

Account Application

Advisory - Non-Retirement

A1

Account Number

Rep ID

Financial advisor instructions: To be used for all Advisory non-retirement accounts. For more detailed information on the appropriate paperwork requirements for all registration types, please consult the appropriate account opening checklist located in the resource center. For existing accounts, this form should only be used for adding or removing account holders or to change the registration.

Please fax the completed form to New Accounts at (858) 202-8325.

ATTENTION: Any alterations must be initialed by all account holders.

Section I: Account Information

1. Account Type: (choose only one)

Account updates required by LPL Operations

Each account holder must receive, read and understand the contents of the applicable Account Packet referenced below based on the account type selected. This separate packet contains the Account Agreement and any Program Brochures that detail the relationship between you, your Advisor, LPL Financial ("LPL") and other related parties as applicable to your account.

- SWM Brokerage (Account Packet - SWM)
- SWM Brokerage II (Account Packet - SWM)
- Manager Access Select (Account Packet - MAS)
- Manager Access Network (Account Packet - MAN)
- Optimum Market Portfolios Advisory (Account Packet - OMP)
- Model Wealth Portfolios (Account Packet - MWP)
- Personal Wealth Portfolios (Account Packet - PWP)

2. Registration Type: (choose only one)

- Individual
- Tenants in Common
- Community Property
- Joint Tenants With Right of Survivorship
- Other (Please specify):
- Guardianship/Conservatorship*
- Custodian for Minor
- Coverdell ESA*
- Estate*
- Personal Trust*
- Partnership*
- Limited Liability Company*
- Corporate*
- Non-Profit Organization*
- Omnibus*

*Additional documentation required. Financial advisor should refer to the detailed procedures for the registration type on the Resource Center.

Is this account for a Government Entity? Yes No

Is your account holder considered an "institutional account" based on one or more of the following definitions per FINRA Rule 4512(c): Yes No

1. A bank, savings and loan association, insurance company or registered investment company;
2. An investment adviser registered either with the SEC under Section 203 of the Investment Advisers Act or with a state securities commission (or any agency or office performing like functions); or
3. Any other person (whether a natural person, corporation, partnership, trust or otherwise) with total assets of at least \$50 million

3. Registration Information

Social Security Number or Tax ID

Account Registration

Home Phone

Mobile Phone

Fill in your current residency status: (choose only one)

- U.S. Citizen
- Resident Alien
- Non-Resident Alien

Country of Citizenship

Mailing Address

Business Phone

Fax Number



Section II: Investment Objective and Risk Tolerance

1. Select the investment objective that most accurately reflects the goals for this account: (choose only one)

The investment objectives are overall objectives for the entire account and may be inconsistent with a particular holding at any time. Please note that achievement of the stated investment objectives is a long-term goal for the account. These choices are listed in order from what is considered to be conservative to highest risk. There is no guarantee that the investment objective will be achieved.

- A. Income with Capital Preservation. Designed as a longer term accumulation account, this is considered generally the most conservative investment objective. Emphasis is placed on generation of current income and prevention of capital loss. Lowering the risk generally means lowering the potential income and overall return.
- B. Income with Moderate Growth. Emphasis is placed on generation of current income with a secondary focus on moderate capital growth.
- C. Growth with Income. Emphasis is placed on modest capital growth with some focus on generation of current income.
- D. Growth. Emphasis is placed on achieving high long-term growth and capital appreciation. There is little focus on generation of current income.
- E. Aggressive Growth. Emphasis is placed on aggressive growth and maximum capital appreciation. No focus on generation of current income. This objective has a very high level of risk and is for investors with a longer time horizon.

ATTENTION: If you select an objective and cross it out to choose another, the change must be initialed by all account holders.

Section III: Account Holder Information

For corporate, LLC, non-profit organization, partnership, and investment club accounts, this section is NOT required. Complete the appropriate supplementary documentation instead. For additional account holders, complete the Supplemental Account Application (F1C).

1. Primary Information

Primary Account Holder/Trustee/Minor/Auth. Officer <input style="width: 100%;" type="text"/>			Occupation (former if retired or unemployed) <input style="width: 100%;" type="text"/>		ID Type (Ex: Driver's License, Passport, etc.) <input style="width: 100%;" type="text"/>
Social Security Number <input style="width: 150px;" type="text"/>	Date of Birth <input style="width: 100px;" type="text"/>	No. of Dependents <input style="width: 100px;" type="text"/>	Industry (former if retired) <input style="width: 100%;" type="text"/>		ID Place of Issuance <input style="width: 100%;" type="text"/>
Residence Address (no P. O. Boxes) <input type="checkbox"/> Same as mailing address <input style="width: 100%;" type="text"/>			Employer Name <input type="checkbox"/> Mark here if retired or unemployed <input style="width: 100%;" type="text"/>		ID Number <input style="width: 100%;" type="text"/>
Country of Citizenship <input style="width: 100%;" type="text"/>			Employment Address (no P.O. boxes) <input style="width: 100%;" type="text"/>	ID Issuance Date <input style="width: 100px;" type="text"/>	ID Expiration Date <input style="width: 100px;" type="text"/>
Home Phone <input style="width: 150px;" type="text"/>	Mobile Phone <input style="width: 150px;" type="text"/>	Business Phone <input style="width: 150px;" type="text"/>		ID verified? <input type="radio"/> Yes <input type="radio"/> No	
			Fax Number <input style="width: 100%;" type="text"/>		

Is this account for the benefit of a Politically Exposed Person (PEP)*? Yes No

If yes, define PEP position:

*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.

The trusted contact person is intended to be a resource for LPL in administering your accounts, protecting your assets, and responding to possible financial exploitation (refer to account packet/agreement for more details). Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

I decline to provide a trusted contact person at this time.

Trusted Contact Name <input style="width: 100%;" type="text"/>	Trusted Contact Email <input style="width: 100%;" type="text"/>
Trusted Contact Address <input style="width: 100%;" type="text"/>	
Trusted Contact Primary Phone <input style="width: 150px;" type="text"/>	Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other) <input style="width: 100%;" type="text"/>



Section III: Account Holder Information (continued)

1. Primary Information (continued)

Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA	Relationship to Account Holder of Person Associated with Firm or FINRA	Name of Associated Firm (if FINRA, list FINRA)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address of Person Associated with Firm or FINRA	Corporate Compliance Mailing Address of Firm
<input type="text"/>	<input type="text"/>

Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.

2. Secondary Information

Secondary Account Holder/Trustee/Custodian/Fiduciary			Occupation (former if retired or unemployed)	ID Type (Ex: Driver's License, Passport, etc.)
<input type="text"/>			<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth	No. of Dependents	Industry (former if retired)	ID Place of Issuance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residence Address (no P. O. Boxes) <input type="checkbox"/> Same as mailing address			Employer Name <input type="checkbox"/> Mark here if retired or unemployed	ID Number
<input type="text"/>			<input type="text"/>	<input type="text"/>
<input type="text"/>			Employment Address (no P.O. boxes)	ID Issuance Date
Country of Citizenship			<input type="text"/>	ID Expiration Date
<input type="text"/>			<input type="text"/>	<input type="text"/>
Home Phone	Mobile Phone	Business Phone	ID verified? <input type="radio"/> Yes <input type="radio"/> No	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Fax Number				
<input type="text"/>				

Is this account for the benefit of a Politically Exposed Person (PEP)*? Yes No

If yes, define PEP position:

*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.

The trusted contact person is intended to be a resource for LPL in administering your accounts, protecting your assets, and responding to possible financial exploitation (refer to account packet/agreement for more details). Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

I decline to provide a trusted contact person at this time.

Trusted Contact Name	Trusted Contact Email
<input type="text"/>	<input type="text"/>

Trusted Contact Address

Trusted Contact Primary Phone	Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other)
<input type="text"/>	<input type="text"/>



Section III: Account Holder Information (continued)

2. Secondary Information

Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA	Relationship to Account Holder of Person Associated with Firm or FINRA	Name of Associated Firm (if FINRA, list FINRA)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address of Person Associated with Firm or FINRA	Corporate Compliance Mailing Address of Firm
<input type="text"/>	<input type="text"/>

Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months. Name of Corporation(s)

Section IV: Financial Information and Experience

1. Enter the letter that corresponds to the correct range:

Annual income? Net worth? (exclusive of primary residence) Liquid net worth?* Approximate account value?**

A. \$1 - \$24,999	B. \$25,000 - \$49,999	C. \$50,000 - \$99,999	D. \$100,000 - \$249,999	E. \$250,000 - \$499,999
F. \$500,000 - \$749,999	G. \$750,000 - \$999,999	H. \$1,000,000 and over		

Specify the exact Source of Account Holder Wealth and Income (e.g. Inheritance, employment salary, sale of real estate, etc.) Federal income tax bracket? (%)

Investment Experience (total number of years):

Indicate the number of years of experience for each investment type:

Annuities Mutual Funds Partnerships Margin Stocks Bonds Options

Other (please specify):

What are your assets/investments (includes positions held outside and by LPL in this and other accounts)? Please indicate percentage of assets in whole numbers exclusive of primary home (must equal 100%). Do not provide percentages in fractions or decimals.

Real Estate	___%	Mutual Funds	___%	Checking / Savings	___%	Annuities	___%
Insurance	___%	Equities	___%	Alternative Investments	___%	Bonds	___%
Other	___%	If Other, please explain <input type="text"/>					

*Liquid net worth is exclusive of real estate; only include assets that can be liquidated within 30 days.
 **Account minimums apply; see the applicable Account Packet for details or ask your financial advisor.

2. Investment Time Horizon and Liquidity Needs

What is your investment time horizon for this account? 1-3 years 3-5 years 5-10 years More than 10 years

Do you have liquidity needs from the funds in this account? Yes No

If yes, when do you need these funds? 0-3 years More than 3 years

If yes, specify the approximate dollar amount for the time range indicated above \$ _____

Section V: Advisory Account Information

1. Primary Financial Advisor Information

Advisor Firm Name	Firm ID	Business Address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorized Person Name	Business Phone	<input type="text"/>
<input type="text"/>	<input type="text"/>	



Section V: Advisory Account Information (continued)

2. Annual Account Fee Information (continued)

One of the following fee instruction areas is required to be completed. If left blank, or the Tiered Account Fee Authorization Form is not received, then the application will be rejected.

For SWM, SWM II, OMP-R, MAS, and/or PWP-R only:

Note: Tiered Account Fees are not available for PWP-R

Total Account Fee

(%) OR Check here if account will be set up for Tiered Account Fee* OR Custom Billing** Schedules

* The Form F521 (Tiered Account Fee (TAF) Authorization) is required to be submitted with this application. TAF set up for eligible accounts must be completed prior to Form F521 submission.

**The Form F482 (Advisory Fee Payment Authorization) is only available for SWM or SWM II; the completed Form F482 is required to be submitted with this application. Your firm must be preapproved for Custom Billing Schedules prior to submitting the F482 form.

For MWP only:

Account Fee = Advisor Fee: (%) + Strategist Fee* (if applicable) + LPL Program Fee*

* Please refer to the Account Agreement for a description of the Strategist Fee and the LPL Program Fee.

* Please note that Tiered Account Fees are not available for MWP.

For MAN only:

Manager Access Network (MAN) Account Fee Breakdown

My Advisor's fee at the annual fee rate of _____%

Portfolio Manager's fee at the annual rate of _____%

LPL's fee at the annual rate of _____%*

For a total annual rate of _____%

* For information about LPL's fee, see the Account Packet - MAN.

3. Client Authorization

Trading Authorization: By signing this application, I authorize LPL to execute trades or update investment instructions in this account at the direction of the Advisor named above or for MAS - SMA Platform and MAN accounts, the portfolio manager named in Section VI.

Disbursement Authorization: By signing this application, I authorize LPL to disburse assets from this account for investment purposes or to me personally at the direction of the advisor named above pursuant to the terms of the applicable Account Agreement.

Fee Payment Authorization: By signing this application, I authorize LPL to automatically deduct my account fee at the annual rate detailed above and pay the advisory fee to the advisor named above.

Account Information: By signing this application, I authorize LPL to send information regarding my account, including trade confirmations and account statements, to the Advisor named above or for MAS - SMA Platform and MAN accounts, the portfolio manager named in Section VI.

4. Commissions on Trades from Accounts Outside of LPL (Optional)

Financial Advisor(s): mark here if you wish to apply a fee credit to the assets (cash or securities) being deposited into this account where a commission was earned by you within the past two years. Please provide trade details below to apply a fee credit:

Purchase Date	Purchase Amount	Investment Name	Fund Class	CUSIP/Symbol	Commission
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>



Section V: Advisory Account Information (continued)

5. Specific Securities Restrictions

Mark here if you wish to restrict specific securities, categories, groups or sectors from your account (for PWP and MAS accounts only). In order to facilitate these restrictions, please provide restriction details below.*

Please provide the symbol (common stock) or the category, sector or group name or code. Restrictions do not apply to mutual funds.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Financial advisor should refer to the Resource Center for detailed information on the restriction options available for PWP accounts.

*Certain restrictions may require further review with LPL and your financial advisor (attach additional pages if necessary).

6. Proxies / Corporate Actions (For SWM, SWM II)

- I designate Advisor to receive all proxy voting materials and materials related to corporate actions and authorize LPL to accept instructions from Advisor as to the voting of proxies and the taking of corporate actions. Advisor has discretion over my account with respect to proxy voting and corporate actions pursuant to a separate written advisory agreement.
- I wish to be sent all proxy voting materials related to corporate actions. I will be responsible for decisions related to proxy voting and the taking of corporate actions. This selection will be the default and change will need an updated form.

Section VI: Portfolio Manager Account Information

1. Complete This Section for Manager Access Select Accounts Only

Account Type (choose either SMA Platform or Model Delivery Platform):

- SMA Platform (SMA Portfolio Manager indicated below has discretionary authority)

SMA Portfolio Manager Name

Asset Class* Investment Style*

Did the SMA Portfolio Manager indicated above previously manage the assets in this account? Yes No

Accepted by SMA Portfolio Manager / Authorized Person Signature _____ Accepted by SMA Portfolio Manager / Authorized Person Name (print) _____ Date (required) _____

- Model Delivery Platform (LPL has discretionary authority)

Model Advisor Name

Asset Class* Investment Style*

*Financial advisor should refer to the Participation List on the Resource Center for detailed information on each SMA Portfolio Manager and Model Advisor, their available asset classes and investment styles.

2. Complete This Section for Manager Access Network Accounts Only

Portfolio Manager Name

Asset Class* Investment Style*

Did the Portfolio Manager indicated above previously manage the assets in this account? Yes No

Accepted by Portfolio Manager / Authorized Person Signature _____ Accepted by Portfolio Manager / Authorized Person Name (print) _____ Date (required) _____

*Financial advisor should refer to the Participation List on the Resource Center for detailed information on each Portfolio Manager, their available asset classes and investment styles.

Section VII: Margin Agreement (not all account types are eligible to have margin, ask your financial advisor for details)

1. Margin Disclosure Statement Information

A margin account allows you to borrow against eligible securities or purchase securities on margin. Initial below if you want to establish a margin account and to indicate that you have received the Margin Disclosure Statement, have read the margin disclosure section in the Account Packet referenced in Section I, and agree to the terms and conditions.

Date Margin Disclosure Statement provided: ALL account holders must initial.

Initials Initials Initials Initials



Section VIII: Acknowledgment and Execution

1. Delivery Preferences If you have provided your email address in this application, you may elect to receive documents from LPL electronically.

Email []

- Yes, I want to receive documents from LPL electronically...
No, I do not want to receive documents from LPL electronically.

You may revoke your election to receive electronic documents or request paper copies of electronic documents at any time by logging into Account View or contacting your Financial Advisor.

2. Suppression of Confirmations (for PWP, MWP, MAS and MAN accounts only):

By initialing below, I hereby elect not to receive immediate trade confirmations from LPL for each transaction in the account. Information from the confirmation will be reported on my brokerage account statement.

Initials Initials Initials Initials

3. Name Differences/One and the Same Information (not to be used in lieu of court documentation for legal name changes)

List any name differences that you are known by or commonly use in the space provided. By listing the names below and signing Section VIII, you are authorizing LPL to accept transactions and follow instructions under all names listed.

[]

4. Acknowledgment

I acknowledge by signing below that I have received, read, understand and agree to the terms of this Account Application and the applicable Account Agreement (included in the Account Packet specified in Section I). Additionally I certify the following:

- All of the information provided in this Account Application is true, correct, and complete and I agree to notify LPL of any changes to the information.
For MAS, MWP, OMP and PWP accounts, I have received the Advisory Program Brochure included as part of the applicable Account Packet.
I understand that LPL will supply my name to issuers of any securities held in my account so that I may receive important information regarding those securities, unless I notify LPL in writing not to do so.
I acknowledge that proceeds from liquefied home equity on my primary residence will not be used to fund this account.
I understand and acknowledge that I have granted discretionary authority in the Account Agreement to trade securities in my account to LPL in the case of OMP, PWP, MWP and Manager Access Select - Model Delivery Platform accounts, and to the SMA Portfolio Manager in the case of Manager Access Select - SMA Platform accounts.
I have discussed with my financial advisor the investment objective selected for the account in Section II of this Application, and for MWP, PWP, OMP and Manager Access Select - Model Delivery Platform accounts, the model portfolios to be selected for my account.
I understand that investing through an advisory account involves investment risk, including the risk of loss. I am prepared to bear the risks associated with my investments.
This account is governed by and I acknowledge receipt of the predispute arbitration clause that is located in the last numbered section of the Account Agreement (included in the Account Packet specified in Section I), which is incorporated by reference into this Account Application.
I authorize LPL to contact my trusted contact person listed above. I understand that providing this information is optional and I may withdraw it at any time.
I understand no portion of this account can be used as collateral without authorization of LPL Home Office which shall be obtained through the completion of required LPL documentation.
In the event that I choose to pledge eligible LPL accounts as collateral to a lender for a loan or line of credit, I acknowledge that I cannot and will not use the proceeds from any loan or line of credit to purchase securities.

Under penalties of perjury, I hereby certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) 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 a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I attest I am exempt from FATCA Reporting. (However, if you provide an IRS W-8 form, it will supersede this statement and you may be subject to FATCA Reporting.) (Cross out (2) if subject to backup withholding.) The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

Account Holder Signature Account Holder Name (print) Date (required)

Account Holder Signature Account Holder Name (print) Date (required)

Account Holder Signature Account Holder Name (print) Date (required)

Account Holder Signature Account Holder Name (print) Date (required)



Section VIII: Acknowledgment and Execution (continued)

5. Advisor Use Only

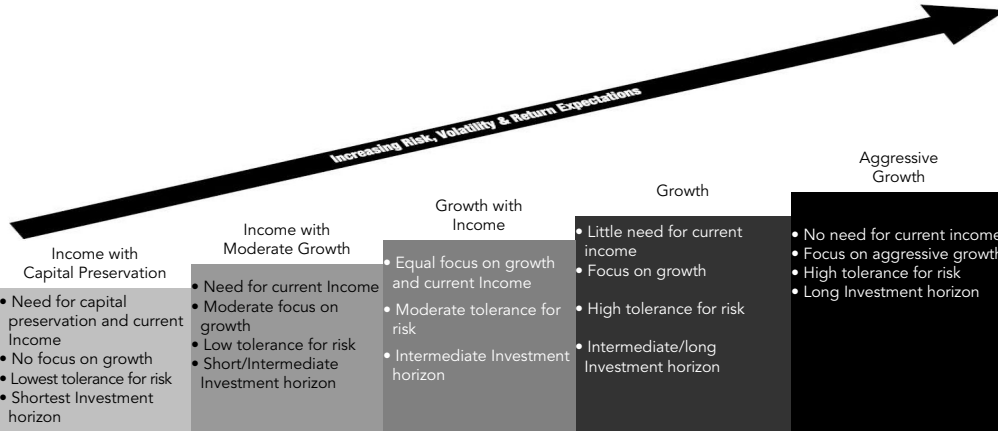
I have reviewed this document for completeness, accuracy, suitability, and proper disclosures. If this account was opened online and the automated check against the OFAC list of specially designated nationals (SDNs) resulted in a match to the account holder's name, I have confirmed that the account holder is not the same person listed by OFAC. If this account is opened by the home office, I have checked the list of SDNs and either the account holder's name does not appear or, if the account holder's name is the same as the name of a SDN, the account holder is not the person listed by OFAC. I have also provided the account holder with the CIP disclosure either in writing or verbally. For MAS, MAN, MWP, OMP and PWP accounts, I acknowledge and accept that I am a party to the applicable Account Agreement. I have determined that any liquidation of previously purchased investments to deposit assets into this account is suitable for the account holder and have disclosed to the account holder all costs incurred by the account holder to liquidate such investments.

Financial Advisor / Authorized Person Signature

Financial Advisor / Authorized Person Name (print)

Rep ID

Date (required)



Historical Trade-Off Between Risk, Volatility & Investment Return:

This chart illustrates five investment objectives. Match your investment needs with the characteristics listed below each investment objective to determine which objective most accurately represents your situation.

