



INDIVIDUAL OR JOINT ACCOUNT APPLICATION & AGREEMENT

To open your new investment account with Trading Direct, a division of York Securities, Inc, please provide all information requested. Initial any corrections. Corrections to the Tax ID or SSN will require the submission of a new W9. Funds awaiting reinvestment will reside in your cash account. If you would like margin or options ability, request/submit a margin agreement or options agreement. York Securities is a member of FINRA and SIPC. Clearing, custody or other brokerage services for this account is provided by Axos Clearing LLC, Member FINRA and SIPC.

Mark selection below with a check mark (✓) or X

Type of Account: ☐ Individual ☐ Joint (Rights of Survivorship)

Account Title (Enter your name/title in the same format that is used when filing your tax return)↓

Primary Account Holder Information:

| | | | |
|---|---------------------------|--|-----------------------------|
| First Name↓ | Middle Initial↓ | Last Name↓ | Social Security Number↓ |
| Home Phone↓ | Mobile or Business Phone↓ | Email Address↓ | Date of Birth (MM/DD/YYYY)↓ |
| Mailing Address↓ | | City↓ | State↓ Zip↓ |
| Legal Address (if different from Mailing Address)↓ | | City↓ | State↓ Zip↓ |
| Citizenship Mark selection below with a check mark (✓) or X <input type="checkbox"/> U.S. <input type="checkbox"/> U.S. Resident Alien <input type="checkbox"/> Non-Resident Alien | | Country of legal and tax resident Mark selection below <input type="checkbox"/> U.S. <input type="checkbox"/> Other (Specify) _____ | |
| USA Patriot Act, Customer Identification Information Method Mark selection below with a check (✓) or X <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID <input type="checkbox"/> Other Government Issued ID | | Marital Status↓ | Dependents↓ # |
| State or country of ID issuance↓ | ID No↓ | ID Issue Date↓ | ID Expiration Date↓ |

Primary Holder Employment Status:

Mark selection below with a check mark (✓) or X

☐ Employed ☐ Self Employed ☐ Homemaker ☐ Student ☐ Unemployed ☐ Retired

Please provide current employment details below (or previous details if unemployed or retired).

| | | | |
|---|---------------|-------------|------------------|
| Employer Name↓ | Year Started↓ | Occupation↓ | Business Nature↓ |
| Employer Address↓ | | City↓ | State↓ Zip↓ |
| Specify primary source of income. Mark selection below with a check mark (✓) or X <input type="checkbox"/> Investments <input type="checkbox"/> Wages/Job <input type="checkbox"/> Inheritance <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Spouse/Parent <input type="checkbox"/> Other (Specify) _____ | | | |

Primary Holder Industry and Other Affiliations:

Are you, your spouse, or any other immediate family members... Mark selection below with a check mark (✓) or X

- ☐ Yes ☐ No Employed by or associated with the securities industry or a financial services regulator?
If yes, specify name of entity: _____
Please also obtain your compliance officer's letter of approval and submit with this application.
- ☐ Yes ☐ No An officer, director or 10% (or more) shareholder in a publicly-owned company?
Name of company and symbol: _____
What is your title/role?: _____ (10% shareholder, CEO, CFO, COO, Other)
- ☐ Yes ☐ No A senior military, governmental or political official in a non-US country?
If yes, specify country: _____

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Joint Account Holder Information (if applicable):

| | | | | | |
|---|---------------------------|----------------|---|-----------------------------|------------------|
| First Name↓ | Middle Initial↓ | Last Name↓ | Social Security Number↓ | | |
| Home Phone↓ | Business or Mobile Phone↓ | Email Address↓ | | Date of Birth (MM/DD/YYYY)↓ | |
| Mailing Address↓ | | | City↓ | State↓ | Zip↓ |
| Legal Address (if different from Mailing Address)↓ | | | City↓ | State↓ | Zip↓ |
| Citizenship <i>Mark selection below with a check mark (✓) or X</i> <input type="checkbox"/> U.S. <input type="checkbox"/> U.S. Resident Alien <input type="checkbox"/> Non-Resident Alien | | | Country of legal and tax resident <i>Mark selection below</i> <input type="checkbox"/> U.S. <input type="checkbox"/> Other (Specify) _____ | | |
| USA Patriot Act, Customer Identification Information Method (choose one) <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID <input type="checkbox"/> Other Government Issued ID | | | Marital Status↓ | | Dependents↓ # |
| State or country of ID issuance↓ | | ID No↓ | ID Issue Date↓ | ID Expiration Date↓ | |

Joint Holder Employment Status (if applicable):

| | | | | | |
|--|---------------|-------------|------------------|--------|------|
| <i>Mark selection below with a check mark (✓) or X</i> <input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired | | | | | |
| <i>Please provide current employment details below (or previous details if unemployed or retired).</i> | | | | | |
| Employer Name↓ | Year Started↓ | Occupation↓ | Business Nature↓ | | |
| Employer Address↓ | | | City↓ | State↓ | Zip↓ |
| Specify primary source of income. <i>Mark selection below with a check mark (✓) or X</i> <input type="checkbox"/> Investments <input type="checkbox"/> Wages/Job <input type="checkbox"/> Inheritance <input type="checkbox"/> Social Security <input type="checkbox"/> Retirement Plan <input type="checkbox"/> Spouse/Parent <input type="checkbox"/> Other (Specify) _____ | | | | | |

Joint Holder Industry and Other Affiliations (if applicable):

| | |
|--|--|
| Are you, your spouse, or any other immediate family members... <i>Mark selections below with a check mark (✓) or X</i> | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Employed by or associated with the securities industry or a financial services regulator? If yes, specify name of entity: _____ <i>Please also obtain your compliance officer's letter of approval and submit with this application.</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | An officer, director or 10% (or more) shareholder in a publicly-owned company? Name of company and symbol: _____ What is your title/role?: _____ (10% shareholder, CEO, CFO, COO, Other) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | A senior military, governmental or political official in a non-US country? If yes, specify country: _____ |

Initial Funding Source:

| | |
|---|--|
| Specify the initial source of funds for this account. <i>Mark selection below with a check mark (✓) or X</i> <input type="checkbox"/> Investments <input type="checkbox"/> Wages/Job <input type="checkbox"/> Retirement Assets <input type="checkbox"/> Gift <input type="checkbox"/> Donations <input type="checkbox"/> Insurance <input type="checkbox"/> Inheritance <input type="checkbox"/> Social Security <input type="checkbox"/> Spouse/Parent <input type="checkbox"/> Gambling <input type="checkbox"/> Business Revenue <input type="checkbox"/> Sale of Business or Property <input type="checkbox"/> Other (Specify) _____ | |
|---|--|

Dividend Instructions:

| | |
|--|--|
| By default, any cash dividends will be credited to your brokerage account cash balance. Alternate (optional) choices are offered below, if desired. <input type="checkbox"/> Mail check on a monthly basis <input type="checkbox"/> ACH transfer to bank account on a quarterly basis <input type="checkbox"/> Reinvest in additional shares of same security | |
|--|--|

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Investment Profile: *Mark selections below with a check mark (✓) or X*

| Estimated Annual Income (from all sources) | Estimated Net Worth (excluding residence) | Estimated Liquid Net Worth (cash and liquid assets only) | Risk Tolerance | Estimated Tax Bracket |
|---|--|---|--------------------------------------|------------------------------|
| <input type="checkbox"/> Under \$25k | <input type="checkbox"/> Under \$50k | <input type="checkbox"/> Under \$25k | <input type="checkbox"/> Low | <input type="checkbox"/> 0% |
| <input type="checkbox"/> \$25k-\$50k | <input type="checkbox"/> \$50k-\$100k | <input type="checkbox"/> \$25k-\$50k | <input type="checkbox"/> Moderate | <input type="checkbox"/> 10% |
| <input type="checkbox"/> \$50k-\$100k | <input type="checkbox"/> \$100k-\$500k | <input type="checkbox"/> \$50k-\$100k | <input type="checkbox"/> Aggressive | <input type="checkbox"/> 12% |
| <input type="checkbox"/> \$100k-\$200k | <input type="checkbox"/> \$500k-\$1 mil | <input type="checkbox"/> \$100k-\$200k | <input type="checkbox"/> Speculative | <input type="checkbox"/> 22% |
| <input type="checkbox"/> \$200k-\$500k | <input type="checkbox"/> \$1mil-\$3 mil | <input type="checkbox"/> \$200k-\$500k | | <input type="checkbox"/> 24% |
| <input type="checkbox"/> \$500k-\$1 mil | <input type="checkbox"/> Over \$3 mil | <input type="checkbox"/> \$500k-\$1 mil | | <input type="checkbox"/> 32% |
| <input type="checkbox"/> Over \$1 mil | | <input type="checkbox"/> \$1mil-\$3 mil | | <input type="checkbox"/> 35% |
| | | <input type="checkbox"/> Over \$3 mil | | <input type="checkbox"/> 37% |

| Liquidity Needs | Time Horizon | Investment Knowledge | Investment Experience & Years of Experience |
|--------------------------------------|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> < 1 year | <input type="checkbox"/> < 1 year | <input type="checkbox"/> Limited | <input type="checkbox"/> Mutual Funds <input type="checkbox"/> 0yr <input type="checkbox"/> 1 - 5yrs <input type="checkbox"/> > 5yrs |
| <input type="checkbox"/> 1-5 years | <input type="checkbox"/> 1-5 years | <input type="checkbox"/> Good | <input type="checkbox"/> Stocks <input type="checkbox"/> 0yr <input type="checkbox"/> 1 - 5yrs <input type="checkbox"/> > 5yrs |
| <input type="checkbox"/> 5-10 years | <input type="checkbox"/> 5-10 years | <input type="checkbox"/> Excellent | <input type="checkbox"/> Bonds <input type="checkbox"/> 0yr <input type="checkbox"/> 1 - 5yrs <input type="checkbox"/> > 5yrs |
| <input type="checkbox"/> 10-15 years | <input type="checkbox"/> 10-15 years | | <input type="checkbox"/> Options <input type="checkbox"/> 0yr <input type="checkbox"/> 1 - 5yrs <input type="checkbox"/> > 5yrs |
| <input type="checkbox"/> > 15 years | <input type="checkbox"/> > 15 years | | <input type="checkbox"/> Margin <input type="checkbox"/> 0yr <input type="checkbox"/> 1 - 5yrs <input type="checkbox"/> > 5yrs |
| <input type="checkbox"/> Undefined | <input type="checkbox"/> Undefined | | |

Primary Investment Objective (select one)

- ☐ Current Income- Preservation of capital with a primary consideration on current income
- ☐ Balanced- A balance between capital appreciation and current income with the primary consideration being current income
- ☐ Growth & Income- A balance between capital appreciation & current income with a primary consideration of capital appreciation
- ☐ Growth- Capital appreciation through quality equity investment and little or no income
- ☐ Maximum Growth- Maximum capital appreciation with higher risk and little to no income.
- ☐ Speculation- Maximum total return potential, involving a higher degree of risk through investment of securities.

Trusted Contact Person:

By choosing to provide information for a Trusted Contact Person ("TCP"), you authorize your brokerage firm to contact and to disclose information about you and your account(s) to the TCP: • Provide the TCP with information about you or your account(s), but does not provide the TCP with the ability to transact on your account(s) • Inquire about your current contact information or health status • Inquire if another person or entity has legal authority to act on your behalf (e.g. legal guardian or conservator, executor, trustee, or holder of a power of attorney) The TCP must be at least 18 years old, must be someone other than an account owner and cannot be your broker or brokerage firm. The broker may provide the TCP information about you or your account(s), but does not allow the TCP the ability to transact on your account(s). **If a selection is not made below, it shall be deemed that a Trusted Contact has been declined. (One can always be added later, if desired).**

| | |
|--|---------------|
| Trusted Contact Name (First, Middle Initial, Last) | Relationship |
| Phone number(s) | Email address |
| Address | |

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W-9 Certification:

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Social Security Number or Taxpayer Identification Number (or I am waiting for a number to be issued to me), and 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 withholding, and 3. I am a US citizen or other US person (defined below), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Definition of a US Person. For federal tax purposes, you are considered a US person if you are: • An individual who is a US citizen or US 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 IRS Regulations section 301.7701-7)

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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. If you are an exempt payee

(if you are unsure, please consult your tax professional), enter your exempt payee code (if any) here: _____

If you are exempt from FATCA reporting (if you are unsure, please consult your tax professional), enter your exemption from FATCA reporting code (if any) here: _____

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signatures:

BY SIGNING THIS AGREEMENT, YOU ACKNOWLEDGE THAT SECURITIES NOT FULLY PAID FOR MAY BE LOANED TO AXOS CLEARING LLC OR LOANED OUT TO OTHERS.

PLEASE NOTE THAT THIS ACCOUNT APPLICATION AND AGREEMENT CONTAINS A PREDISPUTE ARBITRATION AGREEMENT IN THE TERMS AND CONDITIONS ACCOMPANYING THIS ACCOUNT APPLICATION AND AGREEMENT. YOU ACKNOWLEDGE RECEIVING A COPY OF THIS ACCOUNT APPLICATION AND AGREEMENT.

To help the government fight the funding of terrorism and money laundering activities, federal laws require all financial organizations to obtain, verify and record information that identifies each person who opens an account. That means that Axos Clearing will ask for your name, address, date of birth and other information that will allow us to identify you. We may also require a copy of your driver's license or other government issued identifying document.

By signing this Account Application and 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 Account Application and 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 SIGNATURES

| | | |
|--------------------------------------|-------------|-------|
| Account Owner Signature↓ X | Print Name↓ | Date↓ |
|--------------------------------------|-------------|-------|

| | | |
|---|-------------|-------|
| Account Co-Owner Signature (if applicable)↓ X | Print Name↓ | Date↓ |
|---|-------------|-------|

CLIENT RELATIONSHIP SUMMARY (FORM CRS): This form (located on last page of this application) contains important information about services, fees, and conflicts of interest. Initial below to acknowledge receipt of the CRS:

| | |
|-------------------------------------|-------|
| Account Owner Initials↓ X | Date↓ |
|-------------------------------------|-------|

← **Note: Primary applicant must initial and date at left.**

Stop here. Mail completed forms to: Trading Direct, 160 Broadway, East Bldg Ste 915, New York NY 10038

Approval (Below section is for broker use only)

| | | | | |
|-----------------------------|----------|------------|--------------------------|-----------------------|
| Account Number | Rep Code | Open Date | CRS Disclosure (INITIAL) | CRS Disclosure (Date) |
| Broker Signature | | Print Name | Date | |
| General Principal Signature | | Print Name | Date | |