

Account Title _____
(This update will apply to all of your TradeStation accounts, even if separate account titles are not provided.)

Account Number(s) _____ Date _____
(This update will apply to all of your TradeStation accounts, even if separate account numbers are not provided.)

If any of your information has changed:
Email completed form to clientservice@tradestation.com

FINANCIAL INFORMATION

Annual Net Income in USD:

- If under \$50,000 specify _____
- \$50,000-\$99,999
- \$100,000-\$249,999
- \$250,000-\$999,999
- Over \$1 million

Total Net Assets in USD:

This includes all assets, minus all obligations, debts and liabilities.

- If under \$75,000 specify _____
- \$75,000-\$99,999
- \$100,000-\$199,999
- \$200,000-\$499,999
- \$500,000-\$999,999
- \$1,000,000-\$4,999,999
- Over \$5 million

Liquid Net Assets in USD:

This includes cash and marketable securities, minus all obligations, debts and liabilities.

- If under \$75,000 specify _____
- \$75,000-\$99,999
- \$100,000-\$199,999
- \$200,000-\$499,999
- \$500,000-\$999,999
- \$1,000,000-\$4,999,999
- Over \$5 million

Source of Funds in Account (Check all that apply.)

Please provide the source of assets that will be deposited or held in the account. If the source is a transfer from another firm, please indicate the source of funds that were used to purchase the assets.

- Salary, wages, savings
- Working capital
- Investment capital gains
- Family, relatives, inheritance
- Sales of property/assets
- Business income
- Other (specify): _____

TRADING EXPERIENCE

EQUITIES

- No. of years trading
- None
- If under 1, specify months _____
- 1-5
- Over 5

OPTIONS

- No. of years trading
- None
- If under 1, specify months _____
- 1-5
- Over 5

FUTURES

- No. of years trading
- None
- If under 1, specify months _____
- 1-5
- Over 5

EMPLOYMENT INFORMATION

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 is associated. Letter should be on corporate letterhead and signed by a Principal or Compliance Officer of the firm. If duplicate confirms and statements are required, an e-mail address to which they are to be sent must be provided in the letter.</i>			
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(s): _____			
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Homemaker			
Current Occupation		Type of Business/Industry	
Name of Employer		Employer's Address	
City	State/Province	Zip	Country
Source of income <input type="checkbox"/> Salary <input type="checkbox"/> Inheritance <input type="checkbox"/> Insurance Proceeds <input type="checkbox"/> Legal Settlement <input type="checkbox"/> Savings/Investments/Real Estate <input type="checkbox"/> Gift <input type="checkbox"/> Other _____ (specify)			

Form completed by:
 Print Name _____ Signature _____

