

Account Update

Return Instructions:

New Accounts:

Email: newaccounts@siebert.com

Phone: 800.872.0444

Fax: 212.486.2784

Employee Stock Plan Clients:

Email: shareplansupport@siebert.com

Phone: 800.993.2015

Fax: 402.342.2486

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

Account Owner Information

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

Name/Account Title

Social Security Number/Tax ID DOB Email Address

Home Address City State Zip Country

Home Phone Work Phone Cell Phone

Mailing Address (Check if same as above) City State Zip Country

Check here if you WANT paperless confirms & statements
 * You will be charged a \$2.00 statement fee per month if you opt to receive paper statements through the mail.

Are you a US Citizen?

Yes (enter Driver's License #): _____

No (complete below)

Passport# or National I.D # (non-US citizens AND US citizens without a US address): _____

Country of Citizenship Resident Alien Non-Resident Alien (Attach a W-8 Form)

Employment:

Student

Unemployed

Employed (specify field of occupation)	Retired (specify field of former occupation)
Employer	ID (if applicable)
Employer Address City State Zip Country	

Principal Approval

Approved:	Date:
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Secondary Account Owner Information

An account cannot be established without a permanent home address, P.O. Boxes are not acceptable. However, you may designate a P.O. Box for mailing purposes.						
Name/Account Title						
Social Security Number/Tax ID		DOB		Email Address		
Home Address		City		State	Zip	Country
Home Phone		Work Phone			Cell Phone	
Mailing Address (Check if same as above)		City		State	Zip	Country
Check here if you WANT paperless confirms & statements * You will be charged a \$2.00 statement fee per month if you opt to receive paper statements through the mail.						

Are you a US Citizen?

Yes (enter Driver's License #): _____		
No (complete below)		
Passport# or National I.D # (non-US citizens AND US citizens without a US address): _____		
Country of Citizenship _____	Resident Alien	Non-Resident Alien (Attach a W-8 Form)

Employment:

Student

Unemployed

Employed (specify field of occupation)		Retired (specify field of former 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:	No	Yes	Joint Tenant:	No	Yes
Have you ever filed for protection from creditors under bankruptcy law?					
Account Holder:	No	Yes (specify) _____			
Joint Tenant/Custodian:	No	Yes (specify) _____			
Are you an officer, director, or 10% shareholder of a publicly traded company?					
Account Holder:	No	Yes	Joint Tenant:	No	Yes
Company _____					
Are you a "large trader" as defines by SEC Rule 13h-1?					
Account Holder:	No	Yes (List your large trader ID) _____			
Joint Tenant/Custodian:	No	Yes (List your large trader ID) _____			

Beneficiary Information This section is **only** for Retirement Accounts or Transfer on Death Accounts

PLEASE NOTE: If you are located in a community or and intend to select an individual other than your spouse someone other than your spouse as your primary beneficiary, please complete the spousal consent form on www.siebert.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.

First Name	M.I.	Last Name	Social Security Number/Tax ID	DOB	Percentage %
Relationship: Spouse Trust Estate Charity or other Entity Person or Non-Spouse Entity					
First Name	M.I.	Last Name	Social Security Number/Tax ID	DOB	Percentage %
Relationship: Spouse Trust Estate Charity or other Entity Person or Non-Spouse Entity					
First Name	M.I.	Last Name	Social Security Number/Tax ID	DOB	Percentage %
Relationship: Spouse Trust Estate Charity or other Entity Person or Non-Spouse Entity					
First Name	M.I.	Last Name	Social Security Number/Tax ID	DOB	Percentage %
Relationship: Spouse Trust Estate Charity or other Entity Person or Non-Spouse Entity					

Contingent Beneficiary(ies)

Replaces Primary Beneficiary if Primary Beneficiaries predecease the Contingent Beneficiaries

First Name	M.I.	Last Name	Social Security Number/Tax ID	DOB	Percentage %
Relationship: Spouse Trust Estate Charity or other Entity Person or Non-Spouse Entity					
First Name	M.I.	Last Name	Social Security Number/Tax ID	DOB	Percentage %
Relationship: Spouse Trust Estate Charity or other Entity Person or Non-Spouse Entity					
First Name	M.I.	Last Name	Social Security Number/Tax ID	DOB	Percentage %
Relationship: Spouse Trust Estate Charity or other Entity Person or Non-Spouse Entity					
First Name	M.I.	Last Name	Social Security Number/Tax ID	DOB	Percentage %
Relationship: Spouse Trust Estate Charity or other Entity Person or Non-Spouse Entity					

Siebert Account Agreements

CUSTOMER AGREEMENT - I hereby request that Muriel Siebert & Co., LLC., 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 Siebert 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 Siebert, 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 Muriel Siebert & Co., LLC. 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 Muriel Siebert & Co., LLC. and/or Equity Trust Company booklet I understand that Siebert 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 have received and read the investment services and advice Form CRS prior to account opening and understand the information that has been provided. 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
	

siebert.

Suitability Information

FINRA RULE 2111 REQUIREMENT

Return Instructions:

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Email: shareplansupport@siebert.com
Phone: 800.993.2015
Fax: 402.342.2486

Please Note:

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.)

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

Decision Making Experience (check all that apply)

I consult with my broker		I make my own decisions		I consult with my family/friends		Additional Information:	
Yes	No	Yes	No	Yes	No		

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: \$ _____					
Stocks _____	Bonds _____	Annuities _____	Mutual Funds _____	Alternative Investments _____	
Short-Term _____	Foreign Security _____	Options _____	Variable Contracts _____	Limited Partnerships _____	
Security Futures _____	Foreign Currency _____	Other _____	Total _____		

Investment Profile

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

Definitions

Investment Objectives	
Your investment goal(s) based on your risk tolerance and time horizon. • 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	• 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
Risk Tolerance:	
The degree of uncertainty that you can handle in regard to a negative change in the value of your portfolio. • 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	Investment Time Horizon
	The total length of time that you expect to hold a security or portfolio. • Near term: immediate liquidity • Very short: six months • Intermediate: three to ten years • Long: greater than ten years

Suitability Agreement

I certify that the suitability selections above are true to the best of my knowledge and may be used to by Muriel Siebert & Co., LLC. 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 Muriel Siebert & Co., LLC. if any changes occur.

Signature	Date
	
Signature	Date
	

Principal Approval

Approved	Date