



Penson Financial Services
New Account Approval Form

Account Number: \_\_\_\_\_

Cash \_\_\_\_\_ Mgn. \_\_\_\_\_ Short \_\_\_\_\_ Optn. \_\_\_\_\_ IRA \_\_\_\_\_ Office Code: \_\_\_\_\_ RR# \_\_\_\_\_ Acct. Open Date: \_\_\_\_\_

Is this account for a Foreign Bank? [ ] YES / [ ] NO. If yes, please list U.S. agent for service of process: \_\_\_\_\_

Name of Primary Account Holder or Title of Account: \_\_\_\_\_
(Write name exactly as it appears on Social Security Card or Fed ID Registration)

Name of Secondary Acct. Holder: \_\_\_\_\_

Primary Account Holder Information:

Form with fields for SSN, Fed ID, Cedula, NIT#, Home Telephone, Residential Address, City, State, Zip, Mailing Address, Employers Name, Occupation, Employers Address, Employer's Telephone, Email Address, Date of Birth, Associated person of a Broker?

Secondary Account Holder Information (If Joint Acct.): [ ] YES / [ ] NO - Is Secondary Account holder the Spouse of Primary Account Holder?

Form with fields for SSN, Fed ID, Cedula, NIT#, Home Telephone, Residential Address, City, State, Zip, Mailing Address, Employers Name, Occupation, Employers Address, Employer's Telephone, Email Address, Date of Birth, Associated person of a Broker?

Citizenship Information:

Primary:

Form with fields: Are you a U.S. Citizen? Yes [ ] / No [ ], Resident Alien? Yes [ ] / No [ ] Country of Birth \_\_\_\_\_, Non-Resident Alien? Yes [ ] / No [ ] Country Residing In: \_\_\_\_\_

Secondary:

Form with fields: Are you a U.S. Citizen? Yes [ ] / No [ ], Resident Alien? Yes [ ] / No [ ] Country of Birth \_\_\_\_\_, Non-Resident Alien? Yes [ ] / No [ ] Country Residing In: \_\_\_\_\_

Investment Objectives: (\* If more than one, please rank 1-6)

Form with checkboxes and letters A-M for investment objectives: Long term growth with safety, Short term growth with high risk, Speculative, Income, Growth and Income, Long term growth with greater risk, All of the Above

Tax Information:

Form with fields: # Of Dependents, Tax Status: \_\_\_\_\_ %, Initial Deposit: \$, Initial Transaction:

Marital Status: [ ] S / [ ] M / [ ] D / [ ] W



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**Client Information:**

|   |
|---|
| How long has account holder known the Broker?   |
| Who where you Introduced by?  |
| Is account holder a control person? (Officer, Director or 10% stock owner) <input type="checkbox"/> Yes / <input type="checkbox"/> No                 |
| If Yes, Please list the company(s) controlled & position:   |
|   |
|   |
| Is client an employee of Insurance Co., Bank, Fund, Securities firm or Investment Advisor? <input type="checkbox"/> Yes / <input type="checkbox"/> No |

**Net Worth:**

(Excluding Primary Residence)

| Income:  |  | Liquid Net Worth:                                |   | Payment Instructions:  |                                   |  |
|--|--|--|---|--|-----------------------------------|--|
| <input type="checkbox"/> \$0 - 25,000            | <input type="checkbox"/> \$0 - 25,000            | <input type="checkbox"/> \$0 - 25,000            | A | <u>Securities:</u>   | <u>Money</u>                      | <u>Dividends</u>                         |
| <input type="checkbox"/> \$25,000 - 39,999       | <input type="checkbox"/> \$25,000 - 39,999       | <input type="checkbox"/> \$25,000 - 39,999       | B | <input type="checkbox"/> Transfer & Ship (1)   | <input type="checkbox"/> Pay (1)  | <input type="checkbox"/> Pay Weekly (1)  |
| <input type="checkbox"/> \$40,000 - 64,999       | <input type="checkbox"/> \$40,000 - 64,999       | <input type="checkbox"/> \$40,000 - 64,999       | C | <input type="checkbox"/> Hold St. Name (2)   | <input type="checkbox"/> Hold (7) | <input type="checkbox"/> Pay Monthly (1) |
| <input type="checkbox"/> \$65,000 - 124,999      | <input type="checkbox"/> \$65,000 - 124,999      | <input type="checkbox"/> \$65,000 - 124,999      | D |  |                                   | <input type="checkbox"/> Hold (4)        |
| <input type="checkbox"/> \$125,000 - 249,999     | <input type="checkbox"/> \$125,000 - 249,999     | <input type="checkbox"/> \$125,000 - 249,999     | E |  |                                   |  |
| <input type="checkbox"/> \$250,000 - \$499,999   | <input type="checkbox"/> \$250,000 - \$499,999   | <input type="checkbox"/> \$250,000 - \$499,999   | F | Principal & Maturity: <input type="checkbox"/> Credit to Account <input type="checkbox"/> Send Payment |                                   |  |
| <input type="checkbox"/> \$500,000 - \$1,000,000 | <input type="checkbox"/> \$500,000 - \$1,000,000 | <input type="checkbox"/> \$500,000 - \$1,000,000 | F | Process checks: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly                       |                                   |  |
| <input type="checkbox"/> \$1,000,000 - Over      | <input type="checkbox"/> \$1,000,000 - Over      | <input type="checkbox"/> \$1,000,000 - Over      | F | Money Market Sweeps: <input type="checkbox"/> Yes / <input type="checkbox"/> No - If Yes, List Fund:   |                                   |  |

**Investment Experience:**

|                  | Yrs. | Avg. Size | Avg. # P/Yr. |
|------------------|------|-----------|--------------|
| Options:         |      |           |              |
| Stocks:          |      |           |              |
| Bonds:           |      |           |              |
| Commodities:     |      |           |              |
| Other (specify): |      |           |              |

**Type of Registration:**

|   |
|---|
| <input type="checkbox"/> Individual / <input type="checkbox"/> Joint Community Property / <input type="checkbox"/> Payable on Death (Individual)          |
| <input type="checkbox"/> Joint TEN / <input type="checkbox"/> Joint with Rights of Survivorship (except in LA)  |
| <input type="checkbox"/> Joint with Rights of Survivorship & Payable on Death (except in LA) / <input type="checkbox"/> Transfer on Death                 |
| <input type="checkbox"/> UGMA/ <input type="checkbox"/> UTMA (Provide DOB & SSN for minor): SSN _____ DOB _____   |
| <input type="checkbox"/> Retirement Account - Type: _____ / <input type="checkbox"/> Foreign Non-Resident Alien / <input type="checkbox"/> Resident Alien |
| <input type="checkbox"/> Other (Circle): Corporate, LLC, Trust, Partnership, Estate, Non-Profit, Sole Proprietorship, Investment Club.                    |

**Credit References:**

|                |
|----------------|
| Bank:          |
| Branch:        |
| Type of Acct.: |
| Broker:        |

**Duplicate Confirmations:**

|  |
|--|
| Please send Duplicate confirms to the following address: |
|  |
|  |

**Authorized Person:**

|   |
|---|
| If a person, other than the primary and/or secondary account holder will be operating this account, list Name, Address, ID# & Employer: |
|   |
|   |

**Customer and Authorized Persons Signature:**

Primary Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Person (if Applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**Broker Use Only:**

|                               |
|-------------------------------|
| Registered Rep Signature:     |
| Branch Manager Signature:     |
| Designated Officer Signature: |

**Daytrading:**

|  |
|--|
| Approved for Day Trading Strategy? <input type="checkbox"/> YES / <input type="checkbox"/> NO                  |
| Was Daytrading Risk Disclosure Statement Delivered? <input type="checkbox"/> YES / <input type="checkbox"/> NO |
| Date Daytrading Disclosure was delivered:  |