



BROKERAGE ACCOUNT APPLICATION

Do you have any other accounts with Scottrade or its affiliates (Scottrade Bank / Boulevard Bank)? Yes No **Account Type:**

Update to existing account #: _____
Please view Page 3 for account type information.

Primary Applicant / Organization Information

Depending on account type, this may be the minor, protected person or organization (trust, corporation, partnership, etc.)

Name of Individual/Organization <i>First Middle Last Suffix</i>				Phone Numbers - check preferred	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.				Home <input type="checkbox"/>	
Email Address <i>account notices will be sent here</i>		Date of Birth / Effective Date		Social Security / Tax ID #	
Cell <input type="checkbox"/>					
Primary Physical Address <i>no P.O. Boxes or mail receiving / incorporation services</i>				Work _____ ext. _____	
Street _____					
City _____		State _____	ZIP _____	Fax _____	
Mailing Address <i>include city, state & ZIP - if a mailing address is not provided, account notices will be sent to the primary physical address</i>					

Individual, Joint, Retirement & Minor Account Applicants - complete the rest of this page, then proceed to Page 2

All Other Account Types - complete the Expected Account Activities section, then proceed to Page 2

Citizenship		<i>If you will be in the U.S. 183 days or less, contact us at 866.246.1788.</i>	
1. Are you a U.S. citizen? <input type="checkbox"/> Yes - proceed to question 2. <input type="checkbox"/> No - complete section at right.		Country: _____	
2. Are you a citizen of any other non-U.S. countries? <input type="checkbox"/> Yes - list below Countries: _____		Are you a permanent U.S. resident? <input type="checkbox"/> Yes - Permanent Resident Card Number: _____ <input type="checkbox"/> No - Visa type: _____ Expiration Date (MM/DD/YYYY): _____	

Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed / business owner <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student		Employer Industry Code*		Occupation Code*	
Job Title		Job Description			
Employer		Employer Address			*See p.3 for a code list or contact us for assistance.

Please provide the following information to help us understand your financial status. Scottrade will not use this information to supervise the suitability of any transaction in your account.

1. What is your annual income? \$0 - \$24,999 \$25,000 - \$49,999 \$50,000 - \$99,999 \$100,000 - \$249,999 \$250,000+
2. What is your household net worth (excluding residence)? \$0 - \$24,999 \$25,000 - \$49,999 \$50,000 - \$249,999 \$250,000 - \$499,999 \$500,000+

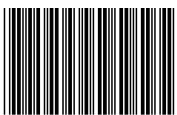
Affiliations

This information is to comply with requirements mandated by the U.S. Government and other regulatory agencies, and to better understand your intentions for your brokerage account.

1. Are you employed by / affiliated with a securities firm, exchange or FINRA? <input type="checkbox"/> Yes - Scottrade will inform the securities firm, exchange or FINRA of your intention to maintain this account and provide copies of confirms, statements & other requested information. Provide organization name & compliance address in the field below. <input type="checkbox"/> No	
2. Are you or a member of your household a control person / affiliate of a public company as defined by the SEC? <input type="checkbox"/> Yes - provide company name & CUSIP / symbol in the "Required Information" space below. <input type="checkbox"/> No	
3. Are you currently, or have you ever been, a high-level elected / appointed government official? <input type="checkbox"/> Yes - select from the following: <input type="checkbox"/> U.S. Federal Gov't Official <input type="checkbox"/> U.S. State Governor <input type="checkbox"/> U.S. City Mayor <input type="checkbox"/> Senior Executive / Director of a Gov't-owned Non-U.S. Entity <input type="checkbox"/> Non-U.S. Gov't Official - provide country & title here: _____ <input type="checkbox"/> No	
4. Do you have an immediate family member or close associate who is or was a high-level elected / appointed government official? <input type="checkbox"/> Yes - provide name, country, relationship & position in space below. <input type="checkbox"/> No	
5. Do you receive compensation, directly or indirectly, from a business related to or engaged in the growth, sale or distribution of marijuana or products containing marijuana? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Required Information for "yes" responses:	

Expected Account Activities

1. Do you plan to trade low-priced, over-the-counter securities ("penny stocks")? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Do you plan to deposit or transfer-in low-priced, over-the-counter securities? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. What best describes the initial funding source for this account? <input type="checkbox"/> Employment Wages <input type="checkbox"/> Gift <input type="checkbox"/> Inheritance / Trust <input type="checkbox"/> Investments <input type="checkbox"/> Other - describe: _____ <input type="checkbox"/> Legal Settlement <input type="checkbox"/> Lottery / Gaming <input type="checkbox"/> Retirement Funds <input type="checkbox"/> Savings <input type="checkbox"/> Spouse / Parent Support <input type="checkbox"/> Unemployment / Disability	
4. What best describes the ongoing source of funds for this account? <input type="checkbox"/> Employment Wages <input type="checkbox"/> Gift <input type="checkbox"/> Inheritance / Trust <input type="checkbox"/> Investments <input type="checkbox"/> Legal Settlement <input type="checkbox"/> Lottery / Gaming <input type="checkbox"/> Retirement Funds <input type="checkbox"/> Savings <input type="checkbox"/> Spouse / Parent Support <input type="checkbox"/> Unemployment / Disability <input type="checkbox"/> Other - describe: _____	
5. Do you anticipate initiating/receiving international ACH or wire transfers? <input type="checkbox"/> Yes - list non-U.S. countries to be involved in these transfers (below): _____ <input type="checkbox"/> No - proceed to Page 2.	
6. What is the expected frequency of these international transfers? <input type="checkbox"/> Once or twice per year <input type="checkbox"/> Once every few months <input type="checkbox"/> Once a month <input type="checkbox"/> Several times per month	
7. What is the expected annual international transfer total? <input type="checkbox"/> \$0 - \$9,999 <input type="checkbox"/> \$10,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$249,999 <input type="checkbox"/> \$250,000 - 499,999 <input type="checkbox"/> \$500,000+	
8. Indicate purpose(s) for these international transfers: <input type="checkbox"/> Charitable Payment <input type="checkbox"/> Personal Remittance <input type="checkbox"/> Vacation / Travel <input type="checkbox"/> Commission / Payroll <input type="checkbox"/> Investment / Real Estate Opportunity <input type="checkbox"/> Personal Purchase of International Goods <input type="checkbox"/> Non-U.S. Asset Management <input type="checkbox"/> Business Expense / Income <input type="checkbox"/> Other - describe: _____	



SF1000/11-15

Your Investment Profile

Provide the following information to help us understand your investment and trading style. We will not use this information to supervise the suitability of any transaction in your account.

1. How do you primarily plan to use this account? Long-term - buy & hold investing Timely investing - trading infrequently when I see opportunity in the market Relatively frequent trading - based on market movement Active trading - on a daily basis Unsure - I am new to investing
2. Over the past 12 months, how many trades were placed across all of your brokerage accounts? 0 - 24 (0 - 2 per month) 25 - 120 (3 - 10 per month) 121 - 249 (11 - 20 per month) 250+ (21+ per month)

Co-Applicant / Authorized Person Information

This may be a custodian, trustee, guardian, trading officer or other authorized representative. For additional co-applicants, complete and attach one Co-Applicant Page per person.

Name of Individual/Organization				Phone Numbers - check preferred	
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.	First	Middle	Last	Suffix	Home <input type="checkbox"/>
Email Address				Date of Birth / Effective Date	Social Security / Tax ID #
Primary Physical Address <i>no P.O. Boxes or mail receiving / incorporation services</i>				Cell <input type="checkbox"/>	
Street				Work ext.	
City		State	ZIP		

Mailing Address *optional*

Citizenship		<i>If you will be in the U.S. 183 days or less, contact us at 866.246.1788.</i>	
1. Are you a U.S. citizen? <input type="checkbox"/> Yes - proceed to question 2. <input type="checkbox"/> No - complete section at right.		Country: _____	
2. Are you a citizen of any other non-U.S. countries? <input type="checkbox"/> Yes - list below Countries: _____		Are you a permanent U.S. resident? <input type="checkbox"/> Yes - Permanent Resident Card Number: _____ <input type="checkbox"/> No - Visa type: _____ Expiration Date (MM/DD/YYYY): _____	

Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed / business owner <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student	Employer Industry Code*	Occupation Code*
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Job Title	Job Description
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Employer	Employer Address	*See p.3 for a code list or contact us for assistance.
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Please provide the following information to help us understand your financial status. Scottrade will not use this information to supervise the suitability of any transaction in your account.

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Affiliations
This information is to comply with requirements mandated by the U.S. Government and other regulatory agencies, and to better understand your intentions for your brokerage account.

1. Are you employed by / affiliated with a securities firm, exchange or FINRA? Yes - Scottrade will inform the securities firm, exchange or FINRA of your intention to maintain this account and provide copies of confirms, statements & other requested information. **Provide organization name & compliance address in the field below.** No
2. Are you or a member of your household a control person / affiliate of a public company as defined by the SEC? Yes - provide company name & CUSIP / symbol in the "Required Information" space below. No
3. Are you currently, or have you ever been, a high-level elected / appointed government official? Yes - select from the following: U.S. Federal Gov't Official U.S. State Governor U.S. City Mayor Senior Executive / Director of a Gov't-owned Non-U.S. Entity Non-U.S. Gov't Official - provide country & title here: _____
4. Do you have an immediate family member or close associate who is or was a high-level elected / appointed government official? Yes - provide name, country, relationship & position in space below. No
Country: _____
5. Do you receive compensation, directly or indirectly, from a business related to or engaged in the growth, sale or distribution of marijuana or products containing marijuana? Yes No
Title: _____
- Required Information for "yes" Responses:*

Margin - Sign below **ONLY** if you are applying for margin privileges (not available to all account types).

By signing below, I acknowledge that I have received, read and agree to abide by the Margin provisions (Section IV) of Scottrade's Brokerage Account Agreement.

X	X
Primary Applicant's Signature _____	Co-Applicant/Authorized Person's Signature _____
Date _____	Date _____

Signatures - The following certifications and acknowledgements apply to all persons signing this application.

- Under penalties of perjury, I certify that:**
- The taxpayer identification number entered above is correct and belongs to me.
 - I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the 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.
 - I am a U.S. person (including a U.S. resident alien).
 - Any FATCA code(s) entered on this form indicating that I am exempt from FATCA reporting is correct. (Applies to foreign organizations only. Not applicable to Scottrade accounts.)
- If you are subject to backup withholding, check here:**
By checking this box, I understand that item 2 does not apply to me.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ AND AGREE TO THE TERMS OF THE SCOTTRADE® BROKERAGE ACCOUNT AGREEMENT, WHICH CONTAINS A PRE-DISPUTE ARBITRATION PROVISION ON PAGE 11, SECTION VII-B, WHICH MAY BE ENFORCED BY THE PARTIES. I FURTHER AGREE THAT MY UNINVESTED CASH BALANCES MAY BE SWEEP INTO THE SCOTTRADE® SWEEP PROGRAM AS DESCRIBED IN THE AGREEMENT.

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

X	X
Primary Applicant's Signature _____	Co-Applicant/Authorized Person's Signature _____
Date _____	Date _____

This is a reference page; you do not need to return it.

List of Available Account Types - Input the account type you're opening in the New Account Type field on Pages 1 & 2.
Additional documents may be required. Contact your local Scottrade® team with questions.

Individual	Joint - include type	Qualified Plan - include type	IRA - include type	Corporate/Partnership - include type
Custodial	• Community Property	• 401(k)	• Coverdell ESA	• Association/Non-Corporate
Conservatorship/Guardianship	• Tenants in Common	• Keogh	• Inherited	• Corporate
Trust	• Tenants by Entirety	• Profit-Sharing	• Rollover	• Investment Club
Estate	• With Rights of Survivorship (WROS)	• Money Purchase Pension	• Roth	• LLC (Limited Liability Company)
SIMPLE Plan		• Defined Benefit Plan	• SEP	• LLLP (Limited Liability Limited Partnership)
Outside Custodial IRA			• SIMPLE	• LLP (Limited Liability Partnership)
Usufruct			• Traditional	• LP (Limited Partnership)
				• Partnership
				• Sole Proprietorship - <i>Unincorporated Entity</i>

Employer Industry Codes - Input the 3-digit bolded code most closely associated with your industry in the Employer Industry Code field on Pages 1 & 2.

Accounting A11	Financial Services - Banking/Depository Institutions F21	Museums, Art Galleries and Botanical and Zoological Gardens M61
Advertising/Marketing A21	Financial Services - Brokerage/Investment Advisory/ Securities Exchanges F31	Non-Profit/NGO (Non-Government Agency)/Charity N11
Aerospace/Defense A31	Financial Services - Venture Capital/Financing (Non-Bank) F41	Parking and Car Washes P11
Agriculture/Farming/Ranching A41	Firearms and Explosives F51	Pawn Shops/Brokers P21
Amusement and Recreation A51	Forestry, Fishing, Hunting and Trapping F61	Personal Care/Hygiene (Beauty, Salon, Cosmetics, Massage, etc.) P31
Animal Services and Veterinary A61	Gaming/Casino/Card Club G11	Pharmaceuticals P41
Architecture/Design A71	Government/Public Administration G21	Printing/Publishing P51
Arts/Antiques A81	Grocery/Supermarket G31	Private Household P61
Athletics/Fitness A91	Healthcare/Medical Services H11	Professional/Civic Organizations (Non-Retail) P71
ATM/Vending Machines A22	Hotel/Hospitality H21	Real Estate R11
Automotive A32	Import/Export I11	Religious Organization R21
Aviation B11	Information Technology (IT) I21	Repair Services - Home, Auto and Other R31
Bar/Nightclub/Adult Entertainment Club C11	Insurance I31	Restaurant/Food Service R41
Childcare C21	Jewelry, Gems and Precious Metals J11	Retail Sales/Retail Trade R51
Cleaning/Janitorial/Housekeeping C31	Justice, Public Order and Safety J21	Science and Biotechnology S11
Communications/Telecommunications C41	Legal Services L11	Security S21
Construction/Carpentry/Landscaping C51	Logistics/Supply Chain L21	Transportation - Freight and Warehousing T11
Convenience Store/Liquor Store/Gas Station C61	Manufacturing M11	Transportation - People (Rail, Air and Ground) T21
Customer Service and Support C71	Maritime M21	Travel T31
Education E11	Media/Entertainment M31	Utilities (Public) U11
Embassy/Consulate E21	Mining, Oil and Gas M41	Wholesale Sales/Trade W11
Energy E31	Money Services Businesses (Check Cashing, Money Transmitting, Payday Loans, Currency Exchange) M51	
Engineering E41		
Fashion/Clothing F11		

Occupation Codes - Input the 3-digit bolded code most closely associated with your occupation in the Occupation Code field on Pages 1 & 2.

Accountant/CPA/Bookkeeper/Controller A42	Compliance/Regulatory Professional C82	Manager M71
Actuary A52	Consultant C92	Mechanic M91
Adjuster A62	Contractor C33	Military, Officer or Associated M22
Administrator A72	Counselor/Therapist C43	Mortician/Funeral Director M32
Advertiser/Marketer/PR Professional A82	Customer Service Representative C53	Nurse N21
Agent A92	Dealer D11	Nutritionist N31
Air Traffic Controller A33	Developer D21	Office Associate O11
Ambassador/Consulate Professional A43	Distributor D31	Other O21 <i>If Other, include both Occupation Code and a description in the Occupation Code box.</i>
Analyst A53	Doctor/Dentist/Veterinarian/Surgeon D41	Pharmacist P81
Appraiser A63	Driver D51	Physical Therapist P91
Architect/Designer A73	Engineer E51	Pilot P22
Artist/Performer/Actor/Dancer A83	Examiner E61	Police Officer/Firefighter/Law Enforcement Professional P32
Assistant A93	Exterminator E71	Politician P42
Athlete A44	Factory/Warehouse Worker F71	Project Manager P52
Attendant A54	Farmer/Rancher F81	Registered Rep R61
Attorney/Judge/Legal Professional A64	Financial Planner F91	Researcher R71
Auctioneer A74	Fisherman F22	Sailor/Seaman S31
Auditor A84	Flight Attendant F32	Salesperson S41
Barber/Beautician/Hairstylist B21	Human Resources Professional H31	Scientist S51
Broker B31	Importer/Exporter I41	Seamstress/Tailor S61
Business Executive (VP, Director, etc.) B41	Inspector/Investigator I51	Security Guard S71
Business Owner B51	Intern I61	Social Worker S81
Caregiver C81	Investment Advisor/Investment Manager I71	Teacher/Professor T41
Carpenter/Construction Worker C91	Investor I81	Technician T51
Cashier C22	IT Professional/IT Associate I91	Teller T61
Chef/Cook C32	Janitor J31	Tradesperson/Craftsperson T71
Chiropractor C42	Jeweler J41	Trainer/Instructor T81
Civil Servant C52	Laborer L31	Transporter T91
Clergy C62	Landscaper L41	Underwriter U21
Clerk C72	Lending Professional L51	Writer/Journalist/Editor W21