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

UPIP

Mutual Fund Periodic Investment Plan Application (PIP)
共同基金定期投資計畫申請表

Customer Information 客戶資料

Name 姓名	Brokerage Account Number 帳戶號碼
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Address 地址			
City 都市	State 州	Zip Code 郵遞區號	Daytime Phone Number 日間聯絡電話 ( )

Investment Details 投資項目

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. 若您希望選擇多種不同的投資週期，請分別填寫另一份申請表。投資前請詳讀該基金的公開說明書。

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) 請填寫投資金額、基金名稱、基金代號、以及買進方式：基金單位淨值(NAV)、購買意願書(LOV)、或疊積權利(ROA)。注意：若不勾選我們將幫您以出價買進(POP)。(若有疑問請與第一理財聯絡)

Investment Amount 投資金額 (最低$100*)	Name of Mutual Fund 共同基金名稱	Cusip or Symbol 代號	How to Buy 買進方式 (請勾選一項)
			☐ NAV ☐ LOI ☐ ROA
Investment Amount投資金額 (最低$100*)	Name of Mutual Fund共同基金名稱	Cusip or Symbol代號	How to Buy買進方式 (請勾選一項)
			☐ NAV ☐ LOI ☐ ROA
Investment Amount投資金額 (最低$100*)	Name of Mutual Fund共同基金名稱	Cusip or Symbol代號	How to Buy買進方式 (請勾選一項)
			☐ NAV ☐ LOI ☐ ROA
Investment Amount投資金額 (最低$100*)	Name of Mutual Fund共同基金名稱	Cusip or Symbol代號	How to Buy買進方式 (請勾選一項)
			☐ NAV ☐ LOI ☐ ROA
Investment Amount投資金額 (最低$100*)	Name of Mutual Fund共同基金名稱	Cusip or Symbol代號	How to Buy買進方式 (請勾選一項)
			☐ NAV ☐ LOI ☐ ROA

* Also subject to fund minimum if higher than $100. 若基金基本金額超出$100將以該金額為準。

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

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

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

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

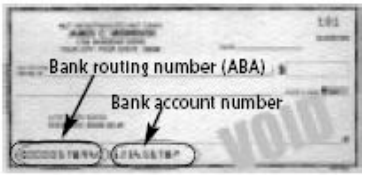
Payment Instructions 付款方式

Electronic Transfer 電子轉帳: Debit my (our) ☐ Checking Account 支票帳戶 ☐ Savings Account 儲蓄帳戶

Name of Bank 銀行名稱 _____

Account Registration 帳戶姓名 _____

Account Number 帳戶號碼 _____



9位數ABA No. ☐☐☐☐☐☐☐☐☐

注意： 隨表請附上一張作廢的支票或銀行月結單影印本

Signature 簽名

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 客戶簽名 _____ Date 日期 _____ Signature of Joint Owner 共同持有人簽名(若適用) _____ Date 日期 _____

Financial Consultant Name 理財顧問名字 _____ FC Rep # _____ Financial Consultant Signature 理財顧問簽名 _____ Date 日期 _____