



Please complete Associated Person's Information for all individual(s) who will have power or authority to directly or indirectly control the account (e.g. trustee, general partner, corporate officer, LLC manager or managing member) and for all beneficial owners with 10% or more ownership (e.g. shareholders of a corporation, members of an LLC, limited partners of a partnership).

Associated Person #2				
Name of (officer, general partner, member, trustee or beneficial owner)			Title at Organization/Trust	
Home Address				
City	State (U.S.)	Zip	Country	Province
Home Phone	Business Phone		E-mail Address	
Citizenship	U.S. Social Security #		Date of Birth	
Annual Income \$ <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			Net Worth (excluding residence) \$	
Employment status			Type of Business/Industry	
Name of Employer		Title	Employer's Address	
Source of Income <input type="checkbox"/> Salary <input type="checkbox"/> Gift <input type="checkbox"/> Inheritance <input type="checkbox"/> Insurance proceeds <input type="checkbox"/> Legal settlement <input type="checkbox"/> Savings/Investments/Real Estate <input type="checkbox"/> Other _____ (specify)				
Are you a director, 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 <i>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.</i>				
U.S. persons: Type of ID: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other:				
ID #:			State of issue:	
Foreign persons: Please send a photocopy of your unexpired passport and a form of address verification such as a driver's license, utility bill, state ID, bank statement, or lease contract dated or valid within the last 90 days. A form W-8BEN is also likely required.				

Please complete Associated Person's Information for all individual(s) who will have power or authority to directly or indirectly control the account (e.g. trustee, general partner, corporate officer, LLC manager or managing member) and for all beneficial owners with 10% or more ownership (e.g. shareholders of a corporation, members of an LLC, limited partners of a partnership).

Associated Person #3				
Name of (officer, general partner, member, trustee or beneficial owner)			Title at Organization/Trust	
Home Address				
City	State (U.S.)	Zip	Country	Province
Home Phone	Business Phone		E-mail Address	
Citizenship	U.S. Social Security #		Date of Birth	
Annual Income \$ <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			Net Worth (excluding residence) \$	
Employment status			Type of Business/Industry	
Name of Employer		Title	Employer's Address	
Source of Income <input type="checkbox"/> Salary <input type="checkbox"/> Gift <input type="checkbox"/> Inheritance <input type="checkbox"/> Insurance proceeds <input type="checkbox"/> Legal settlement <input type="checkbox"/> Savings/Investments/Real Estate <input type="checkbox"/> Other _____ (specify)				
Are you a director, 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 <i>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.</i>				
U.S. persons: Type of ID: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other:				
ID #:			State of issue:	
Foreign persons: Please send a photocopy of your unexpired passport and a form of address verification such as a driver's license, utility bill, state ID, bank statement, or lease contract dated or valid within the last 90 days. A form W-8BEN is also likely required.				