

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 _____		Account # _____					
Address _____	City _____	State _____	Zip _____				
S.S.#/Tax ID _____		Date of Birth/UAD Date _____					
Email _____		<input type="checkbox"/> Check here if you DO NOT want paperless confirms and statements*					
Home Phone _____	Work Phone _____	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no fill below)					
Mailing Address <input type="checkbox"/> Same as above <input type="checkbox"/> Different (fill below)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Passport # (if Non U.S. Citizen) _____</td> </tr> <tr> <td><input type="checkbox"/> Resident Alien _____ (country) _____</td> </tr> <tr> <td><input type="checkbox"/> Non-resident Alien (attach form W-8) _____ (country) _____</td> </tr> <tr> <td><small>Non-U.S. resident attach a copy of your unexpired passport / government issued I.D. with Photo</small></td> </tr> </table>		Passport # (if Non U.S. Citizen) _____	<input type="checkbox"/> Resident Alien _____ (country) _____	<input type="checkbox"/> Non-resident Alien (attach form W-8) _____ (country) _____	<small>Non-U.S. resident attach a copy of your unexpired passport / government issued I.D. with Photo</small>
Passport # (if Non U.S. Citizen) _____							
<input type="checkbox"/> Resident Alien _____ (country) _____							
<input type="checkbox"/> Non-resident Alien (attach form W-8) _____ (country) _____							
<small>Non-U.S. resident attach a copy of your unexpired passport / government issued I.D. with Photo</small>							
Address _____							
City _____	State _____	Zip _____					

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

BENEFICIARY INFORMATION

This section is only for Trusts, Retirement Accounts or Transfer on Death Accounts. Please provide beneficiary information and check one of the Following:

- REPLACE BENEFICIARY(IES)** - I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this account, and hereby revoke all prior beneficiary(ies) designations, if any, made by me.
- ADD BENEFICIARY(IES)** - I designate the individual(s) or entity named below as my primary and/or contingent beneficiary(ies) of this account. This list supplements, but does not replace, the beneficiary(ies) previously designated by me. (When adding beneficiaries, if the share % of previously designated beneficiary(ies) changes, restate all beneficiaries and the corresponding share % if the previous percentages are no longer correct.

Primary Beneficiary (ies)

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

1) Name _____			
S.S.#/Tax ID _____			
D.O.B./UAD Date _____	Percentage _____	%	
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Charity or Other Entity			
<input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Estate			
2) Name _____			
S.S.#/Tax ID _____			
D.O.B./UAD Date _____	Percentage _____	%	
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Charity or Other Entity			
<input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Estate			
3) Name _____			
S.S.#/Tax ID _____			
D.O.B./UAD Date _____	Percentage _____	%	
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Charity or Other Entity			
<input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Estate			
4) Name _____			
S.S.#/Tax ID _____			
D.O.B./UAD Date _____	Percentage _____	%	
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Charity or Other Entity			
<input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Estate			

Contingent Beneficiary (ies)

Replaces Primary Beneficiary if Primary

Beneficiaries predecease the Contingent Beneficiaries.

1) Name _____			
S.S.#/Tax ID _____			
D.O.B./UAD Date _____	Percentage _____	%	
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Charity or Other Entity			
<input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Estate			
2) Name _____			
S.S.#/Tax ID _____			
D.O.B./UAD Date _____	Percentage _____	%	
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Charity or Other Entity			
<input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Estate			
3) Name _____			
S.S.#/Tax ID _____			
D.O.B./UAD Date _____	Percentage _____	%	
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Charity or Other Entity			
<input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Estate			
4) Name _____			
S.S.#/Tax ID _____			
D.O.B./UAD Date _____	Percentage _____	%	
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Charity or Other Entity			
<input type="checkbox"/> Non-Spouse Individual <input type="checkbox"/> Estate			

SIGNATURE(S)

DISCLOSURE: If any primary or contingent beneficiary dies before me his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the account. Multiple contingent beneficiaries with no percentage indicated will also be deemed to share equally. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my account.

NOTE: Please consult with your tax and/or legal advisor on the enforceability of your beneficiary designation (s) under your particular state laws. The right to revoke or change any beneficiary designation is hereby reserved. All prior designation (if any) of beneficiaries are hereby revoked. If the beneficiary is a trust, please attach a signed copy of the trust document.

Signature X _____	Date _____	Signature X _____	Date _____
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