

siebert.

Coverdell Education Savings Account

Account Number

Return Instructions:

New Accounts:

Email: newaccounts@siebert.com

Phone: 800.872.0444

Fax: 212.486.2784

Office Use Only:

A/C	Covered Call Writing Approved By:
Date:	Date O.D.D Sent:

Account Type (check one)

New	Rollover	Transfer
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Designated Beneficiary's Information

First Name	M.I.	Last Name		
Address		City	State	Zip
Daytime Phone Number	Mobile Phone Number		Email	
Social Security Number/Tax ID		Date of Birth		

Grantor's Information

First Name	M.I.	Last Name		
Address		City	State	Zip
Daytime Phone Number	Mobile Phone Number		Email	
Relationship to Designated Beneficiary	Social Security Number/Tax ID		Date of Birth	
Occupation	Employer		Type of Business	
Business Address (if different from above)		City	State	Zip

Check here if you want web access to place orders. Email Address: _____

Check here if you are an employee or affiliate of a securities exchange or a member firm of an exchange or the NASD. If so, please supply a letter of permission.

Check here if you are an officer, director or 10% stockholder of any publicly traded company. Please tell us the name at the company: _____

If you wish to authorize another party such as an investment advisor, to enter buy and sell orders for securities in your account, please check here and we will send you the necessary form to complete.

Responsible Individual Information

A Responsible Individual must be designated below and must be a parent or guardian of the Designated Beneficiary				
First Name	M.I.	Last Name		
Address		City	State	Zip
Daytime Phone Number	Mobile Phone Number		Email	
Relationship to Designated Beneficiary	Social Security Number/Tax ID		Date of Birth	

Death Beneficiary Information (In the event of the Designated Beneficiary's Death.)

First Name	M.I.	Last Name		
Relationship to Designated Beneficiary		Social Security Number/Tax ID		Date of Birth
Address		City	State	Zip

Percent of account due: _____ Primary or Contingent
(must total 100%)

First Name	M.I.	Last Name		
Relationship to Designated Beneficiary		Social Security Number/Tax ID		Date of Birth
Address		City	State	Zip

Percent of account due: _____ Primary or Contingent
(must total 100%)

Agreement and Signature

Important: Please read before signing. The signature of the Responsible Individual must be obtained if someone other than the Grantor will be the Responsible Individual

Pursuant to the establishment of my Coverdell Savings Account, Individual Retirement Account ("IRA"), Money Purchase Pension Plan Account, or Profit Sharing Plan Account with Trustar* Retirement Services, a trade name of Delaware Charter Guarantee & Trust Company ("Delaware Charter"), I hereby request that Muriel Siebert & Co., LLC. ("Siebert"), open I brokerage account under the registration information shown above. 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 I intend to execute in this account, and I have determined that I am able to bear these risks as they pertain to my plans and goals for retirement. I have received and read the Siebert Customer Agreement, and I agree to be bound by its terms as they apply to my retirement account, and as they may be amended from time to time. **IN PARTICULAR, I HAVE READ AND UNDERSTOOD THE PRE-DISPUTE ARBITRATION CLAUSE THAT IS SET FORTH IN THE CUSTOMER AGREEMENT.** 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. I understand Delaware Charter is not an investment advisor and does not supervise or control my investment representative. Delaware Charter does not endorse any particular investment. I agree to use independent judgment in making my investment decisions. I agree to resolve disputes with Delaware Charter through binding arbitration as outlined in the disclosure statement of Trustar. I certify that the above social security number is true and correct.

I understand the eligibility requirements for the type of deposit I am making and I state that I do qualify to make the deposit. I have received a copy of the Application, 5305-E Coverdell Education Savings Trust Account, Disclosure Statement, and Schedule of Trustee fees. By signing below I acknowledge that I have read and understand the terms and conditions which apply to this Coverdell Education Savings Account that are contained in the aforementioned documentation.

- ~~I assume complete responsibility for~~ contribute to a Coverdell Education Savings Account each year I make a contribution.
2. Certifying that I am qualified to assume the responsibilities of the Responsible Individual as set forth in this Agreement, if I am designated on this Application as the Responsible Individual

3. Ensuring that all contributions I make are within the limits set forth by the tax laws.
4. Managing and administering the account and authorizing transaction involving contributions and distributions, if I am designated on this Application as the Responsible Individual.

Grantor	Date
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Responsible Individual	Date
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Option Application and Agreement (Writing Covered Calls Only)

INSTRUCTIONS: If you wish to sell covered calls in your retirement account, please answer ALL questions below, then read and sign the Option Agreement. NOTE: Siebert retirement accounts are eligible for selling covered call options ONLY.

Covered Call Writing. Investment Objective: Income Overall Options Knowledge: Minimal Little Good Excellent

Annual Income from Employment		Annual Income from Other Sources		Net Worth (not including Residence)	
Liquid Net Worth	Age	Marital Status		Number of Dependents	

AGREEMENT: I hereby request that Siebert open an options trading account under the registration shown above. I certify that the information I have supplied in this 1ppfication is wholly true and accurate. I understand that options trading is risky, and in particular I understand that in writing a covered call I may forfeit significant profits if the price of the underlying security increases. I have determined that I am able to bear these risks.

I have received and read the Option Agreement found in the Siebert Customer Agreement. I agree to be bound by the terms of the Option Agreement as it exists and as it may be amended from time to time. If I have not received a copy, I will notify Siebert before I place an option order.

I understand that upon approval of my application to trade options, Siebert will send me a copy of the Option Disclosure Document entitled "Characteristics and Risks of Standardized Options." I agree to refrain from placing any option order until I have received and read this disclosure.

Please read the statement above and referenced Option Agreement, then sign below.

Signature	Date
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Suitability Information

FINRA RULE 2111 REQUIREMENT

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

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