

帳戶類別 ACCOUNT TYPE
 個人 Individual (非退休) 共同 Joint-WROS (自動繼承權)

帳戶注資 FUNDING YOUR ACCOUNT

 支票抬頭請寫 **Firstrade Securities**

附上支票 Enclosed is my check for: \$

帳戶持有人 ACCOUNT HOLDER

姓名 Full Legal Name	社會安全號碼 SSN		
電子郵箱 Email Address	出生日期 Date of Birth		
住址 Home Address (不可使用 P.O. Box 郵局信箱)			
城市 City	州 State	郵遞區號 ZIP	
郵寄地址 Mailing Address	城市 City	州 State	郵遞區號 ZIP
住址電話 Home Phone	公司電話 Business Phone	手機 Mobile Phone	
美國公民 U.S. Citizen <input type="checkbox"/> 是 Yes <input type="checkbox"/> 不是 No 如果不是, 請輸入國家 _____ 並在下一行勾選美國境內身份: <input type="checkbox"/> 永久居民(綠卡) Permanent Resident <input type="checkbox"/> 外籍居民 Resident Alien <input type="checkbox"/> 外籍非居民 Non-Resident Alien			
雇主 Employer (若為待業、自雇、學生或理家者請註明)	職業 Occupation		
雇主地址 Employer's Address	城市 City	州 State	郵遞區號 ZIP

帳戶共同持有人 CO-ACCOUNT HOLDER

姓名 Full Legal Name	社會安全號碼 SSN		
與帳戶持有人關係 Relationship to Account Holder	出生日期 Date of Birth		
住址電話 Home Phone	公司電話 Business Phone	手機 Mobile Phone	
美國公民 U.S. Citizen <input type="checkbox"/> 是 Yes <input type="checkbox"/> 不是 No 如果不是, 請輸入國家 _____ 並在下一行勾選美國境內身份: <input type="checkbox"/> 永久居民(綠卡) Permanent Resident <input type="checkbox"/> 外籍居民 Resident Alien <input type="checkbox"/> 外籍非居民 Non-Resident Alien			
雇主 Employer (若為待業、自雇、學生或理家者請註明)	職業 Occupation		
雇主地址 Employer's Address	城市 City	州 State	郵遞區號 ZIP

聲明 AFFILIATIONS

帳戶持有人(Account Holder) 或共同持有人(Co-Account Holder)本人為登記有照的證券經紀、或雇主為證券交易所或交易所會員。請附上雇主的同意信函。
 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.

帳戶持有人(Account Holder) 或共同持有人(Co-Account Holder)為任何公開上市公司的董事、10%及以上持股份人或決策人。請註明公司名稱地址。
 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.

帳戶持有人(Account Holder), 共同持有人(Co-Account Holder)或直系親屬是國外政府高級官員。請註明官員姓名、職位、所屬國家。
 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.

 核准 Approval (第一理財專用) Cash Margin 日期 Date

投資簡況 INVESTMENT & FINANCIAL PROFILE
投資經驗 Investment Experience (您必須選擇至少一項)

帳戶持有人 Account Holder
 無 None 有限 Limited 良好 Good 豐富 Excellent

帳戶共同持有人 Co-Account Holder
 無 None 有限 Limited 良好 Good 豐富 Excellent

投資目標 Investment Objectives (您必須選擇至少一項)

 收入 Income 增值 Growth 投機 Speculation 資本保值 Capital Preservation 其他 Other

年收入 Annual Income 若為共同持有帳戶, 請以合併總值勾選

 \$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)

流動資產 Liquid Net Worth (現金、證券等) 若為共同持有帳戶, 請以合併總值勾選

 \$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)

淨資產 Total Net Worth (不包含自住不動產) 若為共同持有帳戶, 請以合併總值勾選

 \$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)

帳戶月結單及交易認證 ACCOUNT STATEMENTS & TRADE CONFIRMATIONS

您將會收到電子版帳戶月結單以及交易認證。若想收到紙張檔案請在下方做選擇。如果您所提供的無效的電子郵件地址, 您將會收到紙張帳戶月結單和交易認證。您將承擔由此產生的費用。注: 如果選擇使用電子檔案, 股東通訊文件和稅務資料將會以電子郵件方式寄給您。
 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.

請寄給我紙張帳戶月結單(\$2/份)和紙張交易認證(\$1/份)。我(們)明白我(們)將承擔由紙張檔案所產生的費用。
 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.

我(們)不同意第一理財提供我(們)的姓名給我(們)帳戶內所持證券的發行人, 以便收到有關證券的重要資訊。
 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.

帳戶合約 ACCOUNT AGREEMENT

我(們)欲開設第一理財帳戶, 委托 Penon Financial Services, Inc. ("Penon") 交割。我(們)為合法簽約年齡。我(們)已接受、閱讀、並同意第一理財帳戶協議書的規條。(該協議書可在www.firstrade.com取得)及日後所修改的規條。我(們)同意第一理財不提供投資、稅務、或法律上的建議。我(們)明白通過第一理財所進行的投資不受FDIC(Federal Deposit Insurance Corporation)保險保護。任何金融機構都不會對投資所產生的風險和損失負責。我(們)已接受、閱讀、並同意第一理財的融資交易說明書。*有關開設新帳戶程序的重要資訊: 為了協助政府打擊恐怖組織籌款或是洗錢行為, 聯邦法律要求所有金融機構取得、證實並記錄所有開戶人的個人身份資訊。也就是, 當您開戶時, 您需要提供您的姓名、住址、出生年月和其它能夠證實您身份的資料。第一理財也將有可能使用第三方所提供的資訊來證實您的身份, 並/或要求您出示駕照或其他身份證明。在偽證的罰則下, 我(們)證明 (1)本申請書上的號碼為我(們)真實的社會安全號碼(納稅人號碼) (2)我(們)無國稅局預扣稅之責任 (3)我(們)是美國公民(永久居民); 然而如果我(們)是外籍非居民且未證明是美國公民(永久居民), 我(們)明白我(們)必須提交W-8BEN表格。如果被IRS告知由于漏報或漏報分紅或利息, 我(們)將有國稅局預扣稅之責任。因此以上第二條國稅局預扣稅免責將不適用於我(們), 我(們)明白我(們)將會被扣國稅局預扣稅。*簽署此申請書, 我(們)明白, 配合第一理財帳戶協議書第23段, 我(們)同意以仲裁方式解決一切本人與第一理財形成的爭議。

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) 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 FIRSTRADE ACCOUNT AGREEMENT, I (WE) AGREE IN ADVANCE TO RESOLVE ANY DISPUTES ARISING OUT OF MY (OUR) ACCOUNT BY ARBITRATION.*

我不希望取得帳戶融資功能, 請只建立現金帳戶。
 Check here to decline margin privileges. Open my account as a cash account only.

帳戶持有人簽名 Account Holder Signature	日期 Date
帳戶共同持有人簽名 Co-Account Holder Signature	日期 Date

Customer ID Verified	帳戶號碼 Account Number	日期 Date
<input type="checkbox"/> Yes <input type="checkbox"/> No		

W-8BEN表格填写说明

美国证券市场几乎对全世界国家的人民开放，为奖励投资，符合外国人身份的投资人买卖证券所得之资本利得(Capital Gain)免于扣缴美国所得税。若您并非美国居民，开户时请填写美国国税局提供的W-8BEN表，以便享受免税优惠。然而，外国投资人所得的现金股利(Dividends)仍然必须缴交美国政府所得税。W8BEN表请寄到第一理财而非美国国税局。

W-8BEN是美国政府单位发行的表格，**必须以英文正楷填写**，第一理财所提供的中文版本，仅作参考。此表格不可传真或扫描，请务必邮寄正本至第一理财。

请注意：

- 美国公民、持有绿卡之永久居民请勿使用W-8BEN，请使用W-9。
- 居住在美国境内之外籍人士，其身份符合美国国税局所定义之所得税申报义务人者，请勿使用W-8BEN，请使用W-9。
- 当年度在美国境内实际居住超过183天之外籍人士，请勿使用W-8BEN。F、J、M、Q签证持有者除外，请在表格上註明您的签证类别。
- 若您的身分由他国国籍变更为美国公民或永久居民，请於30天内填写W-9通知第一理财。
- 若您的固定居住地址迁移至不同国家，请於30天内填写新的W-8BEN表格交予第一理财。

Part I 受益人资料

1. 姓名
2. (个人不须填写；我们已经帮您填好N/A不适用)
3. 受益人所属类别
4. 固定居住地址 (恕不接受邮政信箱号码或代收邮件地址)
除少数例外，居住地址应包含门牌号码、路(街)名、城市名、国名和邮政编码。
5. 通讯地址 (若与固定居住地址相同可不填)
6. 美国纳税人税籍号码。(例如社会安全号码或个人报税号码ITIN，如果没有无须填写)
7. 国外税籍号码 (如适用，如果没有无须填写)
8. 相关号码 (请填入第一理财帐户号码)

Part II 税务减免要求 (如适用)

9. 若以下适用请勾选
 - a: 所得期间若申报人居住在美国的税务减免互惠国内，请勾选此方块并填写该国家名称。

Part III 填写人声明

本人声明以上所填资料属实且完整。同时也声明以下项目为实：

- 本人(或授权人)为本表格所提及的所有所得申报人。
- 受益人不是美国税法规定的美国所得税申报义务人(U.S. Person)。
- 本人的所得不属美国的贸易或商业行为，且本人确实符合美国的税务减免互惠资格。
- 证券交易受益人是免徵美国所得税的他国申报人。

除此之外，在此声明，美国所得税扣缴单位有权预扣我的税款。

SIGN HERE 签名栏

请受益人或授权人签名; 日期(月/日/年); 授权代理人身分。



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.
- 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). Do not use a P.O. Box or in-care-of address.	
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

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

Date (MM-DD-YYYY)

Capacity in which acting