

New Account Form

SEE THE BACK OF THE OFFICE COPY OF THIS FORM FOR INFORMATION ON SETTING UP ACCOUNT TITLES AND CATEGORY CODES

Office	Account	RR #	Account Soc. Sec. No.	<input type="checkbox"/> Soc. Sec. <input type="checkbox"/> T.P.I.D.	Short Name
ZIP	Country/State	Pay Code	Auth #/03	Emp/Rel	Trader #
Master Client Mnemonic			Account Category	<input type="checkbox"/> Retail <input type="checkbox"/> Inst.	

ACCOUNT INFORMATION

Account Title

Mailing Address

CUSTOMER INFORMATION

Date of Birth of Primary Account Owner	Annual Income \$	Liquid Net Worth (excl. home) \$	Home Telephone # ()
# Dependents (incl. self)	Country of Citizenship	Spouse's Name	
Legal Address if different from Mailing Address			
Employer and Address	Type of Business	Business Telephone # ()	
	Yrs Employed	Occupation	

SPOUSE/JOINT TENANT INFORMATION

Date of Birth of Joint Account Owner	Annual Income \$	Liquid Net Worth (excl. home) \$	Home Telephone # ()
# Dependents (incl. self)	Country of Citizenship	Spouse's Name	
Legal Address if different from Mailing Address			
Employer and Address	Type of Business	Business Telephone # ()	
	Yrs Employed	Occupation	

INVESTMENT OBJECTIVES Income Long-Term Growth Short-Term Trading Yrs of Investment Experience

RISK EXPOSURE Low Moderate Speculation High Risk

DISCRETION RR Inv. Adviser 3rd Party Party Exercising Discretion

CORPS, PARTNERSHIPS & OTHER NON-IND A/C Name(s) and Title(s) of Person(s) Authorized to Enter Orders

MISC. INFO

Is account employee of the firm? No Yes RR is registered in State of customer's residence. Yes Initials

Is account related to an employee of the firm? No Yes If YES, Name of employee and relationship

Is account a senior officer, director or large shareholder of a public company? No Yes If YES, Name of company

How was a/c acquired? Related Solicited Known Personally Referred By (specify) Other (specify) Yrs known by RR

Initial Transaction Tfr from Broker Buy Sell Security Name Deposit

Is customer or any member of customer's immediate family affiliated with or employed by a member of a stock exchange or the National Association of Securities Dealers? Yes No If YES, indicate the affiliation

OTHER BROKERAGE ACCOUNTS Check if None Brokerage Firm Address Brokerage Firm

BANK INFO. Bank Name Address

ACCOUNT INFORMATION

Cash Margin Option COD
 ProCash Plus

PROCEEDS INSTRUCTIONS

Hold Remit to sweep, account must be coded HOLD
 Sweep Weekly Sweep Daily
Sweep to (Name of Money Fund)

PERIODIC DISTRIBUTIONS:
If third party, LOA required
Amount 1st Payment Date

Payment Frequency
 Monthly Semi-annually
 Quarterly Annually
 Specify Other:

TRANSFER INSTRUCTIONS

Hold in Street Name
 Transfer into Customer Name and Ship
 Transfer into Customer Name and Hold

DIVIDEND/INTEREST INCOME INSTRUCTIONS

Hold Remit to Client
 Other Remittance (LOA Req'd)

If Remit:
 Semi-monthly Monthly Bi-Monthly
 Quarterly Semiannually Annually

INSTITUTIONAL INSTRUCTIONS

Inst ID # Agent Bank # D/C #

Internal Account # * *

IP #1 ID # Internal a/c #

IP #2 ID # Internal a/c #

ABA Routing #

Prime Brokerage Yes No

ALERT Mnemonic

INTERESTED PARTY #1

Confirms
 Statements

INTERESTED PARTY #2

Confirms
 Statements

Prepared by _____ Date _____ Print Name _____

RR Signature _____ Date _____ Print Name _____

Operations Manager _____ Date _____ Print Name _____

Branch Manager or Authorized Designee _____ Date _____ Print Name _____