

Customer Account Information

Account Name		Date of Birth	Social Security or Tax I.D. No.	
Joint Applicant Name or Name of Minor if Custodial Account		Date of Birth	Social Security or Tax I.D. No.	
Address (If P.O. Box or C/O (care of), customer's home address must also be provided)			Bldg. #	Apt. #
City		State	Zip Code	
Home Telephone No.		Fax No.	Email Address(es)	
Alternate Address		Duplicate Confirmation <input type="checkbox"/> Duplicate Statement <input type="checkbox"/>		Alternate Telephone No.
City		State	Zip Code	
Occupation	Employer	Business Address		Business Telephone No.
Joint Applicant's Occupation	Employer	Business Address		
How Acquired	<input type="checkbox"/> Known Personally For _____ Yrs.	Married	U.S. Citizen	If No, What Country? Non Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No If yes Passport # _____ or Govt. ID# _____
<input type="checkbox"/> Internet	<input type="checkbox"/> Referral by _____	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	Place of Birth
<input type="checkbox"/> Prospecting	<input type="checkbox"/> Reassign - Previous Rep. _____	<input type="checkbox"/> No	<input type="checkbox"/> No	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Related Account - FMS Acct. # _____			
Previous Investment Experience How many years? _____ <input type="checkbox"/> None	Customer's Bank	Risk Tolerance <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Tax Bracket %	Est. Annual Income
FINRA Association <input type="checkbox"/> Works for FINRA Member <input type="checkbox"/> Is a Relative of a FINRA Member		Liquidity Needs <input type="checkbox"/> Related to Rep. <input type="checkbox"/> FMS Employee		
Investment Objectives <input type="checkbox"/> Income <input type="checkbox"/> Tax-Exempt Income <input type="checkbox"/> Growth <input type="checkbox"/> Speculation <input type="checkbox"/> Other _____				
Type of Account <input type="checkbox"/> Individual <input type="checkbox"/> Ten Ent <input type="checkbox"/> Custodian <input type="checkbox"/> Trust <input type="checkbox"/> Corporation <input type="checkbox"/> Investment Club <input type="checkbox"/> TOD <input type="checkbox"/> JT Ten <input type="checkbox"/> Ten Com <input type="checkbox"/> Estate <input type="checkbox"/> Partnership <input type="checkbox"/> Employee Benefit <input type="checkbox"/> Other _____				
Disposition of Securities <input type="checkbox"/> Safekeep in Street Name <input type="checkbox"/> Deliver to Customer <input type="checkbox"/> Deliver Free <input type="checkbox"/> Deliver vs. Payment (DVP) <input type="checkbox"/> Receive vs. Payment (RVP)		Disposition of Money <input type="checkbox"/> Pay Proceeds <input type="checkbox"/> Money Market		Disposition of Dividends <input type="checkbox"/> Mail <input type="checkbox"/> Money Market
				Money Market <input type="checkbox"/> Tax-Free <input type="checkbox"/> General/Taxable <input type="checkbox"/> Other _____
Delivery Instructions (Free Delivery & DVP/RVP)				
Institution Name _____		Agent Bank # (DVP/RVP only) _____		
DTC # _____		Institutional ID# (DVP/RVP only) _____		
Customer Account # _____				
at Receiving / Delivering Institution _____				
I have verified the information on this form.				
X _____ Registered Representative		X _____ Approved By Supervisor		
Account No.		RR No.	Date Opened	