



Member FINRA and SIPC

NEW ACCOUNT FORM

New Form Updated Form Advisory Account Clearing Account

| | |
|------------------|-------------------------|
| Representative # | Clearing Firm Account # |
|------------------|-------------------------|

ACCOUNT REGISTRATION (*include additional paperwork as required)

| | | | | | |
|--|---|----------------------------------|---|---|-----------------------------------|
| Type of Account: | <input type="checkbox"/> Individual | <input type="checkbox"/> TOD* | <input type="checkbox"/> Non-Corporation* | <input type="checkbox"/> IRA*Type: _____ | <input type="checkbox"/> 529 Plan |
| <input type="checkbox"/> Cash <input type="checkbox"/> Margin* | <input type="checkbox"/> Joint w/Rights of Survivorship | <input type="checkbox"/> Trust* | <input type="checkbox"/> Corporation* | <input type="checkbox"/> Qualified Plan* | |
| <input type="checkbox"/> Option* | <input type="checkbox"/> Tenants In Common* | <input type="checkbox"/> Estate* | <input type="checkbox"/> UGMA/UTMA | <input type="checkbox"/> Other (specify): _____ | |

| | |
|-----------------------|------------------------------------|
| Account Title: | <input type="checkbox"/> 3rd Party |
|-----------------------|------------------------------------|

CUSTOMER/MINOR INFORMATION

| | |
|---|---|
| Name: | Date of Birth (MM/DD/YYYY): |
| Address: | |
| City, State, Zip: | |
| Mailing Address (if different): | Email Address: |
| Social Security or Taxpayer I.D. Number: | Telephone <input type="checkbox"/> Daytime or <input type="checkbox"/> Evening: |
| Marital Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D | Number of Dependents: _____ <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien |
| Employer (Former Occupation if Retired): | |
| Type of Business: | Occupation: _____ # Years Employed: _____ |
| Address of Employer (Street, City, State, Zip): | |

JOINT/CUSTODIAN INFORMATION (if any)

| | |
|---|---|
| Name: | Date of Birth (MM/DD/YYYY): |
| Address: | |
| City, State, Zip: | |
| Mailing Address (if different): | |
| Social Security or Taxpayer I.D. Number: | Telephone <input type="checkbox"/> Daytime or <input type="checkbox"/> Evening: |
| Marital Status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> D | Number of Dependents: _____ <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien |
| Employer (Former Occupation if Retired): | |
| Type of Business: | Occupation: _____ # Years Employed: _____ |
| Address of Employer (Street, City, State, Zip): | |

VERIFICATION OF IDENTITY - EXEMPTION STATUS

If an individual, does this person currently have an active account (or are they an authorized person on such an account) with Fulcrum?
 Customer #1: Yes (Provide Account #: _____) No - Customer #2: Yes (Provide Account #: _____) No

If account number cannot be provided, or answer is "No", please complete "Verification of Individual" section below

VERIFICATION OF INDIVIDUAL - Verified (Must be in Person) Unable to Verify

| |
|--|
| <u>Customer #1</u> |
| <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien Card <input type="checkbox"/> Military ID Card <input type="checkbox"/> Other Government Issued Photo ID (describe): _____ |
| Identification Number: _____ State of Issuance: _____ |
| Country of Issuance: _____ Date of Issuance: _____ Expiration Date: _____ |
| <u>Customer #2</u> |
| <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Resident Alien Card <input type="checkbox"/> Military ID Card <input type="checkbox"/> Other Government Issued Photo ID (describe): _____ |
| Identification Number: _____ State of Issuance: _____ |
| Country of Issuance: _____ Date of Issuance: _____ Expiration Date: _____ |

Account Settlement Instructions-For Clearing Accounts Only (*include additional paperwork as required)

| | | |
|--|---|--|
| Proceeds | Dividends/Interest: | Periodic Distribution: |
| <input type="checkbox"/> Remit Proceeds | <input type="checkbox"/> Hold | \$ Amount: _____ |
| <input type="checkbox"/> Hold & Sweep Proceeds | <input type="checkbox"/> Remit (Indicate Frequency/Method/Start Date) | (Indicate Frequency/Method/Start Date) |
| Name of MM Fund: | Frequency: SM M BM | Frequency: SM M BM |
| _____ | Q SA A | Q SA A |
| | Method: C C3* ACH* | Method: C C3* ACH* |
| | Start Date: _____ | Start Date: _____ |

FINANCIAL INFORMATION

Approximate Income (from all sources)

- Under \$25,000 \$200,000-\$399,999
 \$25,000-\$49,999 \$400,000-\$999,999
 \$50,000-\$99,999 Over \$1,000,000
 \$100,000-\$199,999

Federal/State Max. Tax Margin?

- Less than 15%
 15% - 27%
 28% - 32%
 33% and Above

Estimated Net Worth

- Under \$25,000 \$200,000-\$499,999
 \$25,000-\$49,999 \$500,000-\$999,999
 \$50,000-\$99,999 \$1,000,000-\$2,499,999
 \$100,000-\$199,999 Over \$2,500,000

INVESTMENT OBJECTIVES

Primary Investment Objective

(Rank Objectives - 1 through 4; 1 = Highest)

- Tax Advantaged
 Income
 Growth
 Speculation

Risk Tolerance

- Low
 Moderate
 High

Time Horizon

- Short (0-5 yrs)
 Intermediate (6-10 yrs)
 Long (Over 10 yrs)

Years of Experience

- Bonds _____ Mutual Funds _____
 Stocks _____ Options _____
 Other _____ Partnerships _____
 None _____

AFFILIATIONS AND ACKNOWLEDGEMENTS (Unless answered "Yes", "No" will be presumed)

Yes I, or a member of my immediate family is affiliated with or works for a stock exchange, a member firm of an exchange or FINRA, a registered investment advisory firm, or a registered investment company.

Name & Address of firm: _____
 Name of Affiliated Person: _____

Yes I am, or a member of my immediate family is a Director 10% Shareholder Policy-making executive officer of a publicly traded company.

Company Name: _____
 Name of Affiliated Person: _____

Yes Trading Authorization: Have you granted trading authorization to someone other than the account owners? (If "Yes", please submit proper documentation, including Verification of Identity).

Yes Power of Attorney: Have you granted the Power of Attorney to someone other than the account owner? (If "Yes", please submit proper documentation, including Verification of Identity).

Yes Is the Representative's office located in a financial institution?

Yes Is the account a Private Bank, Foreign Bank, and/or is the account holder or anyone with an interest in the account a Politically Exposed Person?

What is the initial Source of Funds? _____

W-9 CERTIFICATION

This section is not to be used by nonresident aliens or foreign entities.

TAXPAYER CERTIFICATION: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my current Social Security Number or Taxpayer Identification Number (or I am waiting for a number to be issued to me);
- (2) I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholdings; and
- (3) I am a U.S. citizen or other U.S. person (defined below).

CERTIFICATION INSTRUCTIONS: You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. If you are an exempt payee (if you are unsure, ask us for a complete set of IRS instructions), write the words "Exempt Payee" here: _____.

Definition of a U.S. person. For federal tax purpose, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United State or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

ARBITRATION DISCLOSURES

This agreement contains a predispute arbitration clause. By signing an arbitration agreement the parties agree as follows:

- All parties to this agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed.
- Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify an arbitration award is very limited.
- The ability of the parties to obtain documents, witness statements, and other discovery is generally more limited in arbitration than in court proceedings.
- The arbitrators do not have to explain the reason(s) for their award.
- The panel of arbitrators will typically include a minority of arbitrators who were or are affiliated with the securities industry.
- The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court.
- The rules of the arbitration forum in which the claim is filed, any amendments thereto, shall be incorporated into this agreement.

ARBITRATION AGREEMENT

Any controversy between you and us shall be submitted to arbitration before the New York Stock Exchange, Inc., any other National Securities Exchange on which a transaction giving rise to the claim took place (and only before such exchange), or the National Association of Securities Dealers, Inc.

No person shall bring a putative or certified class action to arbitration, nor seek to enforce any predispute arbitration agreement against any person who has initiated in court a putative class action; or who is a member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative class action until; (I) the class certification is denied; (II) the class is decertified; or (III) the customer is excluded from the class by the court. Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this agreement except to the extent stated herein.

The laws of the Commonwealth of Virginia govern.

US PATRIOT ACT

What is the original source of funds for this account?: _____

- Yes No Is this account for a Foreign Financial Institution (e.g. non-US. bank; non-US. branch of a U.S. bank; broker-dealer; futures merchant; commodities introducing broker; mutual fund; money transmitter or currency exchanger)?
- Yes No Is this a Private Banking Account?
- Yes No Is this a Foreign Bank Account?
- Yes No Is this a Central Bank Account?

If answered "yes" to previous four questions, state the bank name and location: _____

Is the holder (or a person with an interest in the account) either:

- Yes No A senior military, governmental or political official in a non-US. country?
- Yes No Closely associated with or an immediate family member of such an official?

If answered "yes", please provide the following:

Non-US Official First Name: _____

Non-US Official Last Name: _____

Non-US Office Held: _____

Non-US Office Country: _____

- Yes No Has the Advisor personally met with the client? How long as the Advisor known the client?: _____
- If the client was referred, by whom was the referral made: _____
- Yes No Has the Advisor examined a physical copy of the client's valid driver license, passport, or other valid government issued photo identification in order to verify the client's identity?

Under the penalty of perjury, I certify that the information provided on this form is true, correct, and complete. In consideration of your accepting this account and any other account established hereunder, I hereby acknowledge that I have read, understand, and agree to the terms set forth in the Customer Agreement (including the predispute arbitration clause). All persons must sign if it is a joint account.

X _____

Customer Signature **Date**

X _____

Signature of Joint Owner/Tenant **Date**

Registered Rep hereby certifies that he/she personally verified the suitability, client contact, and account profile information directly from the client(s) and also verified and reviewed the customer identify documents(s) and confirmed that any photograph contained on the documents(s) bears a likeness to the applicant(s) or if exempt, Registered Rep certifies to know the true identity of the customer(s).

X _____

Registered Rep Signature **Date**

X _____

Registered Principal Signature **Date**

Print Rep Name _____

Print Principal Name _____