STOCKCROSS
FINANCIAL SERVICES

NEW ACCOUNT APPLICATION

ACCOUNT TYPE

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

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.

Account Owner

Name/Account Title

Address City State Zip

S.S.#/Tax ID Date of Birth/UAD Date Country

Email ❑ Check here if you DO NOT want paperless confirms and statements

Home Phone Work Phone Are you a U.S. Citizen? ❑ Yes ❑ No (if no fill below)

Mailing Address ❑ Same as above ❑ Different (fill below)

Address

City State Zip

Passport # (If Non U.S. Citizen)
❑ Resident Alien (attach form 1078) (country)
❑ Non-resident Alien (attach form W-8) (country)
Non-U.S. resident attach a copy of your unexpired passport / government issued I.D. with Photo

Joint Tenant/Custodian/Trustee

Name

Address City State Zip

S.S.#/Tax ID Date of Birth/UAD Date Country

Email ❑ Check here if you DO NOT want paperless confirms and statements

Home Phone Work Phone Are you a U.S. Citizen? ❑ Yes ❑ No (if no fill below)

Mailing Address ❑ Same as above ❑ Different (fill below)

Address

City State Zip

Passport # (If Non U.S. Citizen)
❑ Resident Alien (attach form 1078) (country)
❑ Non-resident Alien (attach form W-8) (country)
Non-U.S. resident attach a copy of your unexpired passport / government issued I.D. with Photo

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 (For Joint accounts, combine your income)

❑ 0 - $19,999 ❑ $20,000 - $49,999 ❑ $50,000 - $99,999 ❑ $100,000+

Estimated Net Worth - (Excluding primary residence)

❑ 0 - $49,999 ❑ $50,000 - $249,999 ❑ $250,000 - 999,999 ❑ $1,000,000+

Liquid Net Worth - (Including cash and securities)

❑ 0 - $24,999 ❑ $25,000 - $99,999 ❑ $100,000 - $249,999 ❑ $250,000+

Marital Status: ❑ Single ❑ Married ❑ Divorced ❑ Widowed

Dependents:
❑ 0
❑ 1
❑ 2
❑ 3+

Investment Experience:
❑ 0 - 5yrs
❑ 5 - 10yrs
❑ 10 - 20yrs
❑ 20+yrs

Tax Bracket:
❑ 10% - 15% ❑ 28% - 33%
❑ 16% - 27% ❑ 33%+

Investment Objectives:
Principal Protection
1st 2nd 3rd 4th
Income
1st 2nd 3rd 4th
Growth
1st 2nd 3rd 4th
Speculation
1st 2nd 3rd 4th

EMPLOYMENT

Account Owner

❑ Retired ❑ Student ❑ Not Employed
❑ Employed (specify field of occupation):

Employer

Address

Joint Tenant/Custodian/Trustee

❑ Retired ❑ Student ❑ Not Employed
❑ Employed (specify field of occupation):

Employer

Address

OFFICE USE ONLY	
APPROVED:	DATE:

Affiliations or Bankruptcy

Have you (and/or joint tenant/custodian) ever filed for protection from creditors under bankruptcy law? ❑ No ❑ Yes

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

Are you (and/or joint tenant) an officer, director, or 10% shareholder of a publicly traded company? ❑ No ❑ Yes (Specify)__________

Beneficiary Information

This section is only for Trusts, Retirement Accounts or Transfer on Death Accounts. Please provide beneficiary information.

Primary Beneficiary (ies)

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

1) Name

S.S.#/Tax ID

D.O.B/UAD Date Percentage %

Relationship: ❑ Spouse ❑ Trust ❑ Charity or Other Entity ❑ Non-Spouse Individual ❑ Estate

2) Name

S.S.#/Tax ID

D.O.B/UAD Date Percentage %

Relationship: ❑ Spouse ❑ Trust ❑ Charity or Other Entity ❑ Non-Spouse Individual ❑ Estate

3) Name

S.S.#/Tax ID

D.O.B/UAD Date Percentage %

Relationship: ❑ Spouse ❑ Trust ❑ Charity or Other Entity ❑ Non-Spouse Individual ❑ Estate

4) Name

S.S.#/Tax ID

D.O.B/UAD Date Percentage %

Relationship: ❑ Spouse ❑ Trust ❑ Charity or Other Entity ❑ Non-Spouse Individual ❑ Estate

Contingent Benficiary (ies)

Replaces Primary Benficiary if Primary Beneficiaries predeceases the Contingent Beneficiaries.

1) Name

S.S.#/Tax ID

D.O.B/UAD Date Percentage %

Relationship: ❑ Spouse ❑ Trust ❑ Charity or Other Entity ❑ Non-Spouse Individual ❑ Estate

2) Name

S.S.#/Tax ID

D.O.B/UAD Date Percentage %

Relationship: ❑ Spouse ❑ Trust ❑ Charity or Other Entity ❑ Non-Spouse Individual ❑ Estate

3) Name

S.S.#/Tax ID

D.O.B/UAD Date Percentage %

Relationship: ❑ Spouse ❑ Trust ❑ Charity or Other Entity ❑ Non-Spouse Individual ❑ Estate

4) Name

S.S.#/Tax ID

D.O.B/UAD Date Percentage %

Relationship: ❑ Spouse ❑ Trust ❑ Charity or Other Entity ❑ Non-Spouse Individual ❑ Estate

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 Services 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 witholding, 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 Delaware Charter Guarantee & Trust Company d/b/a Principal 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 Principal 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 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	Signature X	Date

Margin Agreement (Non-Retirement Accounts)

MARGIN AGREEMENT- I have received and read the Margin Agreement. I agree to pay interest charges as they are computed and posted to my account, and I acknowledge that StockCross may make any debit balance in my account due and payable on demand. Note: Only Individual and joint accounts may apply for Margin trading privileges at StockCross. Custodial, estate and corporate accounts, etc, are not eligible. Certain trusts may qualify, however. Please contact our New Accounts Department if you have questions or require assistance 800-225-6196.

I hereby request that StockCross open a margin account under the registration listed on this application. I understand that margin transactions involve the extension of credit and carry certain risks, including the possibility that my obligations to StockCross may exceed the value of my securities. I have determined that I am able to bear these risks. I understand that in addition to the terms and conditions of the Customer Agreement referenced above this account shall be subject to the terms and conditions of the Margin Agreement, beginning at Section 33 of the StockCross Agreement, and as amended from time to time. I acknowledge that StockCross may make any debit balance in my account due and payable upon demand.

I HEREBY AUTHORIZE STOCKCROSS TO LEND ANY SECURITIES WHICH STOCKCROSS MAY BE CARRYING FOR ME ON MARGIN, EITHER SEPARATELY OR TOGETHER WITH OTHERS, EITHER TO STOCKCROSS OR OTHERS. THIS AUTHORIZATION SHALL REMAIN IN FULL FORCE UNTIL WRITTEN NOTICE OF REVOCATION IS RECEIVED BY STOCKCROSS AT ITS NATIONAL HEADQUARTERS AT 9464 WILSHIRE BLVD, BEVERLY HILLS, CA 90212.

Signature X	Date	Signature X	Date