

NAME & INFORMATION

An account cannot be established without a permanent home address, P.O. Box is not acceptable. However, you may designate a P.O. Box for mailing purposes.

Full Name: _____ S.S. # / Tax ID: _____

Date of Birth/UAD Date: _____ Are you a US Citizen? Yes No (if no, complete a W-8 form & attach a copy of passport) _____

Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Email: _____ Home Phone: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____ Country: _____

Check here if you DO NOT want paperless confirms and statements* _____

Company Name: _____ Occupation/Type of Business: _____

Employee ID: _____ Work Phone: _____

Company Address: _____

City: _____ State: _____ Zip: _____ Country: _____

*You will be charged a \$2.00 statement fee per quarter if you opt to receive paper statements through the mail.

FINANCIAL PROFILE

*This information is required to open an account, and is confidential. (Please see the Customer Agreement for an explanation of Investment Objectives.)

Annual Income - (From all sources)

- | | |
|--|--|
| <input type="checkbox"/> 0 - \$19,999 | <input type="checkbox"/> \$50,000 - \$99,999 |
| <input type="checkbox"/> \$20,000 - \$49,999 | <input type="checkbox"/> \$100,000+ |

Estimated Net Worth - (Excluding primary residence)

- | | |
|---|--|
| <input type="checkbox"/> 0 - \$49,999 | <input type="checkbox"/> \$250,000 - \$999,999 |
| <input type="checkbox"/> \$50,000 - \$249,999 | <input type="checkbox"/> \$1,000,000+ |

Liquid Net Worth - (Including cash and securities)

- | | |
|--|--|
| <input type="checkbox"/> 0 - \$24,999 | <input type="checkbox"/> \$100,000 - \$249,999 |
| <input type="checkbox"/> \$25,000 - \$99,999 | <input type="checkbox"/> \$250,000+ |

Tax Bracket:

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> 10% - 15% | <input type="checkbox"/> 28% - 33% |
| <input type="checkbox"/> 16% - 27% | <input type="checkbox"/> 33%+ |

Investment Objectives: Please rank in order of importance.

Principal Protection: 1st 2nd 3rd 4th

Income: 1st 2nd 3rd 4th

Growth: 1st 2nd 3rd 4th

Speculation: 1st 2nd 3rd 4th

<u>Marital Status:</u>	<u>Dependents:</u>	<u>Investment Experience:</u>
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- | | | |
|-----------------------------------|-----------------------------|-------------------------------------|
| <input type="checkbox"/> Single | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 - 5yrs |
| <input type="checkbox"/> Married | <input type="checkbox"/> 1 | <input type="checkbox"/> 5 - 10yrs |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> 2 | <input type="checkbox"/> 10 - 20yrs |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> 3+ | <input type="checkbox"/> 20+yrs |

AFFILIATIONS OR BANKRUPTCY

Have you ever filed for protection from creditors under bankruptcy law? No Yes

Are you employed by a registered broker-dealer, securities exchange and/or FINRA? No Yes (Specify) _____

Are you an officer, director, or 10% shareholder of a publicly traded company? No Yes (Specify) _____

SIGNATURE

CUSTOMER AGREEMENT- I hereby request that StockCross Financial Services Inc. open an account under the registration listed on this application. I understand that securities prices may fluctuate and that all securities investments carry risk to varying degrees. I also understand the risks of the transactions that I intend to execute in this account, and I have determined that I am able to bear these risks. I have received and read the StockCross Customer Agreement and I agree to be bound by its terms and conditions as they apply to my account, and as they may be amended from time to time. I understand that you will supply my name to issuers of any securities held in my account(s) so I may receive any important information regarding them, unless I notify you in writing not to do so. If I have not yet received a copy of the Agreement, I will notify StockCross, and will not place any order in my account until I have received and read the Agreement.

The following is a request for certification of the Taxpayer Identification Number or Social Security Number that I wrote above. The Internal Revenue Service requires this certification to avoid backup withholding on dividends, interest, and liquidations. The IRS requirements apply to this certification only, and not to the rest of this application. Under penalty of perjury, I certify that: 1) the number listed on this application is the correct Taxpayer Identification Number or Social Security Number and 2) I am not subject to backup withholding, either because I have not been notified of backup withholding as a result of failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (NOTE: If you have been notified by the Internal Revenue Service that you are subject to backup withholding as a result of failure to report all interest or dividends, cross out this section #2.)

I understand that StockCross may access my Credit Report through a credit report service company. I have read and understand the Pre-Dispute Arbitration Clause that is set forth in Section 32 of the Customer Agreement. I have read and understand the Customer Agreement and agree to their terms. Please Sign and Date.

Signature X	Date
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OFFICE USE ONLY APPROVED: _____	DATE: _____
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