

INDIVIDUAL ACCOUNT APPLICATION

ACCOUNT TYPE <input type="checkbox"/> Cash <input type="checkbox"/> Margin & Short <input type="checkbox"/> Option (Please complete options application on page 2)			INVESTMENT & FINANCIAL PROFILE Investment Objectives <input type="checkbox"/> Capital Preservation <input type="checkbox"/> Income <input type="checkbox"/> Growth <input type="checkbox"/> Speculation <input type="checkbox"/> Other		
ACCOUNT HOLDER Full Legal Name SSN Email Address Date of Birth Home Address (No P.O. Box)			Investment Experience <input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Extensive		
City State ZIP Mailing Address (No P.O. Box)			Annual Income <input type="checkbox"/> Under \$20,000 (01) <input type="checkbox"/> \$20,001 to \$25,000 (01) <input type="checkbox"/> \$25,001 to \$50,000 (02) <input type="checkbox"/> \$50,001 to \$100,000 (03) <input type="checkbox"/> \$100,001 to \$200,000 (23) <input type="checkbox"/> \$200,001 to \$300,000 (24) <input type="checkbox"/> \$300,001 to \$500,000 (25) <input type="checkbox"/> \$500,001 to \$1,200,000 (26) <input type="checkbox"/> Over \$1,200,000 (27)		
City State ZIP Mailing Address (No P.O. Box)			Liquid Net Worth <input type="checkbox"/> Under \$20,000 (01) <input type="checkbox"/> \$20,001 to \$25,000 (01) <input type="checkbox"/> \$25,001 to \$50,000 (01) <input type="checkbox"/> \$50,001 to \$100,000 (02) <input type="checkbox"/> \$100,001 to \$200,000 (22) <input type="checkbox"/> \$200,001 to \$500,000 (23) <input type="checkbox"/> \$500,001 to \$1,000,000 (24) <input type="checkbox"/> \$1,000,001 to \$5,000,000 (25) <input type="checkbox"/> Over \$5,000,000 (26)		
City State ZIP Home Phone Business Phone Mobile Phone Years of Residence			Total Net Worth <input type="checkbox"/> Under \$20,000 (01) <input type="checkbox"/> \$20,001 to \$25,000 (01) <input type="checkbox"/> \$25,001 to \$50,000 (01) <input type="checkbox"/> \$50,001 to \$100,000 (02) <input type="checkbox"/> \$100,001 to \$200,000 (22) <input type="checkbox"/> \$200,001 to \$500,000 (23) <input type="checkbox"/> \$500,001 to \$1,000,000 (24) <input type="checkbox"/> \$1,000,001 to \$5,000,000 (25) <input type="checkbox"/> Over \$5,000,000 (26)		
U.S. Citizen : <input type="checkbox"/> Yes <input type="checkbox"/> No if No, please enter country of citizenship _____ <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien			Risk Tolerance <input type="checkbox"/> Low (01) <input type="checkbox"/> Medium(02) <input type="checkbox"/> High(03) Tax Bracket: _____ %		
EMPLOYER INFORMATION Employer Occupation Employer's Address City State ZIP Years at Employer Type of Business Position/Title Job Function/Description			AFFILIATIONS <input type="checkbox"/> Account Holder The Account Holder is licensed or employed by a registered broker/dealer, securities exchange, or member of a securities exchange. Include a Compliance letter. <input type="checkbox"/> Account Holder The Account Holder is a director, 10% shareholder, or policy-making officer of a publicly traded company. Specify company name and address. <input type="checkbox"/> Account Holder The Account Holder, or a member of their immediate family or any business associate is a senior political figure. Specify the name of the political figure, political title, relationship, and country of office.		
TRUSTED CONTACT Name Relationship Mailing Address Email Address Home Phone Business Phone Mobile Phone			E-DOCUMENTS ENROLLMENT You will receive trade confirmations, account statements, tax-related documents, proxies, prospectuses, and other eligible account documents electronically. An e-mail notification will be sent to the Account Owner's e-mail address on the same day that any electronic documents become available. Just log into your account to access E-Docs and view, print, or download your electronic documents. If a valid email address is not provided, you will receive paper copies of account documents by regular mail to your address of record. You will be responsible for any fees that may apply. <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <input type="checkbox"/> Unless I check here, Firstrade Securities will provide my name to corporations whose securities I hold in my account for the purpose of corporate communications </div>		
ACCOUNT AGREEMENT I would like to open a brokerage account with Firstrade Securities Inc. ("Firstrade") to be carried by Apex Clearing Corporation ("Apex"). I am of legal age to contract. I acknowledge that I have received, read and agree to be bound by the terms and conditions as set forth in the Firstrade Account Agreement, (available online at www.firstrade.com) which is incorporated by this reference, 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. I further acknowledge that I have received, read and understand the Margin Disclosure Statement provided by Firstrade Securities Inc. *Important Information about procedures for opening a new account: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask your name, address, date of birth and other information that will allow us to identify you. We may also use a third-party information provider for verification purposes and/or ask to see your driver's license or other identifying documents. *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) 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 a W-8BEN 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. BY SIGNING THIS APPLICATION, I ACKNOWLEDGE THAT, IN ACCORDANCE WITH PARAGRAPH 23 OF THE FIRSTRAD ACCOUNT AGREEMENT, I AGREE IN ADVANCE TO RESOLVE ANY DISPUTES ARISING OUT OF MY ACCOUNT BY ARBITRATION. I FURTHER ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD PARAGRAPH 26 OF THE FDIC SWEEP PROGRAM TERMS AND CONDITIONS AVAILABLE AT www.firstrade.com/fdicterms.					
FUNDING YOUR ACCOUNT Make check payable to: Firstrade Securities Inc. Enclosed is my check for: \$		Account Holder Signature 		Date	

INTERNAL USE ONLY
Approval

Cash Margin Date

Customer ID Verified Account Number
 Yes No

Date

Options Application and Agreement

Firstrade Account Number

(if application is for an existing account – otherwise leave blank)

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Applicant Information	
Name (First, Middle, Last for individual / indicate entity name for Entity/Trusts)	Co-Applicant's Name (For Joint Accounts Only)
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Employed	Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Employed

Options Investment Objectives <small>(Level 2, 3 & 4 require "Speculation" to be checked)</small>			
<input type="checkbox"/> Speculation	<input type="checkbox"/> Growth	<input type="checkbox"/> Income	<input type="checkbox"/> Capital Preservation

Investment Experience			
<input type="checkbox"/> None	<input type="checkbox"/> Limited - 1-2 years	<input type="checkbox"/> Good - 3-5 years	<input type="checkbox"/> Extensive - 5 years or more

Risk Tolerance		
<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High

Investment Time Horizon		
<input type="checkbox"/> Short- less than 3 years	<input type="checkbox"/> Average - 4-7 years	<input type="checkbox"/> Longest - 8 years or more

Type of Trading Requested			
<input type="checkbox"/> Level 1 • Write Covered Calls • Write Cash-Secured Equity Puts	<input type="checkbox"/> Level 2 • Write Covered Calls • Write Cash-Secured Equity Puts • Purchase Calls & Puts	<input type="checkbox"/> Level Three (Margin Required) (Minimum equity of \$10,000) • Write Covered Calls • Purchase Calls & Puts • Spreads & Straddles • Butterfly and Condor	<input type="checkbox"/> Level Four (Margin Required) (Minimum equity of \$25,000) • Write Covered Calls • Purchase Calls & Puts • Spreads & Straddles • Write Uncovered Puts • Butterfly and Condor

Important Information	
<ul style="list-style-type: none"> To add options trading privileges to a new and existing account, please provide all information and signature(s) below. Incomplete applications will cause your request to be delayed. Options trading is not granted automatically and the information will be used by Firstrade to assess your eligibility to open an options account. Please upload completed form via the Form Center (Customer Service ->Form Center ->Upload Form) after logging into your Firstrade account, fax to +1-718-961-3919 or e-mail to account.service@firstrade.com Prior to buying or selling an option, investors must read a copy of the Characteristics & Risk of Standardized Options, also known as the options disclosure document (ODD). It explains the characteristics and risks of exchange traded options. https://www.theocc.com/about/publications/character-risks.jsp 	

Option Agreement	
I hereby confirm that I have read the provisions of this option agreement and understand the contents thereof. I hereby expressly confirm all the information contained on this application, especially those concerning income, net worth and executing options transactions for my account. BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE (1) THAT, IN ACCORDANCE WITH PARAGRAPH 23 of the Firstrade Account Agreement and Information Guide, I AM AGREEING IN ADVANCE TO ARBITRATE ANY CONTROVERSIES WHICH MAY ARISE WITH YOU, AND (2) RECEIPT OF A COPY OF THIS AGREEMENT	
X	X
Applicant's Signature	Co-Applicant's Signature
Date	Date

Office Use Only	
Type of Option Transaction Approved	<input type="checkbox"/> Write Covered Calls <input type="checkbox"/> Purchase Calls & Puts <input type="checkbox"/> Spread & Straddle <input type="checkbox"/> Write Cash-Secured Equity Puts <input type="checkbox"/> Write Uncovered Puts
Approved by (Manager): _____	Date: _____
Approved by (ROSFP): _____	Date: _____ Date OCC Disclosure Document Provided: _____

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

(Rev. July 2017)

► For use by individuals. Entities must use Form W-8BEN-E.

OMB No. 1545-1621

Department of the Treasury
Internal Revenue Service

► Information about Form W-8BEN and its separate instructions is at www.irs.gov/formw8ben.

► Give this form to the withholding agent or payer. Do not send to the IRS.

Do NOT use this form if:

Instead, use Form:

- You are NOT an individual W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States 8233 or W-4
- You are a person acting as an intermediary W-8IMY

Note: If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner		2 Country of citizenship	
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.			
City or town, state or province. Include postal code where appropriate.		Country	
4 Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.		Country	
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		6 Foreign tax identifying number (see instructions)	
7 Reference number(s) (see instructions)		8 Date of birth (MM-DD-YYYY) (see instructions)	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
 - (a) not effectively connected with the conduct of a trade or business in the United States,
 - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
 - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here ▶

Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY)

Print name of signer Capacity in which acting (if form is not signed by beneficial owner)