

# Account Application Non-Retirement

A1

Account Number

Rep ID

Financial advisor instructions: To be used for all brokerage and direct business 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 (LPL Master - Account Agreement). This separate packet contains the Account Agreement that details the relationship between you, your financial advisor, LPL Financial ("LPL") and other related parties, as applicable, to your account.

- Brokerage     Direct Business     OMP Brokerage\* (for updates to existing accounts only)     Other (Please specify):

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

### 2. Registration Type: (choose only one)

- Individual     Guardianship/Conservatorship\*     Estate\*     Corporate\*  
 Tenants in Common     Custodian for Minor     Personal Trust\*     Non-Profit Organization\*  
 Community Property     Coverdell ESA\*     Partnership\*     Omnibus\*  
 Joint Tenants With Right of Survivorship     529 Plan (Direct Business Only)     Limited Liability Company\*  
 Other (Please specify):

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

### 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

Is this account for a Government Entity?

Yes     No

1. If yes, is this account for a municipal entity?

Yes     No

Answer the question below only if you answered "yes" this is a municipal entity – If you answered "No" this is not a municipal entity, you may skip and move to the next question.

2. Will this municipal account contain proceeds of municipal securities or municipal escrow investments?

Yes     No

a) If "yes", this municipal account holds or intends to hold proceeds of municipal securities or municipal escrow investments, then this account is prohibited per LPL's policy (questions regarding policy: x6835).

b) If "no", this municipal account does not hold nor will it hold proceeds of municipal securities or municipal escrow investments. Please list below the source of funds that will be invested in this account:

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



**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 with minimal risk 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.
- F. Trading. Emphasis is placed on speculative transaction activity. This objective represents acceptance of an extremely high level of risk.

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-R).

**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: 150px;" 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"/>
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Trusted Contact Address

Trusted Contact Primary Phone <input style="width: 150px;" type="text"/>	Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other) <input style="width: 150px;" type="text"/>
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**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. Name of Corporation(s)

**2. Secondary Information**

Secondary Account Holder/Trustee/Minor/Auth. Officer			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"/>	<input type="text"/>
<input type="text"/>			ID Expiration Date	ID verified? <input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>			<input type="text"/>	<input type="text"/>
Home Phone	Mobile Phone	Business Phone	Fax Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 (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. Name of Corporation(s)

**Section IV: Financial Information and Experience**

**1. Investment Information**

Enter the letter that corresponds to the correct range:

Annual income? <input type="text"/>	Net worth? (exclusive of primary residence) <input type="text"/>	Liquid net worth?* <input type="text"/>	Approximate account value?** <input type="text"/>
A. \$1 - \$24,999	B. \$25,000 - \$49,999	C. \$50,000 - \$99,999	D. \$100,000 - \$249,999
F. \$500,000 - \$749,999	G. \$750,000 - \$999,999	H. \$1,000,000 and over	E. \$250,000 - \$499,999

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 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. 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 IV: Financial Information and Experience (continued)**

**3. Investment Technique(s) / Strategy(ies)**

Only applicable if the advisor recommended the investment technique(s) / strategy(ies) to the account holder for this account. If applicable, select all that apply:

- Asset Allocation - Establishing a suitable base investment mix and periodically rebalance the portfolio in order to maintain a long-term goal for asset allocation.
- Buy and Hold - Intending to buy and hold securities for a long period of time, regardless of fluctuations in the market; not concerned with short-term price movements or technical indicators.
- Dollar Cost Averaging - Designed to potentially reduce volatility in which securities, typically mutual funds, are purchased in fixed dollar amounts at regular intervals, regardless of what direction the market is moving.
- Hedging - Investing with the goal to reduce the risk of adverse price movements in a security or securities, by taking an offsetting position in a related security, such as using derivatives, options, short sales or being long in an offsetting position some of which may require additional forms and approval.
- Indexing/Passive Investing - Purchasing of investment products with returns that correlate to a specified index.
- Liquidations - Converting securities into cash or equivalents by selling them.
- Non-Related Asset Investing - Purchasing assets that tend to change in value independent of the core financial markets such as stocks and bonds. Alternative investments and precious metals are examples of assets that can be used in a non-correlated investment strategy in an attempt to counter the price movements of a traditional investment portfolio.
- Trading on Margin - With an approved Margin agreement on file, borrowing against eligible securities or the purchase of securities on credit.
- Other (please specify): \_\_\_\_\_

**Section V: Margin Agreement**

**1. Margin Disclosure Statement Information** (not all account types are eligible to have margin, ask your financial advisor for details)

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 VI: 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 (including account statements, trade confirmations and performance reports). I acknowledge that I need to (i) maintain an active email account to receive notifications from LPL when documents are available and (ii) login to Account View and accept its terms and conditions of use before I am able to view the documents electronically.
- No, I do not want to receive documents from LPL electronically. Please send me paper copies of all communications related to my account. This is the default selection if "Yes" is not selected above.

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. 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 VI, you are authorizing LPL to accept transactions and follow instructions under all names listed.



**Section VI: Acknowledgment and Execution (continued)**

**3. 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.
- 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 agree that it is my responsibility to inform my financial advisor any time I purchase class A shares of a mutual fund in the same fund family as a fund that I own either individually or in related accounts, in order to ensure that I receive the appropriate commission discount.
- I have discussed with my financial advisor the investment objective selected for the account in Section II of this Application.
- I understand that investing through a brokerage account involves investment risk, including the risk of loss. I am prepared to bear the risks associated with my investments.
- 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.

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.

Account Holder Signature	Account Holder Name (print)	Date
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Account Holder Signature	Account Holder Name (print)	Date
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Account Holder Signature	Account Holder Name (print)	Date
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Account Holder Signature	Account Holder Name (print)	Date
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**4. Branch 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.

Financial Advisor / Authorized Person Signature	Financial Advisor / Authorized Person Name (print)	Rep ID	Date (required)
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Joint Financial Advisor / Authorized Person Signature	Joint Financial Advisor / Authorized Person Name (print)	Rep ID	Date (required)
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Joint Financial Advisor / Authorized Person Signature	Joint Financial Advisor / Authorized Person Name (print)	Rep ID	Date (required)
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