



An associated person is any individual who has the power or authority to directly or indirectly control the account (e.g., trustee, general partner, corporate officer (including an officer of a corporate general partner), LLC manager, managing member or officer (including a manager, managing member or officer of an LLC general partner), or person who directly or indirectly owns any part of the beneficial interests in the entity, etc). The following information must be filled in for each associated person for the account being opened.

Associated Person #1

Name of Primary Authorized Representative (officer, general partner, member or trustee)				Title at organization/trust	
Home Address					
City	State (U.S.)	Zip	Country	Province	
Business Phone			E-mail Address		
Citizenship		U.S. Social Security #		Date of Birth	
Employment status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker			Type of Business/Industry		
Name of employer		Title		Employer's Address	
Are you a 10% shareholder or policy-making officer of a publicly-owned company? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, please list trading symbol					
Are you or your spouse employed by or associated with an NYSE, FINRA and/or NFA registered brokerage firm or an exchange? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>If yes, please provide an authorization letter from the member firm with whom you or your spouse are associated. Letter should be on corporate letterhead and signed by a Principal or Compliance officer of the firm. If duplicate confirms and statement are required, an e-mail address must be provided on letter.</small>					
U.S. persons: Driver's License #(or another form of government-issued ID):					
Type of ID: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other:				State of issue:	
Foreign persons: Please send a photocopy of your passport and indicate its corresponding number.					

Associated Person #2

Name of Primary Authorized Representative (officer, general partner, member or trustee)				Title at organization/trust	
Home Address					
City	State (U.S.)	Zip	Country	Province	
Business Phone			E-mail Address		
Citizenship		U.S. Social Security #		Date of Birth	
Employment status <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker			Type of Business/Industry		
Name of employer		Title		Employer's Address	
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U.S. persons: Driver's License #(or another form of government-issued ID):					
Type of ID: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other:				State of issue:	
Foreign persons: Please send a photocopy of your passport and indicate its corresponding number.					