

Account Application Instructions

Section I: Account Information

1. Account Type	Each account holder must receive, read and understand the contents of the Account Packet - LPL Trade Direct. This separate packet contains the Account Agreement that details the relationship between you, LPL Financial ("LPL") and other related parties as applicable to your account.
2. Registration Type	Check one circle, indicating the registration type. Some registration types will require additional documents to open the account.
3. Social Security Number or Tax ID	Enter social security or Tax ID number. (Any changes or corrections in this box must be initialed.)
Residency Status	Check on circle, indicating residency status.
Country of Citizenship	If you are a Resident Alien, enter your country of citizenship.
Account Registration	Enter the registration as it appears on your LPL account.
Mailing Address	Enter mailing address.
Home Phone	Enter home phone number.
Mobile Phone	Enter mobile phone number.
Business Phone	Enter business phone number.
Fax Number	Enter fax number.

Section II: Investment Objective

1. Check the circle next to the investment objective for this account. (Any changes or corrections in this box must be initialed.)

Section III: Account Holder Information

1. Primary Account Holder	Enter the name of the primary account owner (minor, decedent).
Social Security Number	Enter primary account holder's Social Security or Tax ID Number.
Date of Birth	Enter the date of birth.
# Dependents	Enter number of dependents.
Residence Address	Enter primary account holder's residence address. (NOTE: The address entered here must be the primary account holder's physical residence.)
Country of Citizenship	Enter country of citizenship.
Occupation	Enter occupation. Please be specific; do not enter simply "consultant," "manager," "president," etc. If retired or unemployed, enter former occupation. If a minor, enter "minor."
Industry	Enter the type of industry. If retired or unemployed, enter former industry. If a minor, enter "minor."
Employer Name	Enter name of employer. If retired or unemployed, check the box and leave this field blank.
Employment Address	Enter current work address. If retired or unemployed, leave this field blank.
ID Type	Enter ID type (driver's license, passport, US military ID).
Place of Issuance	Enter the U.S. state or the nation where the identification was issued.
ID Number	Enter the number of the identification document listed.
ID Issuance Date	Enter the month and year that the identification was issued.
ID Expiration Date	Enter the month and year that the identification expires.
Home Phone	Enter home phone number.
Mobile Phone	Enter mobile phone number, if applicable.
Business Phone	Enter business phone number, if applicable.
Fax Number	Enter fax number, if applicable.



Section III: Account Holder Information (continued)

Check box to indicate if you or any member of your immediate family is employed by a bank, insurance company, investment advisor or broker/dealer. If checked, please complete the following:

Full Name	Enter the name of the person employed by the bank, insurance company, investment advisor or broker/dealer.
Relationship	Enter the relationship to the person employed by the bank, insurance company, investment advisor or broker/dealer.
Name of Firm	Enter the name of the employing firm.

Check box to indicate if you or a member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the last three months.

Name of Corporation(s)	If checked, please enter the name of the corporation.
Name of Corporation(s)	If checked, please enter the name of the corporation.
Name of Corporation(s)	If checked, please enter the name of the corporation.

2. If the account has an additional account holder (second trustee, custodian, guardian or other fiduciary), please complete section III, part 2, with second account holder's information.

Section IV: Financial Information and Experience

1. Enter the appropriate letter (A-H) that corresponds to the correct range to indicate financial data, using the table provided.
*For a minor's account, please provide the minor's financial information and the custodian or guardian's investment experience.
*For trusts and plans, please provide the trust or the plan's financial data and the trustee's investment experience.

Annual Income	Enter the appropriate letter, indicating net worth, exclusive of primary residence.
Liquid Net Worth	Enter the appropriate letter, indicating liquid net worth. Be sure to include the account value in the total liquid net worth.
Net Worth	Enter the appropriate letter, indicating net worth.
Approximate Account Value	Enter the appropriate letter, indicating the approximate value of this account. The account value must be less than total net worth.
Source of Client Wealth and Income	Enter the source of wealth/income for this account (inheritance, employment salary, sale of real estate, etc.)
Federal Tax Bracket	Enter tax bracket.
Investment Type	Enter the number of years of experience for each type of investment.
Investment Experience	Enter the number of years experience had with each of the investment types. If "Other" is selected, please enter the type of investment represented by "Other".

Section V: Margin Agreement (Only Applicable to Non-Retirement Account Types)

1. If you want to establish margin privileges for this account, please enter the date the Margin Disclosure Statement was provided. All clients listed in the account registration must initial this section.

Section VI: Client Acknowledgment and Execution

1. Delivery Preference	Enter your email address. Select yes or no whether you want to receive everything electronically.
2. Name Difference	Enter any name differences that you are known by or commonly use in the space provided.
3. Client Signature and Date	All account holders, as indicated by the LPL registration, must sign, print their names, date the form, and have their signatures notarized.

Account Number

Do Not Return

F1BN-CTD
Revised 1023



Trade Direct Account Application Non-Retirement

A1

Account Number

Instructions: To be used for all LPL Financial (LPL) non-retirement accounts. A legible copy of the account owner(s) valid government identification is required. All account holder(s) must sign this document and have it notarized. For more detailed information on the appropriate paperwork requirements for all registration types, please consult the appropriate [Account Opening Checklist](#). For existing accounts, this form should only be used for adding or removing account holders or to change the registration.

Please mail the completed form to LPL Financial, Attn: Trade Direct, P.O. Box 509049 San Diego, CA 92150-9049 or fax to (858) 202-8500.

Attention: Any alterations must be initialed by all account holders.

Section I: Account Information

Referring Bank or Credit Union Name

Branch ID

1. Account Type

Each account holder must receive, read and understand the contents of the [Account Packet - LPL Trade Direct](#). This separate packet contains the Account Agreement that details the relationship between you, LPL Financial ("LPL") and other related parties as applicable to your account.

2. Registration Type: (choose only one)

Community Property Custodian for Minor Individual

Joint Tenants With Right of Survivorship Tenants in Common Other (please specify):

*Additional documentation required.

Please refer to the detailed procedures for the registration type in the [Account Opening Checklist](#).

3. Registration Information

Social Security Number or Tax ID

Fill in your current residency status: (choose only one)

U.S. Citizen Resident Alien

Account Registration

Country of Citizenship

Mailing Address

Home Phone

Mobile Phone

Business Phone

Fax Number

Section II: Investment Objective and Risk Tolerance

1. Select the investment objective that most accurately reflects the goals for this account: (choose only one)

The investment objectives are overall objectives for the entire account and may be inconsistent with a particular holding at any time.

Please note that achievement of the stated investment objectives is a long-term goal for the account. These choices are listed in order from what is considered to be conservative to highest risk. There is no guarantee that the investment objective will be achieved.

- Income with Capital Preservation. Designed as a longer term accumulation account, this is considered generally the most conservative investment objective. Emphasis is placed on generation of current income and prevention of capital loss. Lowering the risk generally means lowering the potential income and overall return.
- Income with Moderate Growth. Emphasis is placed on generation of current income with a secondary focus on moderate capital growth.
- Growth with Income. Emphasis is placed on modest capital growth with some focus on generation of current income.
- Growth. Emphasis is placed on achieving high long-term growth and capital appreciation. There is little focus on generation of current income.
- Aggressive Growth. Emphasis is placed on aggressive growth and maximum capital appreciation. No focus on generation of current income. This objective has a very high level of risk and is for investors with a longer time horizon.
- Trading. Emphasis is placed on speculative transaction activity. This objective represents acceptance of an extremely high level of risk.

ATTENTION: If you select an objective and cross it out to choose another, the change must be initialed by all account holders.



Member FINRA/SIPC

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Section III: Account Holder Information

For additional account holders, complete the Supplemental Account Application (F1C).

1. Primary Information

Primary Account Holder <input type="text"/>			Occupation (former if retired or unemployed) <input type="text"/>		ID Type (Ex: Driver's License, Passport, etc.) <input type="text"/>
Social Security Number <input type="text"/>	Date of Birth <input type="text"/>	No. of Dependents <input type="text"/>	Industry (former if retired) <input type="text"/>		ID Place of Issuance <input type="text"/>
Residence Address (no P. O. Boxes) <input type="checkbox"/> Same as mailing address <input type="text"/>			Employer Name <input type="checkbox"/> Mark here if retired or unemployed <input type="text"/>		ID Number <input type="text"/>
<input type="text"/>			Employment Address (no P.O. boxes) <input type="text"/>		ID Issuance Date <input type="text"/>
Country of Citizenship <input type="text"/>			<input type="text"/>		ID Expiration Date <input type="text"/>
Home Phone <input type="text"/>			Mobile Phone <input type="text"/>	Business Phone <input type="text"/>	Fax Number <input type="text"/>

Is this account for the benefit of a Politically Exposed Person (PEP)*? Yes No

If yes, define PEP position:

*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.

The trusted contact person is intended to be a resource for LPL in administering your accounts, protecting your assets, and responding to possible financial exploitation (refer to account packet/agreement for more details). Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

I decline to provide a trusted contact person at this time.

Trusted Contact Name <input type="text"/>	Trusted Contact Email <input type="text"/>
Trusted Contact Address <input type="text"/>	
Trusted Contact Primary Phone <input type="text"/>	Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other) <input type="text"/>

Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA <input type="text"/>	Relationship to Account Holder of Person Associated with Firm or FINRA <input type="text"/>	Name of Associated Firm (if FINRA, list FINRA) <input type="text"/>
Address of Person Associated with Firm or FINRA <input type="text"/>	Corporate Compliance Mailing Address of Firm <input type="text"/>	
<input type="checkbox"/> Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.		Name of Corporation(s) <input type="text"/>

Account Number



Section III: Account Holder Information (continued)

2. Secondary Information (continued)

Secondary Account Holder <input type="text"/>			Occupation (former if retired or unemployed) <input type="text"/>		ID Type (Ex: Driver's License, Passport, etc.) <input type="text"/>
Social Security Number <input type="text"/>	Date of Birth <input type="text"/>	No. of Dependents <input type="text"/>	Industry (former if retired) <input type="text"/>		ID Place of Issuance <input type="text"/>
Residence Address (no P. O. Boxes) <input type="checkbox"/> Same as mailing address <input type="text"/>			Employer Name <input type="checkbox"/> Mark here if retired or unemployed <input type="text"/>		ID Number <input type="text"/>
<input type="text"/>			Employment Address (no P.O. boxes) <input type="text"/>		ID Issuance Date <input type="text"/>
Country of Citizenship <input type="text"/>			<input type="text"/>		ID Expiration Date <input type="text"/>
<input type="text"/>			<input type="text"/>		ID verified? <input type="radio"/> Yes <input type="radio"/> No
Home Phone <input type="text"/>	Mobile Phone <input type="text"/>	Business Phone <input type="text"/>		Fax Number <input type="text"/>	

Is this account for the benefit of a Politically Exposed Person (PEP)*? Yes No

If yes, define PEP position:

*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.

The trusted contact person is intended to be a resource for LPL in administering your accounts, protecting your assets, and responding to possible financial exploitation (refer to account packet/agreement for more details). Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

I decline to provide a trusted contact person at this time.

Trusted Contact Name <input type="text"/>	Trusted Contact Email <input type="text"/>
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Trusted Contact Address

Trusted Contact Primary Phone <input type="text"/>	Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other) <input type="text"/>
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Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA <input type="text"/>	Relationship to Account Holder of Person Associated with Firm or FINRA <input type="text"/>	Name of Associated Firm (if FINRA, list FINRA) <input type="text"/>
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Address of Person Associated with Firm or FINRA <input type="text"/>	Corporate Compliance Mailing Address of Firm <input type="text"/>
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Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.

Section IV: Financial Information and Experience

1. Income, Net Worth and Investment Experience

A. Less than \$25,000	B. \$25,000 - \$49,999	C. \$50,000 - \$99,999	D. \$100,000 - \$249,999
E. \$250,000 - \$499,999	F. \$500,000 - \$749,999	G. \$750,000 - \$999,999	H. \$1,000,000 and over

Enter the letter that corresponds to the correct range:

Annual income? Liquid net worth?* Net worth? (exclusive of primary residence) Approximate account value?

Specify the exact Source of Account Holder Wealth and Income (e.g. Inheritance, employment salary, sale of real estate, etc.)
 Federal income tax bracket? (%)

Investment Experience (total number of years): Other (please specify):

Account Number



Section IV: Financial Information and Experience (continued)

1. Income, Net Worth and Investment Experience (continued)

Indicate the number of years of experience for each type of investment type:

Stocks Bonds Margin Annuities Mutual Funds Partnerships Options

*Liquid net worth is exclusive of real estate; only include assets that can be liquidated within 30 days.

Section V: Margin Agreement

1. Margin Agreement and Disclosure Statement

A margin account allows you to borrow against eligible securities or purchase securities on margin. Initial below if you want to establish a margin account and to indicate that you have received the [Margin Disclosure Statement](#), have read the margin disclosure section in the Account Packet referenced in Section I, and agree to the terms and conditions.

Date Margin Disclosure Statement provided:

ALL account holders must initial.

Section VI: Acknowledgment and Execution

1. Delivery Preferences If you have provided your email address in this application, you may elect to receive documents from LPL electronically.

Email

- Yes, I want to receive all documents from LPL electronically (including, but not limited to, communications, account statements, trade confirmations performance reports and legal and regulatory notices and disclosures), to the extent permitted by applicable law. I acknowledge that I need to (i) maintain an active email account to receive notifications from LPL when documents are available, (ii) login to Account View and accept its terms and conditions of use before I am able to view the documents electronically, and (iii) be responsible for certain costs associated with electronic access, such as Internet service fees. This preference for electronic delivery will remain in effect until revoked.
- No, I do not want to receive documents from LPL electronically. Please send me paper copies of all communications related to my account. This is the default selection if "Yes" is not selected above.

You may revoke your election to receive electronic documents or request paper copies of electronic documents at any time by logging into Account View or contacting your financial professional.

2. Name Differences/One and the Same Information (not to be used in lieu of court documentation for legal name changes)

List any name differences that you are known by or commonly use in the space provided. By listing the names below and signing the Acknowledgment Section, you are authorizing LPL to accept transactions and follow instructions under all names listed. Alterations to this section cannot be made after the form has been submitted, except by completing and submitting a separate One and the Same Form (OSL).

3. Acknowledgment

Securities are offered by LPL Financial LLC (LPL). LPL is a separate registered broker-dealer and is not affiliated with your financial institution.

- The investment products offered by LPL are not insured by the FDIC, NCUA or any federal or state government agency.
- The investments, insurance and annuity products by LPL are not obligations of, or guaranteed by, your financial institution or its affiliates.
- Certain certificates of deposit and cash sweep accounts may be insured by the FDIC, NCUA or a federal or state governmental agency.
- Purchasing securities involves investment risk including the possible loss of principal.
- The extension of credit by your financial institution may not be conditioned on the purchase of an insurance product or annuity from LPL, or your financial institution. You may purchase insurance or annuities from a provider of your choice.
- Your financial institution and LPL may have entered into a marketing agreement which may allow financial institution employees who accept deposits on behalf of the financial institution to be registered and appointed with LPL for the purpose of offering investment and insurance products. The marketing agreement may also provide for LPL to compensate your financial institution for use of its facilities.
- This account is governed by and I acknowledge receipt of the predispute arbitration clause that is located in the Account Agreement (included in the Account Packet specified in Section I), which is incorporated by reference into this Account Application.

LPL is a member of FINRA and the Securities Investor Protection Corporation (SIPC). SIPC covers losses in investment accounts of up to \$500,000 (of which up to \$250,000 may be uninvested cash) due to member firm failures and does not cover a decline in the market value of securities. Additional information about SIPC and asset protection may also be found at www.sipc.org.

I acknowledge by signing below that I have received, read, and understand and agree to the terms of this Account Application and the applicable Account Agreement (included in the Account Packet specified in Section I). Additionally I certify the following:

- All of the information provided in this Account Application is true, correct, and complete and I agree to notify LPL of any changes to the information.
- I understand and agree to the terms of the Automatic Cash Sweep Program set out in the Account Agreement.
- I understand that LPL will supply my name to issuers of any securities held in my account so that I may receive important information regarding those securities, unless I notify LPL in writing not to do so.
- I authorize LPL to contact my trusted contact person listed above. I understand that providing this information is optional and I may withdraw it at any time.
- I understand no portion of this account can be used as collateral without authorization of LPL Home Office which shall be obtained through the completion of required LPL documentation.

Account Number



Section VI: Acknowledgment and Execution (continued)

3. Acknowledgment (continued)

- In the event that I choose to pledge eligible LPL accounts as collateral to a lender for a loan or line of credit, I acknowledge that I cannot and will not use the proceeds from any loan or line of credit to purchase securities.

Under penalties of perjury, I hereby certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I attest I am exempt from FATCA Reporting. (However, if you provide an IRS W-8 form, it will supersede this statement and you may be subject to FATCA Reporting.) (Cross out (2) if subject to backup withholding.) **The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.**

Account Holder Signature _____ Account Holder Name (print) _____ Date _____

Account Holder Signature _____ Account Holder Name (print) _____ Date _____

Account Holder Signature _____ Account Holder Name (print) _____ Date _____

Account Holder Signature _____ Account Holder Name (print) _____ Date _____

Notary (all Account Owners' signatures need to be notarized)

Sworn to and subscribed before me this day: City State

Notary Public Signature (affix seal/stamp)

Sworn to and subscribed before me this day: City State

Notary Public Signature (affix seal/stamp)

Sworn to and subscribed before me this day: City State

Notary Public Signature (affix seal/stamp)

Sworn to and subscribed before me this day: City State

Notary Public Signature (affix seal/stamp)

Account Number

