



Account #: _____

Entity Account Application

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

Type of Account

Select one account type for your entity.

- | | | |
|----------------------------------------------------|----------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Corporate | <input type="checkbox"/> Trust | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Investment Club | <input type="checkbox"/> Non-Incorporated Organization |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Other _____ |

All qualified accounts are opened as margin accounts, allowing you to borrow against the value of certain marginable securities. To decline margin privileges, check the box below. \$2,000 minimum equity is required to establish a margin account.

- I decline margin privileges. Open my account as cash only.

Entity Information

- U.S. Entity Foreign Entity – Country of Formation:

Title of Entity

Street Address (No P.O. Boxes)

City State Zip Code

Mailing Address (if different from Street Address)

City State Zip Code

Contact Name/Title

Entity Tax ID Number (or SSN if applicable)

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Daytime Phone Number

Fax Number

E-mail Address

State of Organization

Creation Date

Bank Account Reference

Bank Account Number

Brokerage Account Reference

Brokerage Account Number

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 Firstrate?

Yes, transfer my existing brokerage account to Firstrate. (Forms will be sent to you or download from www.firstrate.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 Firstrade 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 Firstrade 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 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 that may exceed the principal invested.

In accordance with the Firstrade Securities Account Agreement, I agree that all debts and other obligations owed to Firstrade 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 Firstrade accounts, whether individually or jointly held with others, or in any other Firstrade account in which I have an interest.

I further acknowledge that I have received, read and understand the predispute arbitration clause located in the Firstrade 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 Firstrade 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 Firstrade 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 Firstrade 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

NON-CORPORATE RESOLUTION



Account Title _____ Account Number _____

To: Firstrade & Penson Financial Services, Inc.

I, _____
(Name and Title of Officer, Partner or other Designation)

of _____
(Name of Organization)

_____ hereby certify that the following is a
(Type of Organization)

true copy of a resolution duly adopted by the _____
(Name of Governing Body)

of this Organization at a meeting held on the _____ day of _____, 20____ which is in full

force and effect on this date and does not conflict with the _____
(Name of Document under which Organization is operating)

Be it resolved that _____
(Name and Title of Officer, Partners or Other)

is/are authorized to enter orders to purchase, sell or sell short securities of every kind and description for and on behalf of this Organization and to sell, assign and endorse or transfer certificates representing stocks, bonds or other securities registered in the name or for the account of this Organization.

This authorization shall remain in full force and effect and you may continue to rely on this authorization until such time as you receive written notice of its termination or modification.

Very truly yours,

Secretary or other title

Sworn to before me

this day of _____, _____ 20____

(Notary Public)

