

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.

Reset Form

STEP 1. ACCOUNT DETAILS

Account Title (Name of this account)	Account Number
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STEP 2. PERSONAL INFORMATION

Relationship to Account ☐ Account Holder ☐ Authorized Party ☐ Associated Party

First Name	Middle Initial	Last Name	Social Security Number
Date of Birth (mm/dd/yyyy)	Gender ☐ M ☐ F ☐ No Answer	Marital Status ☐ Married ☐ Single ☐ Divorced ☐ Widowed	Dependents Home ☐ Own ☐ Rent

Contact Information

Home or Mobile Phone	Business Phone	Foreign Phone	Email Address
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Address(es)

Physical Address (no PO Box)	Address 1		Address 2	
	City	State	Zip Code	
	Country	Province	Foreign Postal Code	
Mailing Address (if different from Physical)	Address 1		Address 2	
	City	State	Zip Code	
	Country	Province	Foreign Postal Code	
Previous Physical Address (if Physical is less than 6 months old)	Address 1		Address 2	
	City	State	Zip Code	
	Country	Province	Foreign Postal Code	

Citizenship

Please check only one:
Proof of address is required for each non-US Person and US Citizens living abroad. Non-Resident Alien must provide a valid Government ID and a form W-8

☐ U.S. ☐ U.S. Resident Alien ☐ Non-Resident Alien

Country of legal and tax resident:
☐ U.S. ☐ Other (specify) _____

CONTINUED NEXT PAGE

Account Number:

USA Patriot Act Information (Required by Federal Law)

All applicants must provide the information below. Non-Resident aliens must also include a completed W-8.			
☐ Driver's License ☐ Passport ☐ State ID ☐ Foreign Tax ID ☐ Other Government-issued ID			
Place/Country of Issuance	ID No:	Issue Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)

Employment and Industry Affiliations

☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Homemaker ☐ Student				
If Employed/Self-Employed is indicated, please complete all employment fields.				
If Retired or Unemployed is indicated, please indicate former Occupation.				
Employer Name	Years Employed	Phone Number	Occupation	Business Nature
Employer's Address	City	State	Zip Code	
Country	Province	Foreign Postal Code		

Industry and Other Affiliations

☐ Yes ☐ No	Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings or dependents:
IF CHECKED YES, OBTAIN AND ATTACH THE COMPLIANCE OFFICER'S LETTER OF APPROVAL	Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, branch manager, registered representative or other associated person of a broker-dealer firm) or a financial services regulator?
	If yes, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this Application).
	☐ Broker-Dealer or Municipal Securities Dealer ☐ Investment Adviser
	☐ FINRA or other Self-Regulatory Organization ☐ State or Federal Securities Regulator
	Name of Entity(ies): _____
☐ Yes ☐ No	An officer, director or 10% (or more) shareholder in a publicly-owned company?
	What is your position? ☐ 10% shareholder ☐ CEO ☐ CFO ☐ COO ☐ Other Officer
	Name of company and symbol: _____
☐ Yes ☐ No	A senior military, governmental or political official in a non-US country?
	Name of country: _____

STEP 3. SIGNATURES

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

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