FIRSTRADE®
Firstrade Securities Inc.
133-25 37th Ave., Flushing, NY 11354
Member FINRA/SIPC

UPIP

Mutual Fund Periodic Investment Plan Application (PIP)
共同基金定期投资计画申请表

Customer Information客户资料

Name 姓名	Brokerage Account Number帐户号码
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Address 地址			
City 都市	State 州	Zip Code邮递区号	Daytime Phone Number日间联络电话 ( )

Investment Details投资项目

Important: Please use separate application for investments to be made on different days/months and read the current prospectus for each fund in which you intend to invest. 若您希望选择多种不同的投资週期，请分别填写另一份申请表。投资前请详读该基金的公开说明书。

Provide Dollar Amount, Name of Mutual Fund, Ticker Symbol and how you like to purchase funds - Net Asset Value (NAV), Letter of Intent (LOV), or Rights of Accumulation (ROA) Note: Default is Purchase Offer Price (POP) 请填写投资金额、基金名称、基金代号、以及买进方式：基金单位净值(NAV)、购买意愿书(LOV)、或垒积权利(ROA)。注意：若不勾选我们将帮您以出价买进(POP)。(若有疑问请与第一理财联络)

Investment Amount投资金额 (最低$100*)	Name of Mutual Fund共同基金名称	Cusip or Symbol代号	How to Buy买进方式 (请勾选一项)
			☐ NAV ☐ LOI ☐ ROA
			☐ NAV ☐ LOI ☐ ROA
			☐ NAV ☐ LOI ☐ ROA
			☐ NAV ☐ LOI ☐ ROA
			☐ NAV ☐ LOI ☐ ROA

* Also subject to fund minimum if higher than $100. 若基金基本金额超出$100将以该金额为準。

Check months in which to invest投资月份 ☐ Jan. ☐ Feb. ☐ Mar. ☐ Apr. ☐ May ☐ Jun. ☐ Jul. ☐ Aug. ☐ Sep. ☐ Oct. ☐ Nov. ☐ Dec.

Or indicate cycle或选择週期: ☐ Monthly 月 ☐ Quarterly (Mar., Jun., Sep., Dec.) 季(每三月) ☐ Semi-Annual (Jun., Dec.) 半年

Day on which to invest买进日 _____ (如每月15日)
mm/dd/yy

Effective Date生效日期 _____ Expiration Date结束日期 _____ (如每月15日)
mm/dd/yy mm/dd/yy

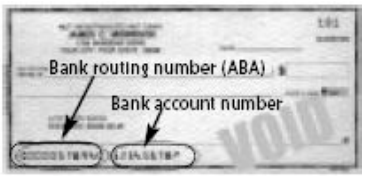
Payment Instructions 付款方式

Electronic Transfer电子转帐: Debit my (our) ☐ Checking Account支票帐户 ☐ Savings Account储蓄帐户

Name of Bank银行名称 _____

Account Registration帐户姓名 _____

Account Number帐户号码 _____



9位数ABA No. ☐☐☐☐☐☐☐☐☐

注意： 随表请附上一张作废的支票或银行帐户月结单影印本

Signature签名

I (we) hereby authorize and request the investments by made on my (our) account above. I (we) agree that neither fund, nor the broker/dealer with whom this account is established, nor Penson Financial Services, Inc. (Penson) (clearing and executing agent), will be liable for any loss, liability, cost or expense for acting upon instructions. I acknowledge that I have read and understand the prospectus. It is understood that this authorization may be terminated by me (us) at any time three days prior to any scheduled transaction by written notification received by Penson. Any such notification shall be effective only with respect to entries initiated after receipt of such notification and a reasonable amount of time to act on it.

Customer Signature客户签名 _____ Date 日期 _____ Signature of Joint Owner共同持有人签名(若适用) _____ Date 日期 _____

Financial Consultant Name理财顾问名字 _____ FC Rep # _____ Financial Consultant Signature 理财顾问签名 _____ Date 日期 _____