

# Account Application Supplemental

This form is used for additional Account Holders or Authorized Parties to a Joint Account, Corporate Account, or other Entity account. Do not use this form for existing account changes.

**STEP 1. ACCOUNT DETAILS**

<b>Account Title (Name of this account)</b>	<b>Account Number</b>
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**STEP 2. PERSONAL INFORMATION**

**Relationship to Account**     Account Holder     Authorized Party     Associated Party

First Name	Middle Initial	Last Name	Social Security Number
Date of Birth (mm/dd/yyyy)	Gender <input type="radio"/> M <input type="radio"/> F <input type="radio"/> No Answer	Marital Status <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Widowed	Dependents    Home <input type="radio"/> Own <input type="radio"/> Rent

**Contact Information**

Home or Mobile Phone	Business Phone	Foreign Phone	Email Address
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**Address(es)**

<b>Physical Address</b> (no PO Box)	Address 1	Address 2	
	City	State	Zip Code
	Country	Province	Foreign Postal Code
<b>Mailing Address</b> (if different from Physical)	Address 1	Address 2	
	City	State	Zip Code
	Country	Province	Foreign Postal Code
<b>Previous Physical Address</b> (if Physical is less than 6 months old)	Address 1	Address 2	
	City	State	Zip Code
	Country	Province	Foreign Postal Code

**Citizenship**

Please check only one: <i>Proof of address is required for each non-US Person and US Citizens living abroad. Non-Resident Alien must provide a valid Government ID and a form W-8</i> <input type="radio"/> U.S. <input type="radio"/> U.S. Resident Alien <input type="radio"/> Non-Resident Alien Country of legal and tax resident: <input type="radio"/> U.S <input type="radio"/> Other (specify) _____
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CONTINUED NEXT PAGE

Account Number:

USA Patriot Act Information (Required by Federal Law)

All applicants must provide the information below. Non-Resident aliens must also include a completed W-8.
O Driver's License O Passport O State ID O Foreign Tax ID O Other Government-issued ID
Place/Country of Issuance ID No: Issue Date (mm/dd/yyyy) Expiration Date (mm/dd/yyyy)

Employment and Industry Affiliations

O Employed O Self-Employed O Retired O Unemployed O Homemaker O Student
If Employed/Self-Employed is indicated, please complete all employment fields.
If Retired or Unemployed is indicated, please indicate former Occupation.
Employer Name Years Employed Phone Number Occupation Business Nature
Employer's Address City State Zip Code
Country Province Foreign Postal Code

Industry and Other Affiliations

Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings or dependents:
O Yes O No
Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, branch manager, registered representative or other associated person of a broker-dealer firm) or a financial services regulator?
If yes, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this Application).
O Broker-Dealer or Municipal Securities Dealer O Investment Adviser
O FINRA or other Self-Regulatory Organization O State or Federal Securities Regulator
Name of Entity(ies):
O Yes O No
An officer, director or 10% (or more) shareholder in a publicly-owned company?
What is your position? O 10% shareholder O CEO O CFO O COO Other Officer
Name of company and symbol:
O Yes O No
A senior military, governmental or political official in a non-US country?
Name of country:

STEP 3. SIGNATURES

This Supplemental form is an extension of the Account Application and Agreement. All certifications and disclaimers contained within the main Account Application are applicable to the supplemental party completing this form.

By signing this agreement, you affirm that you are of full legal age in the state of jurisdiction in which you reside and have the capacity to enter into this agreement. You further affirm that you have read, understood and agree to the Terms and Conditions attached to this Account Application and Agreement.

Account Holder/Trustee/Corporate Officer Signature

Table with 3 columns: Signature, Print Name, Date. Rows for Account Holder Signature, Broker Signature, and General Principal Signature, each with an 'x' in the signature column.

Mail completed form(s) to: Trading Direct, 160 Broadway, East Bldg Floor 9, New York NY 10038.