

### ACCOUNT TYPE

Individual  Joint-WROS

### FUNDING YOUR ACCOUNT

Make check payable to: **Firstrade Securities Inc.**

Enclosed is my check for: \$

### ACCOUNT HOLDER

Full Legal Name		SSN	
Email Address		Date of Birth	
Home Address (P.O. Box)			
City	State	ZIP	
Mailing Address	City	State	ZIP
Home Phone	Business Phone	Mobile Phone	
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No			
if No, please enter country of citizenship _____			
<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Non-Resident Alien	
Employer		Occupation	
Employer's Address	City	State	ZIP

### CO-ACCOUNT HOLDER

Full Legal Name		SSN	
Relationship to Account Holder		Date of Birth	
Home Phone	Business Phone	Mobile Phone	
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No			
if No, please enter country of citizenship _____			
<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Non-Resident Alien	
Employer		Occupation	
Employer's Address	City	State	ZIP

### AFFILIATIONS

Account Holder  Co-Account Holder  
The Account Holder or Co-Account Holder is licensed or employed by a registered broker/dealer, securities exchange, or member of a securities exchange. Include a compliance letter.

Account Holder  Co-Account Holder  
The Account Holder or Co-Account Holder is a director, 10% shareholder, or policy-making officer of a publicly traded company. Specify company name and address.

Account Holder  Co-Account Holder  
The Account Holder or Co-Account Holder, or a member of their immediate family or any business associate is a senior political figure. Specify the name of the political figure, political title, relationship, and country of office.

### INVESTMENT & FINANCIAL PROFILE

#### Investment Experience

Account Holder  
 None  Limited  Good  Excellent

Co-Account Holder  
 None  Limited  Good  Excellent

#### Investment Objectives

Income  Growth  Speculation  Capital Preservation  Other

#### Annual Income

\$0 to \$24,999 (01)  \$50,000 to \$99,999 (03)  \$150,000 to \$249,999 (04)  
 \$25,000 to \$49,999 (02)  \$100,000 to \$149,999 (04)  \$250,000+ (04)

#### Liquid Net Worth

\$0 to \$14,999 (01)  \$50,000 to \$99,999 (02)  \$500,000 to \$999,999 (04)  
 \$15,000 to \$49,999 (01)  \$100,000 to \$499,999 (03)  \$1,000,000+ (04)

#### Total Net Worth

\$0 to \$14,999 (01)  \$50,000 to \$99,999 (02)  \$500,000 to \$999,999 (04)  
 \$15,000 to \$49,999 (01)  \$100,000 to \$499,999 (03)  \$1,000,000+ (04)

### ACCOUNT STATEMENTS & TRADE CONFIRMATIONS

You will receive periodic account statements and trade confirmations electronically, unless you make a selection below. If a valid email address is not provided, you will receive periodic paper statements and paper trade confirmations. You will be responsible for any fees that may apply.

**Please Note:** If you elect to receive electronic documents, you will receive shareholder communications and tax documentation electronically when available.

Please provide paper account statements (\$2 each) and paper trade confirmations (\$1 each). I understand that I will be responsible for the fees that apply.

Unless I check here, Firstrade Securities will provide my name to corporations whose securities I hold in my account for the purpose of corporate communications.

### ACCOUNT AGREEMENT

I (We) would like to open a brokerage account with Firstrade Securities Inc. ("Firstrade") to be carried by Penon Financial Services, Inc. ("Penon"). I (We) am (are) of legal age to contract. I (We) acknowledge that I (We) have received, read and agree to be bound by the terms and conditions as set forth in the Firstrade Account Agreement, (available online at [www.firstrade.com](http://www.firstrade.com)) which is incorporated by this reference, as amended from time to time. I agree that Firstrade Securities Inc. does not provide legal or tax advice, and will not advise me concerning the nature, potential value, or suitability of any particular security, transaction, or investment strategy. I understand that investments purchased through Firstrade Securities are not insured by the FDIC (Federal Deposit Insurance Corporation), are not obligations of or guaranteed by any financial institution and are subject to investment risk and loss. I further acknowledge that I have received, read and understand the Margin Disclosure Statement provided by Firstrade Securities Inc. **\*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: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also use a third-party information provider for verification purposes and/or ask to see your driver's license or other identifying documents.** \*Under penalties of perjury, I certify (1) that the number shown on this application is my correct taxpayer identification number and (2) that I am not subject to backup withholding and (3) I am an U.S. person (including a resident alien) provided, however, if I am a nonresident alien as disclosed in this application, I do not certify that I am a U.S. person, and I understand that I must submit a W-8BEN Form. If I have been notified by the IRS that I am subject to backup withholding as a result of dividend or interest underreporting, I must cross out the text contained in clause (2) of this section and I understand I will be subject to backup withholding. **\*BY SIGNING THIS APPLICATION, I (WE) ACKNOWLEDGE THAT, IN ACCORDANCE WITH PARAGRAPH 23 OF THE FIRSTRAD ACCOUNT AGREEMENT, I (WE) AGREE IN ADVANCE TO RESOLVE ANY DISPUTES ARISING OUT OF MY (OUR) ACCOUNT BY ARBITRATION.\***

Check here to decline margin privileges. Open my account as a cash account only.

Account Holder Signature	Date
Co-Account Holder Signature	Date

Approval <input type="checkbox"/> Cash <input type="checkbox"/> Margin	Date	Customer ID Verified <input type="checkbox"/> Yes <input type="checkbox"/> No	Account Number	Date
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# Substitute Form W-8BEN

## Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

Department of the Treasury Internal Revenue Service

- Section references are to the Internal Revenue Code.
- For complete instructions or more information on the W-8 forms, please refer to the Internal Revenue Service (IRS) website at [www.irs.gov](http://www.irs.gov).
- Give this form to the withholding agent or payer. Do not send to the IRS.

**Do not use this form for:**

Instead, use Form:

- A U.S. citizen or other U.S. person, including a resident alien individual.....W-9
  - A person claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States.....W-8ECI
  - A U.S. nonresident alien physically present in the U.S. for 183 days or more during the present calendar year.
- Exception:** Individuals holding an "F", "J", "M" or "Q" visa should use this form. If yes, please indicate visa type here: \_\_\_\_\_.

**Note:** See IRS instructions for additional exceptions.

**Part I Identification of Beneficial Owner (See Instructions.)**

1 Name of individual that is the beneficial owner	2 Country of incorporation or organization <p style="text-align: center; font-size: 1.2em;">N / A</p>
3 Type of beneficial owner: <input type="checkbox"/> Individual	
4 Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. Box or in-care-of address.</b>	
City or town, state or province. Include postal code where appropriate.	Country (do not abbreviate)
5 Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	Country (do not abbreviate)
6 U.S. taxpayer identification number, if required (see instructions)	7 Foreign tax identifying number, if any (optional)
8 Reference number(s) (see instructions)	

**Part II Claim of Tax Treaty Benefits (if applicable)**

- 9 I certify that (check all that apply):
- a.  The beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.
  - b.  If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
  - c.  The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

**Part III Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,
- The beneficial owner is not a U.S. person,
- The income to which this form relates is not effectively connected with the conduct of a trade or business in the United States or is effectively connected but is not subject to tax under an income tax treaty, **and**
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income which I am the beneficial owner.

The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to establish your status as a non-U.S. person and, if applicable, obtain a reduced rate of withholding.

**Sign Here**

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Signature of beneficial owner (or individual authorized to sign for beneficial owner)

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Date (MM-DD-YYYY)

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Capacity in which acting