

ACCOUNT INFORMATION

NEW CUSTOMER/ACCOUNT UPDATE ONLY
INFORMATION ENTERED EOE:

Direct Business Pershing Pershing Account# _____ SmartWorks® Ref. ID# _____ W-9 already provided

ACCOUNT REGISTRATION TYPE (Required of all applicants – check only one) *Additional documents required

Individual JTWR0S Tenants In Common Community Property UGMA UTMA C-Corporation* S-Corporation* Partnership* Trust*
 403(b) 401(k) Qualified ERISA 529 Plan IRA Educational IRA Roth IRA SEP-IRA Other _____

ACCOUNT INFORMATION (Required of all applicants)

Owner Full Name (If corporation, add name of authorized individual or custodian if UTMA/UGMA)	SSN/Tax ID (if UTMA/UGMA, print minor's SS#)	Date of Birth (Custodian's if UTMA/UGMA)
Co-Owner (Minor name if UTMA/UGMA)	SSN/Tax ID	Date of Birth
Mailing Address	City	State Zip
Home Address (If different than mailing – no P.O. Box)	City	State Zip Home Phone

Is each owner: U.S. citizen Resident alien Non-resident alien - specify country and obtain W8:

IDENTIFICATION INFORMATION (Required of all applicants and must comply with policy)

Owner Valid Government I.D.#:	Issuing Entity:	Owner I.D. Issue Date:	Expiration Date (if any):	<input type="checkbox"/> Other Verification Done (Explain):
Co-Owner Valid Government I.D.#:	Issuing Entity:	Co-Owner I.D. Issue Date:	Expiration Date (if any):	<input type="checkbox"/> Other Verification Done (Explain):

EMPLOYMENT AND AFFILIATIONS (Required of all applicants)

Occupation/Employment Status	Employer Name	Employment City and State	Phone Number
Co-Owner's Employment Status	Employer Name	Employment City and State	

Are you (or a member of your immediate family) a director, 10% shareholder or policy-making officer of a publicly traded company? Yes No
If yes, Company Name: _____

Are you a registered representative of a broker-dealer? Yes No
If yes, specify Firm Name: _____

Are you employed by or otherwise affiliated with any broker-dealer? Yes No
If yes, specify Firm Name: _____

ACCOUNT PROFILE (Required – for joint accounts information may be combined)

Annual Income	Estimated Net Worth (Exclude primary residence, automobile, furnishings)	Portfolio Objectives (Check all that apply)	Portfolio Time Horizon	Federal Tax Bracket
<input type="checkbox"/> \$0 – 29,999 <input type="checkbox"/> 100,000 – 149,999 <input type="checkbox"/> 30,000 – 49,999 <input type="checkbox"/> 150,000 – 249,999 <input type="checkbox"/> 50,000 – 74,999 <input type="checkbox"/> 250,000 – 399,999 <input type="checkbox"/> 75,000 – 99,999 <input type="checkbox"/> 400,000 – Over	<input type="checkbox"/> \$0 – 74,999 <input type="checkbox"/> 250,000 – 499,999 <input type="checkbox"/> 75,000 – 99,999 <input type="checkbox"/> 500,000 – 999,999 <input type="checkbox"/> 100,000 – 149,999 <input type="checkbox"/> 1,000,000 – 2,999,999 <input type="checkbox"/> 150,000 – 249,999 <input type="checkbox"/> 3,000,000 – Over	<input type="checkbox"/> Income <input type="checkbox"/> Growth <input type="checkbox"/> Total Return <input type="checkbox"/> Tax Deferral	<input type="checkbox"/> 4 years or less <input type="checkbox"/> 4-8 years <input type="checkbox"/> 8 years or more	_____ %
Investment Experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks Yrs.	Bonds Yrs.	Mutual Funds Yrs.	Options Yrs.
			Partnerships Yrs.	Other (identify) Yrs.

PERSHING INFORMATION (All securities will be held in street name)

Pershing Money Market: FCR Other Money Market _____ (Not including Pershing LLC Retirement Accts.)

Proceeds: Hold Send proceeds Dividends/Interest: Credit to account Pay to client

Is account DVP/RVP? No Yes (If yes, forward written instructions from institution to Brokerage Operations)

W-9 TAXPAYER CERTIFICATION AND AGREEMENT

By signing below, I certify under penalty of perjury that: 1) the Taxpayer Identification Number provided above is correct; 2) the IRS has never notified me that I am subject to backup withholding as a result of a failure to report interest or dividends, or if I have been so notified, the IRS has notified me that I am no longer subject to backup withholding; and 3) I am a U.S. person (including a U.S. resident). **OR**

I am subject to backup withholding. (If applicable, check this box). EXEMPT (If applicable, check this box)

Acknowledgement

I acknowledge and agree that (1) **THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE THAT I CONSENT TO ANY PROVISION OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING;** (2) I have received, read, understand and agree with all of the information on both sides of this document; (3) I have received the brochure entitled "Important Information About Your Financial Network Investment Corporation Relationship, including Financial Network's Privacy Policy;" (4) I understand that **THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE THAT IS FULLY SET FORTH IN PARAGRAPH 19 ON THE REVERSE SIDE OF THIS FORM;** and (5) I understand that the tax lot disposition method will default to First In, First Out (FIFO), unless Financial Network is otherwise instructed.

Account Signature (Custodian's if UTMA/UGMA)	Date	Second Account Signature	Date
Registered Representative Signature		Thomas Ela	
		Print Representative Name	RR Number
			Date
OSJ/Manager Signature		Print Manager Name	Date

Field Stamps (Put any Branch Office or field use stamp here)

