

Foreign Account Due Diligence Questionnaire

Account Name:	Account Number:	
Do you have other account held with Firstrade? () Yes () No		
If yes, list the related account number(s) and name(s):	
Account Number: Accoun	Account Name:	
Account Number: Accoun	t Name:	
Politically Exposed Persons ("PEPs") Is the account maintained for a current or former Politically (") Yes (") No If yes, please complete the table below by providing immediate family members (including former spous	the names of the official(s) and the official's	
Name of Official & Title:	Political Title & Organization:	
Immediate Family Members and Former Spouses:		
Client Referral Information Were you referred to our firm? () Yes () No If No, please list the nature of the initial contact:		
If Yes, please answer the following questions:		
By Whom		
Your relationship to the referring individual(s)		
Length of acquaintance between you and the referring individual(s)		



What will be the primary type of account activity? () Active Trading () Short – Term Investing () Long – Term Investing	
Describe the expected withdrawals from the accoun () Frequent () Occasional () Rare	t:
What will be the primary type of stock anticipating of a listed stocks () OTC BB, Pink Sheet Stocks Provide stock symbols:	
() Foreign Bonds Which countries?	Percentage for each country:
What will be the initial deposit type? (Deposit of phy another financial institution, other – specify) What is the source and expected amount of the initi	
Initial Deposit Amount	
Source of Deposit	
<u>Source of Wealth</u> Please provide the source of wealth.	
Please provide the source of income/wealth. If inheritance, describe family source of wealth in detail.	
Describe employment, business, and size of business in detail.	



Additional Accounts

Client has traded with following financial institutions	:	
Provide the name of your primary banking relationsh Fargo, HSBC, etc.)	ip: if more than one list all (i.e. Ci	itibank, Wells
The due diligence was completed and certified by th		bove account.
Name:		
Signature:		
Date:		
For Office Use Only:		
Due diligence review - () Yes () No	Exceptional, negative info () Yes () No
Risk rating review - () high () medium () low	Follow up review - () Yes() No
Additional Notes:		
Review By:	Review Date:	
Registered Principal:	Accepted Date:	