



## Authorized Agent/Trustee/Officer Information

Name \_\_\_\_\_ Title in Organization (President, Trustee, Partner, etc.) \_\_\_\_\_

Single  Divorced

Married  Widowed

Social Security Number \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_

Marital Status \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Employer \_\_\_\_\_

Occupation/Position \_\_\_\_\_

Years \_\_\_\_\_

Type of Business \_\_\_\_\_

Employer's Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Check here if you have granted trading authorization to another party.

If so, request Trading Authorization Form and provide name of agent:

Check here if you, or a business associate, are a director, 10% shareholder, or policy-making officer of a publicly traded company.

If so, identify the company name, address, and position held:

Check here if you, or a business associate, are licensed or employed by a registered broker/dealer or registered investment advisor.

If so, identify the company name, address, and position held:

Check here if you, any member of your immediate family, or a business associate is a Senior Foreign Political Figure.

If so, identify the name of the official, office held, relationship to account owner, and country:

## Investment Profile

Regulations require us to ask for the following information in order to properly service your investment needs. All information will be kept strictly confidential.

**Investment Objectives** (choose all that apply):

Speculation/Trading

Growth

Income

Capital Preservation

*Your investment objectives must include Speculation/Trading for option trading.*

**Estimated Net Worth:**

**Estimated Liquid Net Worth:**

**Annual Income** (from all sources):

**Federal Tax Bracket:**

\$0 - \$49,999

\$0 - \$49,999

\$0 - \$24,999

Under 15%

\$50,000 - \$99,999

\$50,000 - \$99,999

\$25,000 to \$49,999

15% - 25%

\$100,000 - \$249,999

\$100,000 - \$249,999

\$50,000 to \$74,999

Over 25%

\$250,000 - \$499,999

\$250,000 - \$499,999

\$75,000 to \$99,999

Over \$500,000

Over \$500,000

Over \$100,000

## Would you like your existing brokerage account transferred to Firstrade?

Yes, transfer my existing brokerage account to Firstrade. (Forms will be sent to you or download from [www.firstrade.com](http://www.firstrade.com))  No

# Account Agreement

In this agreement, "I" and "my" refer to the entity for which this account is established and/or the natural person(s) authorized to represent and act on behalf of the entity.

Rule 14b-1(c) of the Securities Exchange Act, unless you object, requires us to disclose to an issuer, upon its request, the name, address, and securities position of our customers who are beneficial owners of the issuer's securities, which are held by Penson Financial in nominee name. The issuer would be permitted to use your name and other related information for corporate communication only. If you object to this disclosure, check this box:

I would like to establish a brokerage account with Firstrate Securities Inc. which clears all transactions through Penson Financial. I acknowledge by signing this agreement that I have received, read and understand the terms and conditions in the Firstrate Securities Inc. Account Agreement (which includes the margin agreement), and agree to be bound by these terms and conditions as they apply to my account as amended from time to time. I agree that Firstrate 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 Firstrate Securities are not insured by the FDIC (Federal Deposit Insurance Corporation), are not obligations or guaranteed by any financial institution and are subject to investment risk and loss that may exceed the principal invested.

In accordance with the Firstrate Securities Account Agreement, I agree that all debts and other obligations owed to Firstrate and any party to the Account Agreement will be secured by a lien on all securities and other property now or hereafter held or maintained in any of my present or future Firstrate accounts, whether individually or jointly held with others, or in any other Firstrate account in which I have an interest.

**I further acknowledge that I have received, read and understand the predispute arbitration clause located in the Firstrate Securities Inc. Account Agreement, paragraph 23, and agree to resolve any disputes arising out of my account by arbitration.**

I further acknowledge that I have received, read and understand the Margin Disclosure Statement provided by Firstrate Securities Inc.

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) that I am a 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 the appropriate W-8 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.

I authorize Penson Financial and/or Firstrate Securities to obtain a consumer report at the time of application to verify my creditworthiness and to obtain a consumer report from time to time for updates, renewals, extensions, and collection activity on any approved account. Upon my written request, Penson Financial will disclose to me whether it obtained a report, and if so, the name and address of the consumer-reporting agency that provided it. In the event that my account is denied, as a result of the consumer report verification, I authorize Penson Financial to provide to Firstrate the reason(s) for such denial.

I acknowledge that the information provided in the Account Application is accurate and correct.

**X**

Signature & Title of Authorized Person

Date

## For Office Use Only

Margin

Cash

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

Account #: \_\_\_\_\_

Customer ID Verified:  Yes  No

# PARTNERSHIP ACCOUNT



Account No. \_\_\_\_\_

Tax I.D. # \_\_\_\_\_

TO: PENSON FINANCIAL SERVICES, INC. & FIRSTRAD SECURITIES

The undersigned hereby represent and warrant to you that they are all the partners in an Partnership known as \_\_\_\_\_ and hereinafter called the "Partnership", and the undersigned hereby authorize you to open a securities account for the Partnership, to be known as the \_\_\_\_\_ Account.

(Name of Partnership)

\_\_\_\_\_ is hereby appointed the agent and attorney-in-fact of the Partnership, and for its account and risk, to buy, sell and trade in stocks, bonds and any other securities, listed or unlisted, in said account in accordance with your terms and conditions. For the purpose of complying with position limits as prescribed by the various national option exchanges each partner has attached hereto a statement relative to any option holdings he or she may hold at other brokerage concerns. Each partner further agrees to notify you immediately of any increase in their holdings as it pertains to options. You may conclusively assume that all action taken and instructions given by said agent and attorney-in-fact have been properly taken or given pursuant to authority vested in such agent and attorney-in-fact by all of the partners in the Partnership. You are authorized to follow the instructions of the said agent and attorney-in-fact in every respect concerning said account, and to make deliveries of securities and payments of moneys to him or as he may order and direct and to send to him all reports, confirmations and statements relating to the account. The said agent and attorney-in-fact is hereby authorized to execute and deliver on behalf of the Partnership and its partners your margin/loan agreement, option agreement and any other agreements you may require, and to act for the undersigned in every respect concerning said account and to do all other things necessary or incidental to the conduct of said account. Said agent is specifically authorized to effect option transactions in our accounts. Further, said agent is specifically authorized to effect uncovered option transactions or to uncover a covered option position for our account, as such terms are defined in the Penson Financial Services, Inc. prospectus, a copy of which I have received. The undersigned agree that if new partners are admitted to the Partnership, the undersigned will cause such new partner to adopt and be bound by this authorization and indemnity.

This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which you may have under any other agreement or agreements between you and the undersigned, or any of them now existing or hereafter entered into, and is binding on the undersigned and their legal representatives, successors and assigns. This authorization and indemnity is also a continuing one and shall remain in full force and effect until revoked by a written notice, addressed to you and delivered to you at the address set forth above, signed by any \_\_\_\_\_ partners. No such revocation shall affect any liability arising out of any transactions initiated prior to such revocation.

The undersigned, jointly and severally agree to indemnify and hold you harmless from and to pay you promptly on any debit balance in said account.

It is further agreed that in the event of death of any of the undersigned, the survivors shall immediately give you written notice hereof, and you may, before or after receiving such notice, take such proceeding, require such papers, retain such portion of and/or restrict transactions in the account as you may deem advisable to protect you against any liability, tax, or penalty under any present or future laws or otherwise. The estate of any of the undersigned who shall have died shall be liable, and each survivor shall continue jointly and severally liable, to you on the foregoing indemnity and for any debit balance or loss in said account resulting from the completion of transactions initiated prior to the receipt by you of the written notice of the death of the decedent or incurred in the liquidation of the account or the adjustment of the interests of the respective parties.

This authorization and indemnity shall inure to the benefit of your present firm and its successors in business, irrespective of any change or changes of any kind in the personnel thereof for any cause whatsoever.

**X**

\_\_\_\_\_  
Signature of Agent and Attorney-in-Fact

\_\_\_\_\_  
Date

# LIST OF PARTNERS

Please type or print. All information must be completed in order for your application to be processed.

NAME
ADDRESS
CITY/STATE/ZIP
OCCUPATION Do you have listed option holdings at other firms? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of your latest account statement from such firm(s). <b>X</b> _____
SIGNATURE

NAME
ADDRESS
CITY/STATE/ZIP
OCCUPATION Do you have listed option holdings at other firms? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of your latest account statement from such firm(s). <b>X</b> _____
SIGNATURE

NAME
ADDRESS
CITY/STATE/ZIP
OCCUPATION Do you have listed option holdings at other firms? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of your latest account statement from such firm(s). <b>X</b> _____
SIGNATURE

NAME
ADDRESS
CITY/STATE/ZIP
OCCUPATION Do you have listed option holdings at other firms? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of your latest account statement from such firm(s). <b>X</b> _____
SIGNATURE

NAME
ADDRESS
CITY/STATE/ZIP
OCCUPATION Do you have listed option holdings at other firms? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of your latest account statement from such firm(s). <b>X</b> _____
SIGNATURE

NAME
ADDRESS
CITY/STATE/ZIP
OCCUPATION Do you have listed option holdings at other firms? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of your latest account statement from such firm(s). <b>X</b> _____
SIGNATURE

**If additional space is required, please use more forms.**