Brokerage Option Application

Effective May 22, 2009

Use this application to request approval to buy and sell standardized options in a rokerage Services® account. Use a separate application for each account.

Print in capital letters and use black ink.

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| | |

Questions? Call 800-992-8327.

If you need other applications or forms or want to complete this application online, visit our website at www.

1. Account Seeking Approval for Options Trading Check one.

| ☐ Existing ★ Prokerage Account. | |
|---|--|
| Account Number | |
| New Srokerage Account. Complete a Browith this application. | kerage Account Application and mail it |

2. Account Owner Information Provide all of the requested information.

| Name of Owner, Minor, Tr | ustee, or Organization Representative first, middle initial, last |
|--------------------------|---|
| Birth Date mm/dd/yyyy | Social Security Number or Taxpayer ID Number |
| Marital Status: Sin | gle |
| Number of Dependents & | excluding account owner |
| Name of Joint Owner, Cu | stodian, Co-Trustee, or Organization Representative |
| Birth Date mm/dd/yyyy | Social Security Number or Taxpayer ID Number |
| Marital Status: Sin | gle Married |
| Number of Dependents | excluding joint account owner |



3. Employment and Affiliation Information

The following information is required by industry regulations. If there are more than two owners or authorized persons, provide the information on a separate sheet.

| | Employment of | Owner, Custodiar | , Trustee, or Org | anization Re | presentative |
|--|---|-------------------------------|---------------------|--------------|--|
| | ☐ Employed* | ☐ Self-Employed | i* ☐ Student* | ☐ Retired | ☐ Not Employed |
| g , man | | Iltant, indicate the natu | | | n: If you are self-employed t, provide the name and |
| If you do not | Occupation | | | | |
| entire section, we will not be able to process your application. | Name of Employe | r, Nature of Your B us | iness, or Name of S | chool | |
| убиг аррпсацоп. | Street Address of I | Employer, Your Busir | ess, or School | | |
| | City, State, Zip | | | | Country if not U.S. |
| | ☐ I am, or my spouse is, a employee. ☐ I am affiliated with, or employed by, a stock exchange or member firm of an exchange or FINRA, or a municipal securities broker-dealer. If you check this box, you must provide a letter of account approval from that firm's compliance officer along with this application. We will automatically send duplicate copies of confirmations and statements to the firm. Failure to include an approval letter may delay the processing of your application. An account approval letter is not required for FINRA, New York Stock Exchange, or employees. | | | | |
| | I am a "control person" or "affiliate" of a public company as defined in Securities and Exchange Commission (SEC) Rule 144. This would include, but is not necessarily limited to, 10% shareholders, policy-making executives, and members of the Board of Directors. If you check this box, you must provide the name and trading symbol of the company below. If you are a "control person" or "affiliate" of more than one company, list the additional companies and their trading symbols below. | | | | |
| | Name of Company | • | | | Trading Symbol |



| | Employment of Joint Owner, Co-Trustee, or Organization Rep | resentative |
|---|---|-------------------------|
| | ☐ Employed* ☐ Self-Employed* ☐ Student* ☐ Retired | d □ Not Employed |
| | *If you checked any of these boxes, you must also provide the following information if you are a consultant, indicate the nature of your business. If you are a stude address of your school. | |
| If you do not complete this entire section, | Occupation | |
| able to process | Name of Employer, Nature of Your Business, or Name of School | |
| your application. | Street Address of Employer, Your Business, or School | |
| | City, State, Zip | Country if not U.S. |
| , | Affiliation Check all that apply, regardless of employment or retirement. | status. |
| | | |
| | I am affiliated with, or employed by, a stock exchange or mem or FINRA, or a municipal securities broker-dealer. | ber firm of an exchange |
| | If you check this box, you must provide a letter of account approval from officer along with this application. We will automatically send duplicate count statements to the firm. | |
| | Failure to include an approval letter may delay the processing of your app approval letter is not required for FINRA, New York Stock Exchange, or | |
| | ☐ I am a "control person" or "affiliate" of a public company as defin | |
| | This would include, but is not necessarily limited to, 10% shareholders, pand members of the Board of Directors. | * 4 |
| | If you check this box, you must provide the name and trading symbol of If you are a "control person" or "affiliate" of more than one company, lis and their trading symbols below. | |
| | Name of Company | Trading Symbol |



4. Financial Information

Liquid net worth should not exceed > total net worth.

Liquid net worth cash, securities, etc.

Total net worth excluding primary residence

\$

Approximate annual income For trusts or organization accounts, provide the financial information based on the assets and income of the trust or organization.

\$

5. Trading Experience Provide all of the requested information.

Account Owner, Custodian, Trustee, or Organization Representative

Provide ALL of the information requested in each box—even if the number or amount is zero. This will avoid delays in processing your application.

| Stocks | Number of years trading | Number of trades per year | Average amount per trade \$ |
|---------|-------------------------|---------------------------|-----------------------------|
| Bonds | Number of years trading | Number of trades per year | Average amount per trade \$ |
| Options | Number of years trading | Number of trades per year | Average amount per trade \$ |

Joint Owner, Co-Trustee, or Organization Representative

Provide ALL of the information requested in each box—even if the number or amount is zero. This will avoid delays in processing your application.

| Stocks | Number of years | trading | Number of trades per year | Average'amount per trade \$ |
|---------|-----------------|---------|---------------------------|-----------------------------|
| Bonds | Number of years | trading | Number of trades per year | Average amount per trade \$ |
| Options | Number of years | trading | Number of trades per year | Average amount per trade \$ |



6. Investment Objective and Trading Level

Review these investment objectives before making your selection below:

- Income: Seeking current cash flow in exchange for a reduction of potential capital appreciation.
- · Hedging: Seeking to reduce the risk of adverse price movements in a security.
- Speculation: Seeking capital appreciation. This objective involves investments that can have significant fluctuations in value. It involves a high level of risk, which can lead to a significant loss in principal.

To determine your trading level, we consider several factors, including your trading experience and financial information. Checking "Speculation" below does not guarantee that you will be approved for all trading levels.

| Investment objective Check only one. | Applicable trading level |
|--------------------------------------|--|
| ☐ Income and hedging. | Level 1. Write covered calls, purchase protective puts, and write covered puts. ¹ |
| \square Hedging and speculation. | Level 2. Purchase calls and puts. Write cash-secured puts. ² (Includes Level 1.) |
| ☐ Income and speculation. | Level 3. Trade equity and index spreads. ³ (Includes Levels 1 and 2.) |
| ☐ Speculation. | Level 4. Write uncovered (naked) puts. ³ (Includes Levels 1, 2, and 3.) |

A Margin Account
Agreement must be
completed and
approved before you
can be considered for
these trading levels.



¹ Uniform Gifts/Transfers to Minors Act (UGMA/UTMA) accounts, education savings accounts (ESAs), Retirement Trust Accounts (money purchase pension plans and profit-sharing plans, for example), and investment clubs can only be approved for Level 1 trading.

² Cash-secured puts involve special requirements. A segregated within your V 19 okerage Services account. This segregated fund is separate from your brokerage linked money market fund settlement account. For more information, call 800-992-8327 to speak with an associate.

³ IRAs can only be approved for Level 1 and 2 trading.

7. Signature(s) of All Account Owners Read carefully before signing.

By applying for authorization to trade options and signing this Application, You acknowledge that You have received a copy of the enclosed Brokerage Option Account Agreement (Option Agreement) and have read and understand it.

You represent that You have provided Brokerage with the required personal, financial, and investment information for all parties authorized to place trades on this Account and that You will ensure that any parties who subsequently gain authority will provide required information about themselves to Prokerage. You agree to forward copies of the Option Agreement and the disclosure materials to any authorized parties on the account.

You represent that You are aware of the inherent risks of option trading and that You are financially able to bear such risks and withstand option trading losses, including the loss of Your entire investment. You understand that Brokerage may periodically request new financial information and review Your authorization to trade options.

If approved for options trading, You will be sent a booklet entitled *Characteristics and Risks* of *Standardized Options*. You agree to read the booklet prior to conducting any trades in Your Account. You understand that Your Account will be handled in accordance with the rules of the Option Clearing Corporation (OCC) and the applicable exchange and/or regulatory agencies, and You agree to conduct activity in Your Account in accordance with such rules.

Lastly, by applying for authorization to trade options and signing this Application, You agree to be bound by the Option Agreement as currently in effect and as amended from time to time.

You acknowledge receiving a copy of the Option Agreement. The Option Agreement contains a predispute arbitration clause highlighted in paragraphs 14 and 15 on page 3. By signing this Application, You agree to be bound by the terms of the Option Agreement.

| Date mm/dd/yyyy |
|-----------------|
| Date mm/dd/yyyy |
| |

Mailing Information

Mail your completed application and any attached information in the enclosed postage-paid envelope.

For registered or certified mail, or if you do not have a postage-paid envelope, mail to:

PO. Box 1170



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