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 East Brunswick, NJ 08816
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ChoiceTrade Brokerage Account Application

For Office Use Only	
RR	_____
BM	_____
DO	_____

In order for your account to be opened promptly and accurately, please provide ChoiceTrade with all the information requested below.

- Complete and sign the Application below.
- Include completed Transfer Form or a check (payable to our clearing firm, Person Financial Services) to fund your account.
- Mail or fax your application and Transfer Form to ChoiceTrade at the address above.

Type of Account You are Opening

<input type="checkbox"/> Individual	<input type="checkbox"/> Joint Tenants in Common*	<input type="checkbox"/> Corporate*	<input type="checkbox"/> Cash	<input type="checkbox"/> Margin
<input type="checkbox"/> Joint Tenants (Survivorship)*	<input type="checkbox"/> Joint Tenants by Entirety	<input type="checkbox"/> LLC*	<input type="checkbox"/> I would like to trade options (please include an Options Account Agreement)	
<input type="checkbox"/> Custodian for Minor*	<input type="checkbox"/> Separate Property	<input type="checkbox"/> Partnership*		
<input type="checkbox"/> Trust*	<input type="checkbox"/> Community Property	<input type="checkbox"/> Investment Club*		
<input type="checkbox"/> IRA/KEOGH*	<input type="checkbox"/> Transfer on Death*	<input type="checkbox"/> Non-Profit/Other*		
<input type="checkbox"/> Guardianship/Conservatorship*	<input type="checkbox"/> Sole Proprietorship*			

*May require additional documentation. Please check our website.

Trading Platform: ChoiceTrader Online ChoiceTrader Select ChoiceTrader Direct Pro Other: _____

Account Owner Information

Marital Status: _____ Mother's Maiden Name: _____

Primary Account Owner or Title of Account	Date of Birth	Social Security or Tax ID Number	Number of Dependents
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Secondary Account Owner's Name	Date of Birth	Social Security or Tax ID Number	Is Secondary Account Holder the spouse of Primary Account Holder?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Permanent Address (No PO Boxes)	City	State/Province	Zip	Country
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Mailing Address (If different)	City	State/Province	Zip	Country
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Daytime Phone	Evening Phone	Fax	Email Address
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Primary Owner Citizenship: U.S. Resident Alien Non-Resident Alien
 Country Residing: _____ Country of Birth: _____
 Secondary Owner Citizenship: U.S. Resident Alien Non-Resident Alien
 Country Residing: _____ Country of Birth: _____
➤ If you are a non-resident alien, please submit a W-8BEN. You must also submit a copy of your passport identification page. This page must contain a photograph. Resident aliens must submit copy of green card.

Bank References: Bank Name: _____ Bank City, State: _____ Type of Account: _____

Employment Information

If not employed (e.g. student, retired, etc.) please indicate source of income. If self-employed, indicate occupation

Account Owner's Employment Status	Account Owner's Employer	Employer Address	Occupation/Source of Income
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Secondary Owner's Employment Status	Secondary Owner's Employer	Employer Address	Occupation/Source of Income
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If any owner of this account is an Associated Person of a broker or work for, or are affiliated with, a member firm of a stock or commodity exchange or the NASD, the NFA, CFTC or affiliated companies, an insurance company, bank, fund, securities firm or Investment Advisor, or is a director, 10% shareholder, or a policy-making executive officer of a publicly traded company, please specify the name of the company:

Company	Position	Secondary Owner's Company	Position
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_____ Under rule 14b-1(c) of the Securities Exchange Act, we are required to disclose to an issuer the name, address, and securities position of our customers who are beneficial owners of that issuer's securities unless the customer objects. Please initial here, if you do NOT want ownership disclosed.

Financial Information and Investment Profile

ChoiceTrade is required by securities industry regulations to obtain the following information. Financial Information for all Joint Owners should be combined

Annual Income	Liquid Assets	Net Worth <small>excl. primary residence</small>	Investment Experience			Investment Objectives
\$0—\$25,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			If more than one objective, rate 1-6 <input type="checkbox"/> Long term growth with safety (long term capital appreciation with relative safety of principal) <input type="checkbox"/> Short term growth with high risk (appreciation with acceptance of high risk) <input type="checkbox"/> Speculative (want increase in value of investments—High Risk)* <input type="checkbox"/> Income (want to use proceeds of the acct. as source of income) <input type="checkbox"/> Growth or Income (preserve capital) <input type="checkbox"/> Long term growth with greater risk—Aggressive
\$25,000—\$39,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
\$40,000—\$64,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
\$65,000—\$124,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
\$125,000—\$249,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
\$250,000—\$499,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
\$500,000—\$1,000,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
\$1,000,000—Over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

	Years	Avg. Size	Avg #/ Yr
Stocks:			
Options:			
Bonds:			
Futures:			

Tax Bracket:

Regardless of your objective, investing involves risk and the potential of loss of account value.
 *Note: If you intend to apply for a day-trading account, speculation must be your only objective.

Settlement Information—Money Market Settlement

If you choose to have your cash balances at ChoiceTrade automatically invested in a Money Market Fund, please make your selection. If you do not select a fund, you will receive interest on cash balances in your account.

Scudder Funds

- Money Market
 Government & Agency
 Treasury

Scudder Municipal Portfolios

- General
 California
 Connecticut
 Pennsylvania
 Florida
 Virginia
 New Jersey
 New York

Is this application being submitted on behalf of a foreign bank? Yes No
 If Yes, please list Agent for Service of process: _____
 Is any account owner affiliated with a foreign shell bank? Yes No
 Does any account owner offer services to a foreign shell bank? Yes No

Certification of Taxpayer ID Number (Substitute W-9)

(Please skip this section if you are not a U.S. Person for Tax Purposes) Exempt from Backup Withholding

Under penalty of perjury I certify that:

- The number shown on this application is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and
- 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 failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an IRA, and payments other than interest and dividends.)
- I am a U.S. person (including a U.S. resident alien).

Certification Instructions — You must cross out item 2 above if you have been notified by the IRS that you are currently subject to withholding because you have failed to report all interest and dividends on your tax return.)

Signature: _____ Date: _____

Please Read and Sign Below

I acknowledge that ChoiceTrade does not give investment, tax, legal or accounting advice with respect to the potential value or suitability of a particular security or investment strategy.

I represent that I have read, understand and agree to the Terms and Conditions governing this account as contained in the Customer Agreement. I agree to be bound by such Terms and Conditions as currently in effect and as may be amended from time to time without prior notice to me.

I acknowledge that I have read and understand the Active Trading Risk Disclosure Statement, the Margin Disclosure Statement, the ChoiceTrade Privacy Statement and the Pension Customer Information Brochure.

Fee acknowledgment: Some platforms involve a monthly Service Fee (please review our Commission and Fee Schedule). By signing below you acknowledge and agree to pay the Service Fee by authorizing ChoiceTrade to debit your account.

I UNDERSTAND THAT THIS ACCOUNT IS GOVERNED BY AN ARBITRATION AGREEMENT SET FORTH IN PARAGRAPHS 18 AND 19 OF THE CUSTOMER AGREEMENT. I ACKNOWLEDGE RECEIPT OF THE ARBITRATION AGREEMENT AND THE CUSTOMER AGREEMENT GOVERNING MY ACCOUNT.

Account Owner's Signature: _____ Date: _____

Secondary Account Owner's Signature: _____ Date: _____