust (TR)  |
| <input type="checkbox"/> Account holder is an employee or is associated with StoneX Financial Inc. (EMP)                                  | <input type="checkbox"/> None of the above.  |

## 9. Third Account Holder

|   |   |   |                               |  |
|---|---|---|-------------------------------|--|
| Account Holder 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 |   |                               |  |
| Identification Information  | LEGAL NAME  |   |                               |  |
|   | DATE OF BIRTH (MM/DD/YYYY)  | U.S. SOCIAL SECURITY NUMBER (IF APPLICABLE)   |                               | U.S. TAX ID NUMBER (IF APPLICABLE)                       |
|   | <input type="checkbox"/> U.S. citizen or permanent resident <input type="checkbox"/> Other (W-8 required)   |   | COUNTRY OF CITIZENSHIP        |  |
|   | NON-U.S. IDENTIFICATION   | <i>Non-U.S. ID Type:</i> <input type="checkbox"/> National registration or tax identifier <input type="checkbox"/> Permanent resident number <input type="checkbox"/> Passport number |                               |  |
| Contact Information   | PHYSICAL ADDRESS (NO P.O. BOXES)  |   |                               |  |
|   | CITY  | STATE / PROVINCE  |                               | ZIP / POSTAL    COUNTRY                                  |
|   | EMAIL ADDRESS   | PRIMARY PHONE   |                               | MOBILE PHONE   |
| Employment Information  | <input type="checkbox"/> Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Retired <input type="checkbox"/> Student   |   |                               | BUSINESS PHONE   |
|   | EMPLOYER NAME   |   | OCCUPATION                    |  |
| Marital Information   | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed   |   |                               | NUMBER OF DEPENDENTS    AGES                             |
| 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 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?   |   |   |                               | <input type="checkbox"/> Yes <input type="checkbox"/> 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?  |   |   |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| COMPANY NAME  |   |   | COMPANY TICKER                |  |
| Are you, or is anyone in your immediate family or living in the same household, 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 is anyone in your immediate family or living in the same household, a politically exposed person (PEP), current or former senior officer of a foreign government or political party, or a 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  |                               | RELATIONSHIP   |
| <b>Please review the following and select all that apply:</b>   |   |   |                               |  |
| <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Account holder is an accredited investor of StoneX Financial Inc. or one of its introducing broker-dealers (<i>ACC</i>)<br/> <input type="checkbox"/> Account holder is affiliated with a U.S.-registered investment advisor (<i>ADV</i>)<br/> <input type="checkbox"/> Account holder is a U.S.-registered broker-dealer (<i>BD</i>)<br/> <input type="checkbox"/> Account holder is an officer or director, or owns 10 percent or more of the shares, of a public company (<i>CP</i>)<br/> <input type="checkbox"/> Account holder is an employee or is associated with StoneX Financial Inc. (<i>EMP</i>)           </div> <div> <input type="checkbox"/> Account holder does not have a U.S. tax identifier (<i>FOR</i>)<br/> <input type="checkbox"/> Account holder is affiliated with a U.S.-registered broker-dealer, other than StoneX Financial Inc. (<i>OTB</i>)<br/> <input type="checkbox"/> Account holder is a registered investment company (<i>RIC</i>)<br/> <input type="checkbox"/> Account holder is a trust (<i>TR</i>)<br/> <input type="checkbox"/> None of the above.           </div> </div> |   |   |                               |  |

## 10. Fourth Account Holder

|                            |   |   |                        |                                    |
|----------------------------|---|---|------------------------|------------------------------------|
| Account Holder 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 |   |                        |                                    |
| Identification Information | LEGAL NAME  |   |                        |                                    |
|                            | DATE OF BIRTH (MM/DD/YYYY)  | U.S. SOCIAL SECURITY NUMBER (IF APPLICABLE)   |                        | U.S. TAX ID NUMBER (IF APPLICABLE) |
|                            | <input type="checkbox"/> U.S. citizen or permanent resident <input type="checkbox"/> Other (W-8 required)   |   | COUNTRY OF CITIZENSHIP |                                    |
|                            | NON-U.S. IDENTIFICATION   | <i>Non-U.S. ID Type:</i> <input type="checkbox"/> National registration or tax identifier <input type="checkbox"/> Permanent resident number <input type="checkbox"/> Passport number |                        |                                    |

## 10. Fourth Account Holder

|   |   |                             |                               |  |
|---|---|-----------------------------|-------------------------------|--|
| Contact Information   | PHYSICAL ADDRESS (NO P.O. BOXES)  |                             |                               |  |
|   | CITY  | STATE / PROVINCE            | ZIP / POSTAL                  | COUNTRY  |
|   | EMAIL ADDRESS   | PRIMARY PHONE               | MOBILE PHONE                  |  |
| Employment Information  | <input type="checkbox"/> Employed <input type="checkbox"/> Not employed <input type="checkbox"/> Retired <input type="checkbox"/> Student                           |                             |                               | BUSINESS PHONE   |
|   | EMPLOYER NAME   |                             | OCCUPATION                    |  |
| Marital Information   | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed                                 |                             | NUMBER OF DEPENDENTS          | AGES   |
| 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 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?   |   |                             |                               | <input type="checkbox"/> Yes <input type="checkbox"/> 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?  |   |                             |                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| COMPANY NAME  |   |                             | COMPANY TICKER                |  |
| Are you, or is anyone in your immediate family or living in the same household, 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 is anyone in your immediate family or living in the same household, a politically exposed person (PEP), current or former senior officer of a foreign government or political party, or a 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  | RELATIONSHIP                  |  |
| <b>Please review the following and select all that apply:</b>   |   |                             |                               |  |
| <input type="checkbox"/> Account holder is an accredited investor of StoneX Financial Inc. or one of its introducing broker-dealers ( <i>ACC</i> )  |   |                             |                               |  |
| <input type="checkbox"/> Account holder is affiliated with a U.S.-registered investment advisor ( <i>ADV</i> )  |   |                             |                               |  |
| <input type="checkbox"/> Account holder is a U.S.-registered broker-dealer ( <i>BD</i> )  |   |                             |                               |  |
| <input type="checkbox"/> Account holder is an officer or director, or owns 10 percent or more of the shares, of a public company ( <i>CP</i> )  |   |                             |                               |  |
| <input type="checkbox"/> Account holder is an employee or is associated with StoneX Financial Inc. ( <i>EMP</i> )   |   |                             |                               |  |
| <input type="checkbox"/> Account holder does not have a U.S. tax identifier ( <i>FOR</i> )  |   |                             |                               |  |
| <input type="checkbox"/> Account holder is affiliated with a U.S.-registered broker-dealer, other than StoneX Financial Inc. ( <i>OTB</i> )   |   |                             |                               |  |
| <input type="checkbox"/> Account holder is a registered investment company ( <i>RIC</i> )   |   |                             |                               |  |
| <input type="checkbox"/> Account holder is a trust ( <i>TR</i> )  |   |                             |                               |  |
| <input type="checkbox"/> None of the above.   |   |                             |                               |  |

## 11. Retirement Accounts Subject to ERISA

|   |   |              |               |
|---|---|--------------|---------------|
| Skip this section if the account is not subject to ERISA. | EMPLOYER OR OTHER RESPONSIBLE PLANE FIDUCIARY |              |               |
|   | CONTACT NAME                                  | PHONE NUMBER | EMAIL ADDRESS |
|   | ADDRESS                                       |              |               |

12. Trusted Contact **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 a Trusted Contact person. Should you desire to do so, provide the below information about the Trusted Contact.

☐ I do NOT want to designate a Trusted Contact.

|                                    |               |                  |                               |         |
|------------------------------------|---------------|------------------|-------------------------------|---------|
| Trusted Contact Person Information | NAME          |                  | RELATIONSHIP TO ACCOUNT OWNER |         |
|                                    | ADDRESS       |                  |                               |         |
|                                    | CITY          | STATE / PROVINCE | ZIP / POSTAL CODE             | COUNTRY |
|                                    | EMAIL ADDRESS |                  | PHONE NUMBER                  |         |

**13. Interested Parties If requested, third-parties can receive copies of account documents.**

|                     |  |                  |   |         |
|---------------------|--|------------------|---|---------|
| Interested Party #1 | NAME   |                  | PROFESSIONAL CAPACITY (ACCOUNT, LAWYER, ETC.) |         |
|                     | ADDRESS  |                  |   |         |
|                     | CITY   | STATE / PROVINCE | ZIP / POSTAL CODE                             | COUNTRY |
|                     | EMAIL ADDRESS  |                  | PHONE NUMBER                                  |         |
|                     | 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 (ACCOUNT, LAWYER, ETC.) |         |
|                     | ADDRESS  |                  |   |         |
|                     | CITY   | STATE / PROVINCE | ZIP POSTAL CODE                               | COUNTRY |
|                     | EMAIL ADDRESS  |                  | PHONE NUMBER                                  |         |
|                     | To the interested party, please duplicate: <input type="checkbox"/> Statements <input type="checkbox"/> Trade Confirmations <input type="checkbox"/> Tax Documents |                  |   |         |

**14. Certification**

By signing below I/we confirm that I/we have read and agree with all pages of this New Account Form and certify all information is true and correct. I/we agree that any questions or concerns about this form or the content herein, will be submitted in writing to my financial representative.

|                                    |      |                                    |      |
|------------------------------------|------|------------------------------------|------|
| <b>ACCOUNT HOLDER #1 SIGNATURE</b> |      | <b>ACCOUNT HOLDER #1 SIGNATURE</b> |      |
| PRINTED NAME                       | DATE | PRINTED NAME                       | DATE |
| <b>ACCOUNT HOLDER #3 SIGNATURE</b> |      | <b>ACCOUNT HOLDER #4 SIGNATURE</b> |      |
| PRINTED NAME                       | DATE | PRINTED NAME                       | DATE |

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: We will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. A corporation, partnership, trust or other legal entity may need to provide other information, such as its principal place of business, local office, employer identification number, certified articles of incorporation, government-issued business license, a partnership agreement, or a trust agreement.

**FOR INTRODUCING BROKER-DEALER USE ONLY**

|  |      |  |      |
|--|------|--|------|
| <b>REGISTERED REPRESENTATIVE SIGNATURE</b> |      | <b>SUPERVISORY PRINCIPAL SIGNATURE</b> |      |
| PRINTED NAME                               | DATE | PRINTED NAME                           | DATE |