

Account Title \_\_\_\_\_

Account Number(s) \_\_\_\_\_ Date \_\_\_\_\_

Has there been a change to your previously stated Financial Information?  Yes  No

Please complete the following if **YES** has been checked:

**Email completed form to [clientservice@tradestation.com](mailto:clientservice@tradestation.com)  
Please allow two business days for information to be updated.**

**FINANCIAL INFORMATION**

Annual 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 Worth in USD (excluding residence):

This includes all checking, savings, real estate holdings, and other 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 Worth 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 recent and future assets deposited into your TradeStation account

- Salary
- Gift
- Inheritance
- Insurance proceeds
- Legal settlement
- Savings/Investments/Real Estate

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 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>				
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				
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Homemaker				
Current Occupation			Type of Business/Industry	
Name of Employer			Employer's Address	
Employer's City	Employer's State	Employer's Zip	Employer's Country	Employer's Telephone
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)				

Form completed by:	
Print Name	Signature



**Questions? Call 1.800.871.3570 or 954.652.7920**