

## INDIVIDUAL ACCOUNT APPLICATION

### ACCOUNT TYPE

- ☐ Cash ☐ Margin & Short  
☐ Option (Please complete options application on page 2)

### ACCOUNT HOLDER

Full Legal Name		SSN
Email Address		Date of Birth
Home Address (No P.O. Box)		
City	State	ZIP
Mailing Address (No P.O. Box)		
City	State	ZIP
Home Phone	Business Phone	Mobile Phone
Years of Residence		
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		

### EMPLOYER INFORMATION

Employer		Occupation
Employer's Address	City	State ZIP
Years at Employer	Type of Business	
Position/Title		
Job Function/Description		

### TRUSTED CONTACT

Name		Relationship
Mailing Address		Email Address
Home Phone	Business Phone	Mobile Phone

### INVESTMENT & FINANCIAL PROFILE

#### Investment Objectives

- ☐ Capital Preservation ☐ Income ☐ Growth ☐ Speculation ☐ Other

#### Investment Experience

- ☐ None ☐ Limited ☐ Good ☐ Extensive

#### Annual Income

- ☐ Under \$20,000 (01) ☐ \$20,001 to \$25,000 (01) ☐ \$25,001 to \$50,000 (02)  
☐ \$50,001 to \$100,000 (03) ☐ \$100,001 to \$200,000 (23) ☐ \$200,001 to \$300,000 (24)  
☐ \$300,001 to \$500,000 (25) ☐ \$500,001 to \$1,200,000 (26) ☐ Over \$1,200,000 (27)

#### Liquid Net Worth

- ☐ Under \$20,000 (01) ☐ \$20,001 to \$25,000 (01) ☐ \$25,001 to \$50,000 (01)  
☐ \$50,001 to \$100,000 (02) ☐ \$100,001 to \$200,000 (22) ☐ \$200,001 to \$500,000 (23)  
☐ \$500,001 to \$1,000,000 (24) ☐ \$1,000,001 to \$5,000,000 (25) ☐ Over \$5,000,000 (26)

#### Total Net Worth

- ☐ Under \$20,000 (01) ☐ \$20,001 to \$25,000 (01) ☐ \$25,001 to \$50,000 (01)  
☐ \$50,001 to \$100,000 (02) ☐ \$100,001 to \$200,000 (22) ☐ \$200,001 to \$500,000 (23)  
☐ \$500,001 to \$1,000,000 (24) ☐ \$1,000,001 to \$5,000,000 (25) ☐ Over \$5,000,000 (26)

#### Risk Tolerance

- ☐ Low (01) ☐ Medium(02) ☐ High(03) Tax Bracket: \_\_\_\_\_ %

### AFFILIATIONS

- ☐ **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.
- ☐ **Account Holder**  
The Account Holder is a director, 10% shareholder, or policy-making officer of a publicly traded company. Specify company name and address.
- ☐ **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.

### 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.

- ☐ Unless I check here, Firsttrade Securities will provide my name to corporations whose securities I hold in my account for the purpose of corporate communications

### ACCOUNT AGREEMENT

I would like to open a brokerage account with Firsttrade Securities Inc. ("Firsttrade") 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 Firsttrade Account Agreement, (available online at [www.firsttrade.com](http://www.firsttrade.com)) which is incorporated by this reference, as amended from time to time. I agree that Firsttrade 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 Firsttrade 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 Firsttrade 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 FIRSTRADE 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.firsttrade.com/fdicterms](http://www.firsttrade.com/fdicterms).**

### FUNDING YOUR ACCOUNT

Make check payable to: **Firsttrade 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

## Firsttrade 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 (Level 2, 3 & 4 require "Speculation" to be checked)

☐ Speculation
 ☐ Growth
 ☐ Income
 ☐ Capital Preservation

### Investment Experience

☐ None
 ☐ Limited - 1-2 years
 ☐ Good - 3-5 years
 ☐ Extensive - 5 years or more

### Risk Tolerance

☐ Low
 ☐ Medium
 ☐ High

### Investment Time Horizon

☐ Short- less than 3 years
 ☐ Average - 4-7 years
 ☐ 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
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### Important Information

- 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 Firsttrade 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 Firsttrade account, fax to +1-718-961-3919 or e-mail to [account.service@firsttrade.com](mailto:account.service@firsttrade.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 Firsttrade 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	Date	Co-Applicant's Signature	Date

### Office Use Only

Type of Option Transaction Approved: \_\_\_\_\_
 Write Covered Calls ☐
 Purchase Calls & Puts ☐
 Spread & Straddle ☐

Write Cash-Secured Equity Puts ☐
 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)**

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

► Information about Form W-8BEN and its separate instructions is at [www.irs.gov/formw8ben](http://www.irs.gov/formw8ben).

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

OMB No. 1545-1621

**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)

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