

Client Profile

Full Name (Custodian)
Name _____
Date of Birth _____
(Minor)
Joint Tenant (if any) _____
Date of Birth _____

If this is a joint account, it is the express intention of the undersigned that ownership of this account be vested in them as (check one):

- Joint tenants** with rights of survivorship and not as tenants in common or as tenants by the entirety. In the event of the death of either of any in any of the undersigned, the entire interest in the Joint Account shall be vested in the survivor or survivors on the same terms and of the without in any manner releasing the undersigned or their estates from the liability provided for in this Agreement.
- Tenants in common.** In the event of the death either or any of the undersigned, the interests in the tenancy shall be equal unless otherwise specified immediately below.

If interests are not to be equal, designate the percentage interest of each tenant.

Name _____	% _____	Name _____	% _____	Name _____	% _____
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*If you do not choose, the account will be registered as Joint Tenants with Rights of Survivorship.

Please indicate your investment objectives:

- Preservation of Capital (01) Income (02) Capital Appreciation (03) Speculation (04)
 Trading Profits (05) Other (06) _____

Optional Information

Risk Tolerance: Conservative Moderate Aggressive Combination _____
General Investment Knowledge: Extensive _____ Limited _____ Novice _____
Specific Investment Knowledge: Stocks _____ Bonds _____ Mutual Funds _____
 Options _____ Variable Contracts _____ Limited Partnerships _____
Time Horizon: Short (0-4) Intermediate (5-10) Long (over 10 years) Combination _____

Registration Individual Joint Custodian Estate (supply estate papers) Trust (additional papers are required)
 Other (please specify) _____

Type of Account Cash Margin (Margin of agreement must be completed) Option (Option of agreement must be completed)

CUSTOMER

Address Mailing Address Number/Street _____
City _____ State/Zip _____
*(If using a P.O. Box must indicate your legal street address below)

Legal Address (if different than mailing address) *Number/Street _____
City _____ State/Zip _____

Telephone Numbers Daytime () _____ Evening () _____

Citizenship _____
If Non-Resident, Indicate Country _____ & Passport No. _____

Employment Employer _____
Type of Business _____ Position/Title _____
Number/Street _____
City _____ State/Zip _____

If you are not currently employed, please provide the amount and source of your annual income here:
Amount _____ Source _____

Bank Reference Name of Bank _____ Account No. _____
Branch/City _____ State/Zip _____

For internal use only

_____	Account Office Manager	_____	Date	_____	Account Number
_____	Registered Rep	_____	Date		

JOINT TENANT

Address Mailing Address Number/Street _____
City _____ State/Zip _____
*(If using a P.O. Box must indicate your legal street address below)

Legal Address *Number/Street _____
City _____ State/Zip _____

Telephone Numbers Daytime () _____ Evening () _____

Citizenship _____
If Non-Resident, Indicate Country _____ & Passport No. _____

Employment Employer _____
Type of Business _____ Position/Title _____
Number/Street _____
City _____ State/Zip _____
If you are not currently employed, please provide the amount and source of your annual income here:
Amount _____ Source _____

Bank Reference Name of Bank _____ Account No. _____
Branch/City _____ State/Zip _____

Annual Income **Approximate annual income from all sources:** (For joint account check your combined income.)
 Under \$25,000 \$25,000-\$50,000 \$50,000-\$100,000 \$100,000-\$500,000
 Please state amount \$ _____

Estimated Net Worth: (Exclusive of home and farm) Under \$50,000 \$50,000-\$100,000 \$100,000-\$500,000
 Over \$500,000 **Please state amount \$** _____

Investable Assets: (Including cash and securities) Under \$50,000 \$50,000-\$100,000 \$100,000-\$500,000
 Over \$500,000 **Please state amount \$** _____

Tax Bracket 15% 20% 25% 30% +40%

Personal Information Marital Status: Single Married
 Number of Dependents _____ Date of Birth ____/____/____ Age _____

Affiliation and Acknowledge I am affiliated with, or work for a stock exchange or a member firm of an exchange or the NASD

 (Please indicate name of firm)
 (Notification of your intent to open an account will be sent to your employer in accordance with current regulation.)
 I am a director, 10% shareholder, policymaking executive officer of a public traded company
 (If so, provide name of company) _____
 If you have checked any of the above, please supply account number(s) of other accounts you have with us.

Power of Attorney Have you granted trading authorization to someone other than the account owner(s)? Yes No
 If so, please attach the trading authorization unless you have previously provided it to us.
 Please indicate the relationship between you and your agent (e.g. investment advisor, family member, trustee, etc.)

Account Service Instruction	Purchases	Sales	Dividends and Interest
	<input type="checkbox"/> Hold Securities	<input type="checkbox"/> Hold proceeds in brokerage account	
	<input type="checkbox"/> Send me certificates	<input type="checkbox"/> Send me proceeds	<input type="checkbox"/> Pay all dividends and interest in cash and reinvest all of my mutual fund dividends <small>(Applies to funds held as positions in brokerage account.)</small>
		(Please fill out the Trade Settlement Authorization Section which follows.)	<input type="checkbox"/> Pay all my dividends and interest in cash and hold them in my account
			<input type="checkbox"/> The Company issuing dividend decides whether it is in stock or cash

Please Read the Client Agreement and Sign Your Name

I am at least 18 years of age and am of full legal age in the state in which I reside. In consideration of your accepting one or more Accounts, I hereby acknowledge that I have read, understood and agreed to the terms set forth in the Customer Agreement herein. I understand that upon issuer's request, in accordance with applicable rules and regulations, My Adviser will disclose my name to issuers of securities if securities are held in my account so that I can receive important information unless I do not consent to disclosure and I will notify My Broker/Dealer if I do not consent.

I understand that telephone calls to Adviser may be recorded and hereby consent to such recording. Reports of executions of orders and statements of my account shall be conclusive if not objected to in writing within five (5) days and ten (10) days respectively, after transmitted to me by mail or otherwise.

I REPRESENT THAT I HAVE READ THE TERMS AND CONDITION GOVERNING THIS ACCOUNT AND AGREE TO BE BOUND BY SUCH TERMS AND CONDITIONS AS CURRENTLY IN EFFECT AND AS MAY BE AMENDED FROM TIME TO TIME.

Signature / Date

Signature of Joint Tenant (if any) / Date

Joint Account Holders (if any) / Date

Joint Account Holders (if any) / Date