



For Office Use Only:

Account Number: _____

Brokerage Account Application

Please type or print. All information must be completed in order for your account application to be processed.

Name of Account		E-mail Address: _____			
Name on Account		<input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> P.O. Box Send mail to:			
Joint Applicant's Name		P.O. Box, if applicable	Home Telephone () _____		
Home Address (P.O. Box is not sufficient)		City	State	Zip Code Country	

Type of Account	
Account Registration:	<input type="checkbox"/> Individual (in your name only) <input type="checkbox"/> Joint Tenants with Rights of Survivorship <input type="checkbox"/> Tenants in Common (Complete Joint Account Agreement) <input type="checkbox"/> Custodial (provide Social Security Number and date of birth for minor)
<i>All qualified accounts are opened as margin accounts, allowing you to borrow against the value of certain marginable securities. To decline margin privileges, check the box below. \$2,000 minimum equity is required to establish a margin account.</i>	
<input type="checkbox"/> I decline margin privileges. Open my account as cash only.	

Personal Information		
Your Social Security or Tax ID Number	Date of Birth	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed
Bank Reference	Bank Account Number	
Brokerage Account Reference	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you a U.S. citizen? If not, please specify <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed	
Joint Applicant's Social Security or Tax ID Number	Date of Birth	Marital Status
Bank Reference	Bank Account Number	
Brokerage Account Reference	<input type="checkbox"/> Yes <input type="checkbox"/> No Are you a U.S. citizen? If not, please specify	

Employment Information

Your Employer	Occupation/Position	Years of Employment	Type of Business ()		
Business Address	City	State	Zip	Country	Business Telephone
Joint Applicant's Employer	Occupation/Position	Years of Employment	Type of Business ()		
Business Address	City	State	Zip	Country	Business Telephone

Check here if you have granted trading authorization to another party.
If so, request Trading Authorization Form and provide name of agent:

Check here if you, or the Joint Applicant, are a director, 10% shareholder, or policy-making officer of a publicly traded company.
If so, identify the company name, address, and position held:

Check here if you, or the Joint Applicant, are licensed or employed by a registered broker/dealer or registered investment advisor.
If so, identify the company name, address, and position held:

Check here if you, the Joint Applicant, or any member of your immediate family, is a Senior Foreign Political Figure.
If so, identify the name of the official, office held, relationship to account owner, and country:

Investment Profile

Regulations require us to ask for the following information in order to properly service your investment needs. For joint accounts, please provide us with information for your household. All information will be kept strictly confidential.

Investment Objectives (Choose all that apply):

Speculation/Trading Growth Income Capital Preservation

Your investment objectives must include Speculation/Trading for option trading

Investing Experience:

None
 Limited
 Good
 Extensive

Annual Income (from all sources):

\$0 - \$24,999
 \$25,000 - \$49,999
 \$50,000 - \$74,999
 \$75,000 - \$99,999
 Over \$100,000

Federal Tax Bracket:

Under 15%
 15% - 25%
 Over 25%

Estimated Net Worth:

\$0 - \$49,999
 \$50,000 - \$99,999
 \$100,000 - \$249,999
 \$250,000 - \$499,999
 Over \$500,000

Estimated Liquid Net Worth (Cash & Liquid Investments Only):

\$0 - \$49,999
 \$50,000 - \$99,999
 \$100,000 - \$249,999
 \$250,000 - \$499,999
 Over \$500,000

Would you like your existing brokerage account transferred to Firstrate?

- Yes, transfer my existing brokerage account to Firstrate. (Forms will be sent to you or download from www.firstrate.com)
- No, not at this time.

Account Agreement

Rule 14b-1(c) of the Securities Exchange Act, unless you object, requires us to disclose to an issuer, upon its request, the name, address, and securities position of our customers who are beneficial owners of the issuer's securities, which are held by Ridge Clearing in nominee name. The issuer would be permitted to use your name and other related information for corporate communication only. If you object to this disclosure, check this box:

I would like to establish a brokerage account with Firstrate Securities Inc. which clears all transactions through Ridge Clearing. I acknowledge by signing this agreement that I have received, read and understand the terms and conditions in the Firstrate Securities Inc. Account Agreement (which includes the margin agreement), and agree to be bound by these terms and conditions as they apply to my account as amended from time to time. I agree that Firstrate Securities Inc. does not provide legal or tax advice, and will not advise me concerning the nature, potential value, or suitability of any particular security, transaction, or investment strategy. I understand that investments purchased through Firstrate Securities are not insured by the FDIC (Federal Deposit Insurance Corporation), are not obligations of or guaranteed by any financial institution and are subject to investment risk and loss that may exceed the principal invested.

In accordance with the Firstrate Securities Account Agreement, I agree that all debts and other obligations owed to Firstrate and any party to the Account Agreement will be secured by a lien on all securities and other property now or hereafter held or maintained in any of my present or future Firstrate accounts, whether individually or jointly held with others, or in any other Firstrate account in which I have an interest.

I further acknowledge that I have received, read and understand the predispute arbitration clause located in the Firstrate Securities Inc. Account Agreement, paragraph 23, and agree to resolve any disputes arising out of my account by arbitration.

I further acknowledge that I have received, read and understand the Margin Disclosure Statement provided by Firstrate Securities Inc.

Under penalties of perjury, I certify (1) that the number shown on this application is my correct taxpayer identification number and (2) that I am not subject to backup withholding and (3) that I am a U.S. person (including a resident alien); provided, however, if I am a nonresident alien as disclosed in this application, I do not certify that I am a U.S. person and I understand that I must submit the appropriate W-8 Form. If I have been notified by the IRS that I am subject to backup withholding as a result of dividend or interest underreporting, I must cross out the text contained in clause (2) of this section and I understand I will be subject to backup withholding.

I authorize Ridge Clearing and/or Firstrate Securities to obtain a consumer report at the time of application to verify my creditworthiness and to obtain a consumer report from time to time for updates, renewals, extensions, and collection activity on any approved account. Upon my written request, Ridge Clearing will disclose to me whether it obtained a report, and if so, the name and address of the consumer-reporting agency that provided it. In the event that my account is denied, as a result of the consumer report verification, I authorize Ridge Clearing to provide to Firstrate the reason(s) for such denial.

I acknowledge that the information provided in the Account Application is accurate and correct.

X

Applicant's Signature

Date

X

Joint Applicant's Signature

Date

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Margin Cash

Approved By: _____

Date: _____

Account #: _____

Customer ID Verified: Yes
 No



Substitute Form W-8BEN

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding

Department of the Treasury Internal Revenue Service

- Section references are to the Internal Revenue Code.
- For complete instructions or more information on the W-8 forms, please refer to the Internal Revenue Service (IRS) website at www.irs.gov.
- Give this form to the withholding agent or payer. Do not send to the IRS.

Do not use this form for:

Instead, use Form:

- A U.S. citizen or other U.S. person, including a resident alien individual.....W-9
 - A person claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States.....W-8ECI
 - A U.S. nonresident alien physically present in the U.S. for 183 days or more during the present calendar year.
- Exception:** Individuals holding an "F", "J", "M" or "Q" visa should use this form. If yes, please indicate visa type here: _____.
- Note:** See IRS instructions for additional exceptions.

Part I Identification of Beneficial Owner (See Instructions.)

1 Name of individual that is the beneficial owner	2 Country of incorporation or organization <p style="text-align: center;">N / A</p>
3 Type of beneficial owner: <input type="checkbox"/> Individual	
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. Box or in-care-of address.	
City or town, state or province. Include postal code where appropriate.	Country (do not abbreviate)
5 Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	Country (do not abbreviate)
6 U.S. taxpayer identification number, if required (see instructions)	7 Foreign tax identifying number, if any (optional)
8 Reference number(s) (see instructions)	

Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):

- a. The beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.
- b. If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
- c. The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,
 - The beneficial owner is not a U.S. person,
 - The income to which this form relates is not effectively connected with the conduct of a trade or business in the United States or is effectively connected but is not subject to tax under an income tax treaty, **and**
 - For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.
- Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income which I am the beneficial owner. The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to establish your status as a non-U.S. person and, if applicable, obtain a reduced rate of withholding.

Sign Here

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Capacity in which acting