

Instructions: Not to be used for advisory accounts. Fax the completed form to Brokerage New Accounts at (858) 546-0874.

ATTENTION CLIENT: Any alterations must be initialed by all clients.

<b>LPL Account Number</b> <input style="width: 95%;" type="text"/>	<b>Rep ID</b> <input style="width: 95%;" type="text"/>	<b>Date Opened</b> <input style="width: 95%;" type="text"/> <small>MM / DD / YYYY</small>	<input type="radio"/> Mark here if this is a direct business account
<b>This application is for a(n):</b> <input type="radio"/> New account <input type="radio"/> Existing account*			
<b>*For existing accounts, do NOT use this form to change legal name, investment objective, and/or financial information. To change legal name, use the Brokerage Account Change Form (F401). To change investment objective or financial information, use BranchNet   Change Account.</b>			

**Section I: Account Information**

<b>1.</b>	<b>Fill in your current residency status:</b> (choose one) <input type="radio"/> U.S. Citizen <input type="radio"/> Resident Alien <input type="radio"/> Non-Resident Alien	<b>Country of Citizenship/Registration</b> <input style="width: 95%;" type="text"/>
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<b>2.</b>	<b>Registration Type</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <input type="radio"/> Individual  <input type="radio"/> Joint Tenants With Rights Of Survivorship  <input type="radio"/> Tenants in Common  <input type="radio"/> Tenants by Entirety  <input type="radio"/> Community Property  <input type="radio"/> Custodian for Minor         </td> <td style="width: 33%; vertical-align: top;"> <input type="radio"/> Personal Trust*  <input type="radio"/> IRA/SEP/SIMPLE*  <input type="radio"/> Qualified Retirement Plan/403(b)(7)*  <input type="radio"/> Corporate*  <input type="radio"/> Limited Liability Company*  <input type="radio"/> Non-Profit Organization*         </td> <td style="width: 33%; vertical-align: top;"> <input type="radio"/> Partnership*  <input type="radio"/> Investment Club*  <input type="radio"/> Guardianship/Conservatorship*  <input type="radio"/> Estate*  <input type="radio"/> Other (please specify below)*  <input style="width: 95%;" type="text"/> </td> </tr> </table> <p style="text-align: right; font-size: small;">*Additional documents required</p>	<input type="radio"/> Individual <input type="radio"/> Joint Tenants With Rights Of Survivorship <input type="radio"/> Tenants in Common <input type="radio"/> Tenants by Entirety <input type="radio"/> Community Property <input type="radio"/> Custodian for Minor	<input type="radio"/> Personal Trust* <input type="radio"/> IRA/SEP/SIMPLE* <input type="radio"/> Qualified Retirement Plan/403(b)(7)* <input type="radio"/> Corporate* <input type="radio"/> Limited Liability Company* <input type="radio"/> Non-Profit Organization*	<input type="radio"/> Partnership* <input type="radio"/> Investment Club* <input type="radio"/> Guardianship/Conservatorship* <input type="radio"/> Estate* <input type="radio"/> Other (please specify below)* <input style="width: 95%;" type="text"/>
<input type="radio"/> Individual <input type="radio"/> Joint Tenants With Rights Of Survivorship <input type="radio"/> Tenants in Common <input type="radio"/> Tenants by Entirety <input type="radio"/> Community Property <input type="radio"/> Custodian for Minor	<input type="radio"/> Personal Trust* <input type="radio"/> IRA/SEP/SIMPLE* <input type="radio"/> Qualified Retirement Plan/403(b)(7)* <input type="radio"/> Corporate* <input type="radio"/> Limited Liability Company* <input type="radio"/> Non-Profit Organization*	<input type="radio"/> Partnership* <input type="radio"/> Investment Club* <input type="radio"/> Guardianship/Conservatorship* <input type="radio"/> Estate* <input type="radio"/> Other (please specify below)* <input style="width: 95%;" type="text"/>		

<b>3.</b>	<b>Account Registration</b> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/>
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<b>4.</b>	<b>Substitute W9</b> <input style="width: 95%;" type="text"/> <small>Social Security Number or Employer Identification Number</small>
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<b>5.</b>	<b>Mailing Address</b> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <b>Residence Address (no P.O. boxes)</b> <input type="radio"/> Same as mailing address <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/>								
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;"><b>Home Phone</b></td> <td style="width: 25%;"><b>Business Phone</b></td> <td style="width: 25%;"><b>Fax Number</b></td> <td style="width: 25%;"><b>Email</b></td> </tr> <tr> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> <td><input style="width: 95%;" type="text"/></td> </tr> </table>		<b>Home Phone</b>	<b>Business Phone</b>	<b>Fax Number</b>	<b>Email</b>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<b>Home Phone</b>	<b>Business Phone</b>	<b>Fax Number</b>	<b>Email</b>						
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>						

**Section II: Account Holder Information**

For corporate, LLC, non-profit organization, partnership, and investment club accounts, this section is NOT required. Please complete the appropriate supplementary documentation instead. For additional account holders, please complete the Supplemental Account Application (F1C).

**1. Primary Account Holder/Trustee/Minor/Decedent** **Social Security Number**

**Residence Address (no P.O. boxes)**  Same as account **Date of Birth**  
  **# Dependents**  
  MM / DD / YYYY

**Country of Citizenship** **ID Type (i.e., Drivers License)** **Place of Issuance**

**ID Number** **ID Expiration Date**

**Occupation/Nature of Business** (former occupation if retired) **Home Phone**

**Employer Name**  (mark here if retired or unemployed) **Business Phone**

**Employment Address (no P.O. boxes)**

**Has the client ID been verified?**  Yes  No  
 Mark here if you are an employee of or related to an employee of any exchange or member firm of any exchange or member of the FINRA or officer of a bank, trust company, or insurance company, then complete the following:  
**Name**  **Relationship**  **Name of Firm**

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, then complete the following:  
**Name of Corporation(s)**

**2. Secondary Account Holder/Trustee/Custodian/Fiduciary** **Social Security Number**

**Residence Address (no P.O. boxes)**  Same as account **Date of Birth**  
  **# Dependents**  
  MM / DD / YYYY

**Country of Citizenship** **ID Type (i.e., Drivers License)** **Place of Issuance**

**ID Number** **ID Expiration Date**

**Occupation/Nature of Business** (former occupation if retired) **Home Phone**

**Employer Name**  (mark here if retired or unemployed) **Business Phone**

**Employment Address (no P.O. boxes)**

**Has the client ID been verified?**  Yes  No  
 Mark here if you are an employee of or related to an employee of any exchange or member firm of any exchange or member of the FINRA or officer of a bank, trust company, or insurance company, then complete the following:  
**Name**  **Relationship**  **Name of Firm**

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, then complete the following:  
**Name of Corporation(s)**

**Section III: Margin Agreement**

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 and have read the margin disclosure section in the Master Account Agreement and agree to the terms and conditions. **Please note:** ALL parties must initial.

**Date Margin Disclosure Statement provided**

MM / DD / YYYY

\_\_\_\_\_ Initials

\_\_\_\_\_ Initials

\_\_\_\_\_ Initials

\_\_\_\_\_ Initials

**Section IV: Investment Objective**

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.
- A. Income with Capital Preservation.** Designed as a longer term accumulation account, this is the most conservative investment objective. Emphasis is placed on generation of current income and prevention of capital loss.
  - B. Income with Moderate Growth.** Emphasis is placed on generation of current income with a secondary focus on moderate capital growth.
  - C. Growth with Income.** Emphasis is placed on modest capital growth with some focus on generation of current income.
  - D. Growth.** Emphasis is placed on achieving high long-term growth and capital appreciation. There is little focus on generation of current income.
  - E. 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.
  - F. Trading.** Emphasis is placed on speculative transaction activity. This objective represents acceptance of an extremely high level of risk.
- ATTENTION CLIENT:** If you select an objective and cross it out to choose another, you must initial next to this change.

**Section V: Financial Information and Experience**

1. **What is your total annual income?**
- A. Less than \$25,000
  - B. Between \$25,000 and \$49,999
  - C. Between \$50,000 and \$99,999
  - D. Between \$100,000 and \$249,999
  - E. Between \$250,000 and \$499,999
  - F. Between \$500,000 and \$749,999
  - G. Between \$750,000 and \$999,999
  - H. \$1,000,000 and over

2. **What is your net worth?** (exclusive of primary residence)
- A. Less than \$25,000
  - B. Between \$25,000 and \$49,999
  - C. Between \$50,000 and \$99,999
  - D. Between \$100,000 and \$249,999
  - E. Between \$250,000 and \$499,999
  - F. Between \$500,000 and \$749,999
  - G. Between \$750,000 and \$999,999
  - H. \$1,000,000 and over

3. **What is your liquid net worth?** (exclusive of real estate; only includes assets that can be liquidated within 30 days)
- A. Less than \$25,000
  - B. Between \$25,000 and \$49,999
  - C. Between \$50,000 and \$99,999
  - D. Between \$100,000 and \$249,999
  - E. Between \$250,000 and \$499,999
  - F. Between \$500,000 and \$749,999
  - G. Between \$750,000 and \$999,999
  - H. \$1,000,000 and over

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

5. **What is your federal tax bracket?**
- %

6. **Investment Experience** (number of years):
- \_\_\_\_\_ None                      \_\_\_\_\_ Bonds                      \_\_\_\_\_ Stocks                      \_\_\_\_\_ Annuities
- \_\_\_\_\_ Mutual Funds                      \_\_\_\_\_ Margin                      \_\_\_\_\_ Partnerships                      \_\_\_\_\_ Options
- \_\_\_\_\_ Other (please specify): \_\_\_\_\_

7. **Source of Client Wealth and Income** (inheritance, employment salary, sale of real estate, etc.)
-

**Section VI: Client Acknowledgment and Execution**

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, and (3) I am a U.S. person (including a U.S. resident alien). (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.**

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 understand and agree that it is my responsibility to inform my financial advisor any time I purchase class A shares of a mutual fund in the same fund family as a fund that I own, either individually or in related accounts, in order to ensure that I receive the appropriate commission discount.**

**I acknowledge that proceeds from liquefied home equity on my primary residence will not be used to fund this account.**

**I further certify that all of the information provided on this form is true, correct, and complete and that I have received a copy of this form. I agree to notify LPL of any changes to the information on this form. I have reviewed and accept the Master Account Agreement and the predispute arbitration clause stated in the last section thereof.**

\_\_\_\_\_  
 Client Signature (if tenant in common, indicate % of ownership)      Date      Client Signature (if tenant in common, indicate % of ownership)      Date

\_\_\_\_\_  
 Client Signature (if tenant in common, indicate % of ownership)      Date      Client Signature (if tenant in common, indicate % of ownership)      Date

**BRANCH USE ONLY**

I have reviewed this document for completeness, accuracy, suitability, and proper disclosures, and have compared the client information against the OFAC list of specially designated nationals (SDNs). Either the client's name does not appear as the name of an SDN or, if the client's name is the same as the name of an SDN, the client is not the person listed by OFAC. I have also provided the client with the CIP disclosure either in writing or verbally.

\_\_\_\_\_  
 Financial Advisor Signature (unless same as Branch Manager)      Financial Advisor Name (print)      Rep ID      Date

\_\_\_\_\_  
 Joint Financial Advisor Signature (optional)      Joint Financial Advisor Name (print)      Rep ID      Date

\_\_\_\_\_  
 Branch Manager Signature (required)      Branch Manager Name (print)      Rep ID      Date