

OFFICE USE ONLY APPROVED:	DATE:
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ACCOUNT TYPE

<input type="checkbox"/> Individual	<input type="checkbox"/> Employee Stock Option	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> SEP IRA
<input type="checkbox"/> Joint Account	<input type="checkbox"/> Corporate Partnership	<input type="checkbox"/> Rollover IRA	<input type="checkbox"/> Money Purchase Pension
<input type="checkbox"/> Custodial (UGMA/UTMA)	<input type="checkbox"/> Investment Club	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Profit Sharing
<input type="checkbox"/> Trust Account	<input type="checkbox"/> Estate/Fiduciary Account	<input type="checkbox"/> Inherited IRA	<input type="checkbox"/> Defined Benefit Plan
<input type="checkbox"/> TOD (Transfer on Death)	<input type="checkbox"/> Coverdell Education	<input type="checkbox"/> SIMPLE IRA	<input type="checkbox"/> Individual 401k

ACCOUNT OWNER 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.

Name/Account Title		SSN / Tax ID	
DOB	Email Address		
Home Address			
City	State	Zip	Country
Home Phone	Work Phone		Cell Phone
Mailing Address (if different from above)			
City	State	Zip	Country
<input type="checkbox"/> Check here if you WANT paperless confirms & statements <small>*You will be charged a \$2.00 statement fee per quarter if you opt to receive paper statements through the mail.</small>		Are you a US Citizen? <input type="checkbox"/> Yes (enter Driver's License #): _____ <input type="checkbox"/> No (complete below)	
Passport # or National I.D. # (non-US citizens AND US citizens without a US address)			
Country of Citizenship		<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Non-Resident Alien (Attach a W-8 Form)
EMPLOYMENT <input type="checkbox"/> Student <input type="checkbox"/> Unemployed			
<input type="checkbox"/> Employed (specify field of occupation) _____		<input type="checkbox"/> Retired (specify field of occupation) _____	
Employer		ID (if applicable)	
Employer Address			
City	State	Zip	Country

JOINT ACCOUNT OWNER 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.

Name/Account Title		SSN / Tax ID	
DOB	Email Address		
Home Address			
City	State	Zip	Country
Home Phone	Work Phone		Cell Phone
Mailing Address (if different from above)			
City	State	Zip	Country
<input type="checkbox"/> Check here if you WANT paperless confirms & statements <small>*You will be charged a \$2.00 statement fee per quarter if you opt to receive paper statements through the mail.</small>		Are you a US Citizen? <input type="checkbox"/> Yes (enter Driver's License #): _____ <input type="checkbox"/> No (complete below)	
Passport # or National I.D. # (non-US citizens AND US citizens without a US address)			
Country of Citizenship		<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Non-Resident Alien (Attach a W-8 Form)
EMPLOYMENT <input type="checkbox"/> Student <input type="checkbox"/> Unemployed			
<input type="checkbox"/> Employed (specify field of occupation) _____		<input type="checkbox"/> Retired (specify field of occupation) _____	
Employer		ID (if applicable)	
Employer Address			
City	State	Zip	Country

INVESTOR BACKGROUND QUESTIONS

Are you employed by a registered broker-dealer, securities exchange and/or FINRA?	
Account Holder: <input type="checkbox"/> No <input type="checkbox"/> Yes	Joint Tenant: <input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever filed for protection from creditors under bankruptcy law?	
Account Holder: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____	Joint Tenant/Custodian: <input type="checkbox"/> No <input type="checkbox"/> Yes (specify) _____

Are you an officer, director, or 10% shareholder of a publicly traded company?	
Account Holder: <input type="checkbox"/> No <input type="checkbox"/> Yes	Joint Tenant: <input type="checkbox"/> No <input type="checkbox"/> Yes
Company _____	
Are you a "large trader" as defines by SEC Rule 13h-1?	
Account Holder: <input type="checkbox"/> No <input type="checkbox"/> Yes (List your large trader ID)	Joint Tenant/Custodian: <input type="checkbox"/> No <input type="checkbox"/> Yes (List your large trader ID)

BENEFICIARY INFORMATION • This section is only for Trusts, Retirement Accounts or Transfer on Death Accounts.

• **PLEASE NOTE:** If you are located in a community or marital property state and select someone other than your spouse as your primary beneficiary, please see the spousal consent form on www.stockcross.com. There are nine community property states: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin. Alaska is an opt-in property state that gives both parties the option to make their property community property.

Primary Beneficiary(ies)

If more than one Primary Beneficiary is listed, make sure percentage is noted.

1 Name	
SSN / Tax ID	
DOB	Percentage %
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Charity or other Entity <input type="checkbox"/> Person or Non-Spouse Entity	
2 Name	
SSN / Tax ID	
DOB	Percentage %
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Charity or other Entity <input type="checkbox"/> Person or Non-Spouse Entity	
3 Name	
SSN / Tax ID	
DOB	Percentage %
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Charity or other Entity <input type="checkbox"/> Person or Non-Spouse Entity	

Contingent Beneficiary(ies)

Replaces Primary Beneficiary if Primary Beneficiaries predecease the Contingent Beneficiaries.

1 Name	
SSN / Tax ID	
DOB	Percentage %
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Charity or other Entity <input type="checkbox"/> Person or Non-Spouse Entity	
2 Name	
SSN / Tax ID	
DOB	Percentage %
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Charity or other Entity <input type="checkbox"/> Person or Non-Spouse Entity	
3 Name	
SSN / Tax ID	
DOB	Percentage %
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Estate <input type="checkbox"/> Charity or other Entity <input type="checkbox"/> Person or Non-Spouse Entity	

STOCKCROSS ACCOUNT AGREEMENTS

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.)

RETIREMENT AND COVERDELL ACCOUNTS- I agree to abide by the terms of the plan documents of StockCross Financial Services and/or Equity Trust Company. I acknowledge that I have received the Retirement Application Booklet and have completed all of the necessary paperwork to establish the plan. I agree to and acknowledge that I have read and understand the application and documents contained within the StockCross Financial Services and/or Equity Trust Company booklet.

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 33 of the Customer Agreement. I have read and understand the Customer Agreement and agree to the terms. All owners please Sign and Date.

I authorize you to contact me for discussion and/or review of my investment decisions and positions and funds held in my account.

Signature	Date
Signature	Date

This information is required to open/update an account, and is confidential. (Please see the Customer Agreement and the Definitions section below for explanations.)

FINANCIAL PROFILE For Joint Accounts, use combined total when applicable below Account #: (if known) _____

Name/Account Title _____ SSN / Tax ID _____

Annual Income (from all sources) <input type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$25,000 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> Over \$100,000 specify: \$ _____	Estimated Net Worth (Excluding primary residence) <input type="checkbox"/> Under \$50,000 <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> Over \$500,000 specify: \$ _____	Liquid Net Worth (Including cash & marketable securities) <input type="checkbox"/> Under \$50,000 <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> Over \$500,000 specify: \$ _____	Fed Tax Bracket <input type="checkbox"/> 10% - 15% <input type="checkbox"/> 16% - 27% <input type="checkbox"/> 28% - 33% <input type="checkbox"/> Over 33%	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married/Legal Domestic Partnership <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Account Funding Source (from all sources) <input type="checkbox"/> Asset Appreciation <input type="checkbox"/> Business Revenue <input type="checkbox"/> Inheritance <input type="checkbox"/> Legal/Insurance Settlement <input type="checkbox"/> Sale of Assets <input type="checkbox"/> Savings from Earnings Other: _____	Annual Expenses (Recurring) <input type="checkbox"/> Under \$50,000 <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> \$100,001 - \$250,000 <input type="checkbox"/> \$250,001 - \$500,000 <input type="checkbox"/> Over \$500,000 specify: \$ _____	Special Expenses (Future & non-recurring) <input type="checkbox"/> Under \$50,000 <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> \$100,001 - \$250,000 <input type="checkbox"/> Over \$250,000 specify: \$ _____	Time Frame (Req. for Special Expenses) <input type="checkbox"/> Within 2 years <input type="checkbox"/> 3 - 5 years <input type="checkbox"/> 6 - 10 years <input type="checkbox"/> Long Term	Dependents <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+

Decison Making Experience (check all that apply) I consult with my broker <input type="checkbox"/> Yes <input type="checkbox"/> No I make my own decisions <input type="checkbox"/> Yes <input type="checkbox"/> No I consult with my family/friends <input type="checkbox"/> Yes <input type="checkbox"/> No Additional Information: _____	Assets Held Away (Provide total value of assets held away and percentages for each type of asset. Total percentages must equal 100%.) Total value of assets held away: \$ _____ <table style="width:100%; border: none;"> <tr> <td>Stocks _____ %</td> <td>Alternative Investments _____ %</td> <td>Foreign Security _____ %</td> <td>Variable Contracts _____ %</td> <td>Other _____ %</td> </tr> <tr> <td>Bonds _____ %</td> <td>Short-Term _____ %</td> <td>Options _____ %</td> <td>Security Futures _____ %</td> <td>Total _____ %</td> </tr> <tr> <td>Annuities _____ %</td> <td>Mutual Funds _____ %</td> <td>Limited Partnerships _____ %</td> <td>Foreign Currency _____ %</td> <td></td> </tr> </table>	Stocks _____ %	Alternative Investments _____ %	Foreign Security _____ %	Variable Contracts _____ %	Other _____ %	Bonds _____ %	Short-Term _____ %	Options _____ %	Security Futures _____ %	Total _____ %	Annuities _____ %	Mutual Funds _____ %	Limited Partnerships _____ %	Foreign Currency _____ %	
Stocks _____ %	Alternative Investments _____ %	Foreign Security _____ %	Variable Contracts _____ %	Other _____ %												
Bonds _____ %	Short-Term _____ %	Options _____ %	Security Futures _____ %	Total _____ %												
Annuities _____ %	Mutual Funds _____ %	Limited Partnerships _____ %	Foreign Currency _____ %													

INVESTMENT PROFILE

Investment Objectives Please rank in order of importance (see definitions below) Principal Protection: (1st) (2nd) (3rd) (4th) Income: (1st) (2nd) (3rd) (4th) Growth: (1st) (2nd) (3rd) (4th) Speculation: (1st) (2nd) (3rd) (4th)	Investment Purpose <input type="checkbox"/> Save for Education <input type="checkbox"/> Save for Retirement <input type="checkbox"/> Save for short term goal(s) <input type="checkbox"/> Generate Income <input type="checkbox"/> Accumulate Wealth <input type="checkbox"/> Preserve Wealth <input type="checkbox"/> Market Speculation Other: _____	Risk Tolerance (see definitions below) <input type="checkbox"/> Conservative <input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Moderately Aggressive <input type="checkbox"/> Aggressive	Investment Time Horizon (see definitions below) <input type="checkbox"/> Near Term <input type="checkbox"/> Very Short <input type="checkbox"/> Short <input type="checkbox"/> Intermediate <input type="checkbox"/> Long	General Investment Knowledge <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Extensive	Investment Experience <input type="checkbox"/> 0 - 5 yrs <input type="checkbox"/> 5 - 10 yrs <input type="checkbox"/> 10 - 20 yrs <input type="checkbox"/> 20+ yrs
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DEFINITIONS

Investment Objectives Your investment goal(s) based on your risk tolerance and time horizon. <ul style="list-style-type: none"> • Protection of Principal: Relatively lower risk investments with the goal of preserving the money invested • Income: Investments with regular payments of interests, dividends or other income • Growth: Investments with a history of future potential for capital gains, but with a higher risk of loss • Speculation: Investments with the possibility of large profits, but also pose a higher than average possibility of loss. 	Risk Tolerance: The degree of uncertainty that you can handle in regard to a negative change in the value of your portfolio. <ul style="list-style-type: none"> • Conservative: willing to forego upside potential to avoid downside fluctuations • Moderately Conservative: adverse to large short-term downside fluctuations, seek more return with a little less income • Moderate: generally investing for the long term, with a mix of asset classes; willing to accept some risk for long term good return with investments that may go up less than the markets as a whole, but should also go down less when markets decline • Moderately Aggressive: willing to take on more downside risk than the markets in order to achieve long term performance better than the markets. More emphasis on making money than on preventing loss. • Aggressive: looking to substantially outperform the market and willing to accept significant risk (losses of 40% or more in a quarter) to do so. No emphasis on preventing loss. 	Investment Time Horizon The total length of time that you expect to hold a security or portfolio. <ul style="list-style-type: none"> • Near term: immediate liquidity • Very short: six months • Short: six months to three years • Intermediate: three to ten years • Long: greater than ten years.
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SUITABILITY AGREEMENT

I certify that the suitability selections above are true to the best of my knowledge and may be used to by StockCross to determine my income needs and desired risk exposure, which is used to aid in security selection. I understand that I must update my suitability information with StockCross if any changes occur.

Signature	Date
Signature	Date