



Investor Profile - Brokerage

Additional Holder / Participant Information Supplement

STEP 1. ADDITIONAL HOLDER/PARTICIPANT INFORMATION (Joint Holder #3, Trustee #2, Entity Manager #2)		
Account Registration	RR Name	
Name <input type="checkbox"/> Person <input type="checkbox"/> Entity		
Social Security (SSN)	Holder/Participant Role	
Email	Date of Birth	Position Held
Home Phone	Business Phone	Mobile Phone
Legal Address (no P.O. Box)		
City	State/Province	Zip/Postal code
Country		
Mailing Address (if different from legal address)		
City	State/Province	Zip/Postal code
Country		

Primary Citizenship(s) Additional Citizenship(s)

Gender

Male Female

Marital Status

Single Married Divorced Domestic Partner Widow(er)

Employment and Industry Affiliations

Employed Self-Employed Retired Unemployed Student

Occupation	Years Employed	Type of Business
Employer Name		
Employer's Address		
City	State/Province	Zip/Postal Code

Country

General Investment Knowledge and Experience

Limited Moderate Extensive None

Knowledge and Experience by Investment Type

Investment	Investment Knowledge				Investment Experience
Commodities, Futures	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Equities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Exchange Traded Funds	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Fixed Annuities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Fixed Insurance	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Mutual Funds	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:

Options	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Precious Metals	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Real Estate	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Unit Investment Trusts	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Variable Annuities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Leveraged/Inverse ETF's	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Complex Products	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Alternative Investments	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Other:	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:

Financial Information

Annual Income	
From \$	To \$
Net Worth (excluding primary residence)	
From \$	To \$
Liquid Net Worth	
From \$	To \$

Tax Bracket ≤15% 15% - 32% 33% - 50% > 50% +

Unexpired Government Identification

Government Photo ID #1		Government Photo ID #2	
Type of Unexpired Photo ID		Type of Unexpired Photo ID	
ID Number		ID Number	
Country of Issue		Country of Issue	
Date of Issue	Date of Expiration	Date of Issue	Date of Expiration

GOVERNMENT ISSUED UNEXPIRED PHOTO IDENTIFICATION SHOULD BE PROVIDED FOR ALL INDIVIDUALS THAT WERE NOT VERIFIED USING NON-DOCUMENTARY METHODS, AND FOR NON-RESIDENT ALIENS, ALONG WITH AN IRS FORM W-8BEN.

Are you an employee of this broker-dealer firm? Yes No

Are you related to an employee at this broker-dealer firm? Yes No

Employee Name	Relationship
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Are you an employee of another broker-dealer? Yes No

Broker Dealer Name

Are you related to an employee at another broker-dealer? Yes No

Broker Dealer Name	Employee Name	Relationship
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Are you maintaining any other brokerage accounts? Yes No

With what firm(s) are you maintaining other brokerage accounts?	Years of Investment Experience
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Are you or any member of your immediate family affiliated with or employed by a Member of a stock exchange or the Financial Industry Regulatory authority? Yes No

Employer authorization is required. What is the affiliation?
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Are you a senior officer, director, or 10% or more shareholder of a public company? Yes No

Company Name(s)

STEP 2. SIGNATURE

- I attest that the data above are accurate and complete based on information I have provided to my financial professional.

Additional Account Holder/Participant Signature

Printed Name

Date