

Account Worksheet

Sub Firm #	BR Code	FA Code	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Office Use Only)

Account Classification

Tax Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> US Non Individual Account <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien	Mother's Maiden Name
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Individual Account Registration Types (select type):

Individual
 Guardian/Conservatorship (must attach appointment)
 529 Plan - Individual
 529 Plan - Custodial
 403(b) Retirement Plan
 Custodian / Minor* *

Joint Account (select type and complete page 3)

Joint Tenants with Rights of Survivorship*
 Joint Tenants in Common
 Joint Tenants by Entirety (if permitted by your State law)
 Community Property (if required by your State law)
 Joint Escrow Agreement
 Other:

IRA (Select type and ensure you have beneficiary information as required on the IRA Enrollment form (#544472):

Regular
 Inherited (Originally Trad./SEP/Simple)
 Inherited (Originally Roth)
 Education Savings
 Minor Roth
 Simple
 Minor Inherited (Originally Roth)
 Roth
 SAR/SEP
 SEP
 Spousal
 Minor Inherited (Originally Trad./SEP/Simple)
 Outside IRA

Product Types:

Advantage
 Advantage Basic
 Standard Brokerage

Non-Personal Account Registration Types (select type):

Partnership
 Limited Liability Company
 Bank, Trust Company, or Credit Union
 Mutual Fund or Money Manager
 Corporation
 Corporate Escrow Agreement
 Non-Profit Organization
 Municipal/Govt/Public Funds
 Investment Club
 Estate*** (Certificate of Qualification must be attached)
 Insurance Company
 Other:

Qualified Plan or Profit Sharing Plan:
 Prototype
 Other
 How is Qualified Plan directed?
 Trustee
 Participant

Trust:***

529 Trust
 Living / Under Agreement Trust
 Personal / Testamentary / Under the Will Trust
 Other Trust:

Select Trustee Type:	Trust Date	Number of Trustees
<input type="checkbox"/> Individual w/ SSN <input type="checkbox"/> Non-Individual w/ TIN		

* If two or more owners, Joint Tenants with Rights of survivorship will be selected automatically if you fail to select one of the above.

** Primary is the minor on a custodian account.

*** See Page 2 for additional questions pertaining to Trusts and Estates. Ensure you have information required to complete trustee information and investment powers information (Trustee Certification form #568857 on InfoMAX).

Cost Basis Elections

F - FIFO
 H - HIFO
 S - HCST
 R - LCLT
 Tax Lot Relief Method The default method is FIFO (First In First Out)
 L - LIFO
 C - LOFO
 T - HCLT
 M - LCST

Primary Owner Information

Mr.
 Mrs.
 Ms.
 Dr.
 Rev.
 Senator
 Justice
 Other

Will this account have Third Party Authorization?
 Yes
 No

Name and Address				Customer Identity Verification			
Name				Does FA have an existing or previous relationship with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "No", please complete a-e below)			
Legal Address (cannot be a P.O. Box)				a. Govt ID Type			
				b. Govt ID No.			
				c. Date of Issue			
				d. Date of Expiration			
Country of Residence		City		State		ZIP	
e. Place of Issue							
Home Phone 1		Home Phone 2		Business Phone 1		Business Phone 2	
Cell Phone 1		Cell Phone 2		Fax Number		Other Phone	
Date of Birth		SSN/TID		Country of Citizenship		Is FA registered in the Client's state of legal address? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Tenants in Common Ownership % (must equal 100%)

Name	%
Name	%
Name	%

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Source of Funds: A – Savings B – Inheritance C – Business Revenue D – Donations E – Sale of Business F – Sale of Real Estate
 G – Sale of Asset H – Legal / Ins Settlements I – Asset Appreciation J – Other K – Associated Persons

Person of Interest / High Risk Indicators

US Non Individual (Select up to five (5) indicators that apply to this account owner.) CASINO (5B) MONEY SERVICE BUS (5D) TRAVEL AGENT (5A)
 GEM/PREC MTL DLRS (5C) NON-GOVT ORG (5F) NOT APPLICABLE (00)
 GUN DLR/FIREARMS (5E) PEP-FOREIGN (5G)

US Individual (Select all that apply) PEP (1A) NOT APPLICABLE (00)

Foreign Non Individual (Select up to five (5) indicators that apply to this account owner.) CASINO (6B) FOREIGN TRUST (6I) PEP-FOREIGN (6N)
 FFI (6L) GEM/PREC MTL DLRS (6C) TRAVEL AGENT (6A)
 FOR FIN INTERMEDIARY (6M) GUN DLR/FIREARMS (6F) NOT APPLICABLE (00)
 FOR OPERATING CO (6G) MONEY SERVICE BUS (6D)
 FOR PERS INV/HOLDING CO (6H) NON-GOVT-ORG (6K)

Foreign Individual (Select all that apply) FOR FIN INTERMEDIARY (3B) PEP (3A) NON-RESIDENT ALIEN (3C) NOT APPLICABLE (00)

Rule 144: Is authorized person, or member of their immediate family a director, policy-making officer, or 10% stockholder in any publicly traded company?
 Yes No **If Yes, indicate Ticker Symbol, Cusip or Name:** _____

FINRA Insider Information: Is Client, Client's Spouse or immediate relative employed by Introducing Firm (U or V) or another FINRA Member (W or X)? Ensure you have additional required information for associated individuals.

Customer not associated with FINRA firm W - Employees or brokers of other security firms, their dependent accounts and accounts in which they have a financial or beneficial control or interest
 U - Associate of Introducing Firm and/or dependents, family members X - Immediate family members of employees of other security firms
 V - Non-dependent family members of an associate of Introducing Firm

Occupation / Title:
 A-Proprietor, Professional, Managerial E-Admin, Clerical J-Clergy M-Retired (If Retired, complete questions based on retired firm.) Y-Broker follow-up required
 B-Info Tech Sys F-Public Service K-Other (Business Nature code required.) N-Student Z-Not Available
 C-Craftsman, Skilled Worker G-Personal Service Provider L-Unemployed P-Homemaker
 D-Sales H-Farming, Fishing, Forestry I-Education

Business Nature:
 A-Agriculture B-Consumer & Business Services C-Construction D-Energy S-Estate
 E-Financial Services F-Government G-Healthcare H-Industrial I-Media
 J-Non-Profit R-Other K-Personal Investment Company L-Real Estate M-Retail
 N-Technology O-Telecommunications P-Transportation T-Trust Q-Wholesale

Employer Name	Position	Employer Phone	Years with Employer
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Employer Address

City	State	ZIP	Country
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Account Registration & Instructions

Registration Title (if different from page 1)

Mailing Address (if different from Legal Address)

City	State	ZIP	Country
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Home Phone	Business Phone	Other Phone
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Fax	SSN / TID	Email
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Suitability Data Collected Should be for the Acct (Reference tables provided below)

Initial Transaction Amount	Estimated Value of Investments: (Table 1)
Estimated Investment Range: (Table 2)	Annual Income – All sources (Table 1)
Liquid Assets (Table 1)	Net Worth – Excluding Residence (Table 1)

Tax Bracket: 10% 15% 25% 28% 33% 35% Other _____%

Investment Objective:
 A – Income & Conservative B – Growth & Income + Conservative C – Growth & Moderate
 D – Growth & Income + Moderate E – Growth & Long Term G – Income & Moderate L – Trading & Speculation
 H – Growth & Conservative I – Income & Long Term K – Growth & Income + Long Term

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Table 1		Table 2	
A - \$0	- \$49,999	A - Less than \$25,000	
B - \$50,000	- \$99,999	B - \$25,000 - \$39,999	
C - \$100,000	- \$199,999	C - \$40,000 - \$49,999	
D - \$200,000	- \$499,999	D - \$50,000 - \$64,999	
E - \$500,000	- \$999,999	E - \$65,000 - \$124,999	
G - \$1,000,000	- \$4,999,999	F - Over \$125,000	
H - \$5,000,000	- \$9,999,999	Z Refuse to Disclose	
I - \$10,000,000 or more			

Standing Instructions:

Margin Cash

Will this Account be enabled for options trading?

Yes No

AML Compliance Field (For Corporation and Partnership Accounts Only)

Is this customer a casino, travel agency, or money remitter?

Yes No If Yes, provide TIN: _____

*AML Checklist and Enhanced Due Diligence forms are required and Compliance approval must be obtained before submitting the account for opening.

If requested, does Client want us to provide name and address to an issuer in which we hold securities in street name? SEC Rule 14b-1 prohibits from using name and address for any purpose other than corporate communications. Yes No

Primary Owner Demographics

Female Male Single Married Divorce Widowed Own Rent No. of Dependents _____

Education Level:

A - High School Graduate B - Post Secondary Study C - Two-Year Degree D - College Graduate

E - Post Graduate Study F - Advanced Degree G - Other

Investment Experience (Years)

Stocks: _____ Bonds: _____ Options: _____ Annuities-Life Ins.: _____ UITs: _____ Mutual Funds: _____

Referral Information

How was account acquired?

- Existing Customer Walk-in Customer Phone-in Customer
 Know Personally Print Advertisement Television Advertisement
 Radio Advertisement Direct Mail Phone Solicitation
 Seminar E-commerce
 Specific Promotion _____
 Other _____

Additional Questions

- Interested in Banking Services? Yes No
Interested in Online Access? Yes No
Other Brokerage Accounts? Yes No
Personally met with Client? Yes No

Referral From: None Firm Broker
 Professional Other: _____

Old Account Number: _____

Dividend Standing Instructions

- 1 - Into Free Credit
 3 - Semi-weekly
 5 - Monthly
 6 - Credit Margin Pay Cash Semi-weekly
 7 - Credit Margin Pay Cash Monthly

Principal Instructions:

- Principal payment to free credit for reinvestment
 Process principal payments according to trade standing instructions
Display cost basis on statements? Y N

Dividend Reinvestment Instructions:

- A-All eligible dividends will be reinvested for this account.
 N-No dividends will be reinvested for this account. Cash dividends will be paid for all new trades.
 C-Cash dividends will be paid for this account unless the security is coded for reinvestment.
 R-Reinvest all new dividends for this account unless the security is coded for cash dividends.

Brokerage Money Market Sweep Option*

(Please refer to the NAO Sweep Selection drop down box)
(Prospectus mailed separately)

* Please check with your Financial Advisor for Fund Availability.

Money Market Sweep Code _____
(A list of available choices can be found in the New Account Opening Application of SmartStation or the BETA application of MOPS)

***Pertaining to Trusts and Estates:

(1) What is the POA's relationship to the client (ex. spouse)?

(2) What is the reason for the request?

(3) Will the authorized agent sign the account application for an incapacitated owner?

Yes No

Money Market Dividend Distributions:

- Pay out money market fund distributions
 Reinvest money market fund distributions

Cash Sweep Instructions:

- 1 & 9 - Sweep money market in cash only
 1, 2 & 9 - Sweep money market in cash and margin

Stock Instructions:

- 1 - Register in customer name and mail
 4 - Register in street name and hold
 5 - DVP

Trade Balance Instructions:

- A - Net Account and Pay Proceeds
 B - Pay Proceeds of each Sale
 C - Hold Funds***

*** If the stock instructions, trade balance instructions, and/or dividend instructions are left blank, the account will default to hold stocks in street name, hold balances, and/or hold dividends.

Client Identification Program

Has the Broker advised the party establishing this account that information collected on parties associated with this account is subject to verification as mandated by the USA Patriot Act and outlined in our Client Identification Program? Yes No

Commission Discounts (%)

Stocks

Bonds

Options

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Primary Owner Information

Mr. Mrs. Ms. Dr. Rev. Senator Justice Other _____

Name and Address Name (First, Middle, Last)			Customer Identity Verification Does FA have an existing or previous relationship with this person? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "No", please complete A-G below)			
Additional Name			A. Other Phone		B. Date of Birth	
Legal Address (cannot be a P.O. Box)			C. Government ID Type			
			D. Government ID No.			
Country of Residence		City	State	ZIP	E. Date of Issue	F. Date of Expiration
Home Phone	Business Phone	Fax Number	Other Phone		G. Place of Issue	
Date of Birth	Country of Citizenship		SSN/TID	Is FA registered in the Client's state of legal address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer Name			Employer Phone	Years with Employer	Country	
Employer Address			City	State	ZIP	

FINRA Insider Information

Customer not associated with FINRA firm W - Employees or brokers of other security firms, their dependent accounts and accounts in which they have a financial or beneficial control or interest

U - Associate of Introducing Firm and/or dependents, family members X - Immediate family members of employees of other security firms

V - Non-dependent family members of an associate of Introducing Firm

Occupation / Title:

<input type="checkbox"/> A-Proprietor, Professional, Managerial	<input type="checkbox"/> D-Sales	<input type="checkbox"/> H-Farming, Fishing, Forestry	<input type="checkbox"/> K-Other (Business Nature code req.)	<input type="checkbox"/> N-Student
<input type="checkbox"/> B-Info Tech Sys	<input type="checkbox"/> E-Admin, Clerical	<input type="checkbox"/> I-Education	<input type="checkbox"/> L-Unemployed	<input type="checkbox"/> P-Homemaker
<input type="checkbox"/> C-Craftsman, Skilled Worker	<input type="checkbox"/> F-Public Service	<input type="checkbox"/> J-Clergy	<input type="checkbox"/> M-Retired (If Retired, complete questions based on retired firm.)	<input type="checkbox"/> Y-Broker follow-up required
<input type="checkbox"/> G-Personal Service Provider				<input type="checkbox"/> Z-Not Available

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Mr. Mrs. Ms. Dr. Rev. Senator Justice Other _____

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Additional Name			A - Other Phone		B - Date of Birth	
Legal Address (cannot be a P.O. Box)			C - Government ID Type			
			D - Government ID No.			
Country of Residence		City	State	ZIP	E. Date of Issue	F. Date of Expiration
Home Phone	Business Phone	Fax Number	Other Phone		G. Place of Issue	
Date of Birth	Country of Citizenship		SSN/TID	Is FA registered in the Client's state of legal address? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer name			Employer Phone	Years with Employer	Country	
Employer Address			City	State	ZIP	

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Financial Advisor and Branch Manager/Principal Acknowledgement

Financial Advisor Signature	Print Name	Date (mm/dd/yyyy)
Branch Manager/Principal Signature	Print Name	Date (mm/dd/yyyy)

Personal Liability Management Questionnaire

Client Name						
Personal Real Estate Loans (primary residence, second home, residential rental property)						
Property Location/Type	Estimated Market Value	Loan Balance	Interest Rate	Fixed/ Variable	Term/Reset Date	Monthly Payment
	\$	\$	%	<input type="checkbox"/> / <input type="checkbox"/>		\$
	\$	\$	%	<input type="checkbox"/> / <input type="checkbox"/>		\$
How long do you expect to live in your primary residence?			Do you anticipate making any lump-sum payments against these loans? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:						
Fax	SSN / TID		Email			
What is your mortgage goal for your retirement years? <input type="checkbox"/> Pay off mortgage <input type="checkbox"/> Retain Mortgage for tax advantages <input type="checkbox"/> Sell your primary residence <input type="checkbox"/> Relocate for retirement						
Are you thinking of moving/purchasing a second/vacation/ investment home? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you planning any remodeling or major repairs to your current home in the next year? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Loans (credit-card balances, car, boat, RV loans or other non-deductable debt, home equity line/loan)						
Loan Type	Creditor	Loan Balance	Interest Rate	Term	Monthly Payment	
		\$	%		\$	
		\$	%		\$	
		\$	%		\$	
		\$	%		\$	
		\$	%		\$	
		\$	%		\$	
Additional Information						
If you could reduce your monthly payments, what would you do with the savings? <input type="checkbox"/> Spend <input type="checkbox"/> Save <input type="checkbox"/> Spend/Save			Are you planning a major purchase in the next three years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain:						
Do you have a plan in place for unexpected expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you own a business? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a need for business lending? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Who is your primary lender/personal banker?						

Lending and other banking services that are available through the Banking Services Group of Wells Fargo Advisors are provided by banking and non-banking affiliates of Wells Fargo & Company, including, but not limited to Wells Fargo Home Mortgage and Wells Fargo Home Equity Group, divisions of Wells Fargo Bank, N.A.; Wells Fargo Equipment Finance, Inc.; Wachovia Bank, N.A.; or Wachovia Bank of Delaware, N.A. Effective March 20, 2010, Wachovia Bank, N.A. and Wachovia Bank of Delaware, N.A. will become Wachovia Bank and Wachovia bank of Delaware, divisions of Wells Fargo Bank, N.A. All loans and lines of credit are subject to credit approval, verification and collateral evaluation. Products are not available in all states. Certain restrictions apply. Programs, rates and conditions are subject to change without notice.

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