

SECTION I - GENERAL ADMINISTRATIVE INFORMATION

1. Legal Name of Entity	
1.1. D/B/A (if applicable)	
2. Is the entity a fund or a financial institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, you may skip sections II & III	
3. Registered Address (attach proof)	
3.1. Physical presence at this address?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Head Office Address	
4.1. Physical presence at this address?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Legal form (LLC, CORP, etc.)	
6. Banking license no. and date issued	<input type="checkbox"/> Not applicable
7. Commercial registration no.	<input type="checkbox"/> Not applicable
8. Principal local regulator	<input type="checkbox"/> Not applicable
9. Web Address	
10. Swift Address	<input type="checkbox"/> Not applicable
11. Name of parent company (if applicable)	<input type="checkbox"/> Not applicable
12. Country of incorporation of parent company	
13. Does the parent company control substantively and effectively your institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. Is your institution (or parent company) publicly traded?

Yes No

14.1. If yes, on what exchange(s) is your institution traded? Please include trade name or ticker symbol.

15. Are there any direct or indirect beneficial owners in the firm with 10% or greater ownership? If "Yes," please provide name(s), address(es) and current photo ID (passport, driver's license).

Yes No

15.1. If yes, please provide an attachment and include ownership structure if you need more space. If a fund, please identify any investor with 10% or more equity investment and the fund manager. Please provide an attachment if necessary.

Name	% Ownership	Direct/indirect

Check if attachment

16. Has the ownership of your institution changed during the last five years?

Yes No
 Attached

16.1. If yes, please provide Certificate of Change.

17. What is the entity's nature of business?

18. Please describe the purpose of the account:

Active Trading Hedging Other _____
 Fee Collection Generation of Income

19. Will the account be used to trade proprietary funds or client funds?

Proprietary Funds Client Funds

20. What is the source of the funds that will be deposited in the account by the firm (include primary country of origin)?

Investment Capital Retained Earnings Other _____
 Client Funds Owner's Capital

21. What will be the anticipated monthly account activity with regards to:

21.1. Trades:

Type:

Futures Options Equities Cryptocurrency

Volume:

0 - 5 6 - 10 11 - 20 21+

Trading value by % of account balance:

1% - 25% 26% - 50% 51% - 75% 76% - 100%

21.2. Money Movements:

Deposits per month:

Number of Transactions:

0 - 5 6 - 10

11 - 20 21+

Value:

\$0 - \$10,000

\$10,001 - \$50,000

\$50,001 - \$100,000

\$100,001+

Withdrawals per month:

Number of Transactions:

0 - 5 6 - 10

11 - 20 21+

Value:

\$0 - \$10,000

\$10,001 - \$50,000

\$50,001 - \$100,000

\$100,001+

22. What are the products and services offered by the firm?

23. What types of customers are serviced by the firm?

Individuals Entities

23.1. In which countries of residence does the firm do business?

24. How long has the firm operated?

24.1. Is the firm licensed or regulated? Yes No

If yes, by what regulators?

25. Is the firm subject to any regulatory or self-regulatory examinations of the firm's anti-money laundering program?

Yes No

If yes, please describe the results of the most recent exam (include how frequently the firm is examined).

26. Please describe the results of or attach a copy of the most recent annual independent audit of the firm's anti-money laundering program (include how frequently the firm is audited).

Please identify the name of the auditor and date of most recent audit.

Not applicable

SECTION II - QUESTIONS RELATED TO REGULATORY ENVIRONMENT

27. Please confirm the areas of your organization covered by this questionnaire:
- | | |
|---|--|
| 27.1. Head office & domestic branches | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27.2. Domestic subsidiaries | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27.3. Overseas branches | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27.4. Overseas subsidiaries | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27.5. AML questionnaire applies to this branch/subsidiary only | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27.6. Does your institution have any units operating under an Offshore Banking license? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27.7. List the countries in which business is conducted or solicited | |

SECTION III - QUESTIONS RELATED TO YOUR INSTITUTION'S AML POLICIES AND PRACTICES

- | | |
|---|--|
| 28. Please provide us with a copy of your AML policies. | <input type="checkbox"/> Attached |
| 29. Does the regulatory body / competent authority in your country conduct AML/CFT reviews of your institution?
29.1. If yes, with what frequency? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30. Does your institution's AML policy require you to: | |
| 30.1. Verify the true identity of all customers prior to entering into a business relationship/ undertaking any transactions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30.2. Verify the true identity of underlying beneficial owners, if any? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30.3. Verify the source of wealth / funds and the level of economic activity of your customers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30.4. "Risk rate" your customers and transactions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30.5. Monitor suspicious or unusual activity that covers funds transfers and monetary instruments (travelers' checks, money orders, etc.)?
If yes, is it <input type="checkbox"/> automatic <input type="checkbox"/> manual | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30.6. Screen for customers or transactions of significantly high risk that might require special attention prior to transactions (for example, persons, entities or countries that are on lists issued by government/international bodies)?
If yes, is it <input type="checkbox"/> automatic <input type="checkbox"/> manual | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30.7. Apply higher level of enhanced due diligence for high risk clients, presenting risk of illicit activities (including but not limited to, money laundering, fraud or terrorist financing)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 30.8. Periodically update due diligence information obtained? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 31. Do your policies and procedures permit your entity to open or maintain anonymous accounts or accounts for bearer share corporations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 32. Do your policies and procedures permit your entity to conduct business with "shell banks"? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

33. Does your entity offer services to the following types of institutions or offer or deal in the following products?

- 33.1. Offshore Banks Yes No
- 33.2. Internet Banks Yes No
- 33.3. Money Service Business including money transmitters Yes No
- 33.4. Internet gambling companies Yes No
- 33.5. Nested accounts Yes No
- 33.6. Cryptocurrency Yes No
- 33.7. Financial institution located outside of your country Yes No

33.7.A. If yes, provide a list of financial institutions and locations. Please provide an attachment if necessary.

Name	Location

Check if attachment

34. If you answered yes to any of the items in question 33, do your institution's policies, procedures and monitoring specifically outline how to mitigate the potential risks associated with these higher risk customer types and products? Yes No

34.1. How does your institution mitigate the risk associated with these customers?

35. Does your institution provide AML/CFT training to relevant employees, that includes identification and reporting of suspicious transactions? Yes No

SECTION IV

36. Has your institution had any regulatory or criminal enforcement actions resulting from violations of AML law or regulations in the past five years? Yes No

36.1. If yes, please provide explanation.

37. Has your institution, to your knowledge, been the subject of any investigation, indictment, conviction or civil enforcement action related to financing terrorist activity in the past five years? Yes No

37.1. If yes, please provide explanation.

38. Please Identify and provide an address and current photo ID (Passport, Driver's license) for the following. Please provide an attachment if necessary.

Position	Name	Address
CEO:		
COO:		
CFO:		
President (if applicable):		
Chairman (if applicable):		

Check if attachment

SECTION V - Due Diligence for Cryptocurrency Entities

For all domestic and international entities opening a cryptocurrency account

39. Purpose of cryptocurrency account

- Active Trading
 Hedging
 Other _____
 Fee Collection
 Generation of Income

40. Anticipated activity

40.1. Crypto to Crypto Money Movements:

Deposits per month:

Number of Transactions:

- 0 - 5 6 - 10
 11 - 20 21+

Value:

- \$0 - \$10,000
 \$10,001 - \$50,000
 \$50,001 - \$100,000
 \$100,001+

Withdrawals per month:

Number of Transactions:

- 0 - 5 6 - 10
 11 - 20 21+

Value:

- \$0 - \$10,000
 \$10,001 - \$50,000
 \$50,001 - \$100,000
 \$100,001+

41. Source of cryptocurrency funds

- Investment Capital
 Retained Earnings
 Other _____
 Client Funds
 Owner's Capital

42. Financial Crimes Enforcement Network (FinCEN) Virtual Currency Entity Classification

42.1. Are you engaged as a business in the exchange of virtual currency for real (fiat) currency, funds, or other virtual currency?

- Yes No

42.2. Are you engaged as a business in issuing (putting into circulation) a virtual currency, and do you have the authority to redeem (withdraw from circulation) such virtual currency?

- Yes No

42.3. If yes to (42.1) or (42.2) above, please provide your FinCEN MSB registration number.

43. Do you currently participate, or have you previously participated, in Initial Coin Offerings (ICOs), Security Token Offerings (STOs) or any similar token issuances? Yes No

43.1. If yes, please describe the nature of your involvement in ICOs/STOs. (e.g. Investor, Issuer, Board member, Other)

44. What are the sending and receiving addresses you will utilize for deposits and withdrawals? Please provide an attachment if necessary.

Address

	<input type="checkbox"/> Sending	<input type="checkbox"/> Deposit
	<input type="checkbox"/> Receiving	<input type="checkbox"/> Withdrawal
	<input type="checkbox"/> Sending	<input type="checkbox"/> Deposit
	<input type="checkbox"/> Receiving	<input type="checkbox"/> Withdrawal
	<input type="checkbox"/> Sending	<input type="checkbox"/> Deposit
	<input type="checkbox"/> Receiving	<input type="checkbox"/> Withdrawal
	<input type="checkbox"/> Sending	<input type="checkbox"/> Deposit
	<input type="checkbox"/> Receiving	<input type="checkbox"/> Withdrawal

Check if attachment

45. **For international entities only:**

45.1. If you answered yes to any of the FinCEN questions above, does your entity have U.S. customers?

45.1.1. Have you registered with FinCEN?

Yes No

45.1.2. FinCEN MSB number _____


45.2. Briefly describe the status of cryptocurrency regulations in your country. (e.g. Regulated, Unregulated, Draft regulations proposed/under review, Regulatory Sandbox for cryptocurrency entities, Other)

SECTION VI – ACKNOWLEDGEMENT OF RESPONSIBILITIES

We confirm that:

- (a) We will ensure that full due diligence is performed on all of our customers.
- (b) We will not allow a third party direct access to the account without proper authorization obtained from TradeStation Securities, Inc.
- (c) We do not offer our products or services to a Shell Bank.

I certify that I am authorized to complete this questionnaire and that to the best of my knowledge the information given is complete and correct.

Signature			Date
Name	Phone		
Address	Fax		
Title	E-mail		

SECTION VII – DEFINITIONS OF TERMS USED IN THIS QUESTIONNAIRE

Offshore banking unit: A bank with a license to conduct banking activities that, as a condition of the license, prohibits the licensed entity from conducting banking activities with the citizens, or in the local currency of, the jurisdiction that issued the license.

Internet bank: Bank operating solely on the Internet, without any physical offices.

Nested Account: occurs when a foreign financial institution gains access to the Swiss financial system by operating through a Swiss correspondent account belonging to another foreign financial institution.

Shell banks: Banks which maintain no physical presence in the country of their incorporation (except if a subsidiary of a regulated financial group).

Money service business: Any entity providing one or several of the following services:

- Money orders
- Traveler’s checks
- Money transmission
- Check cashing
- Currency exchange
- Currency dealing
- Stored value
- Cryptocurrency

Financial Institution: A financial institution (FI) or institution, is a company engaged in the business of dealing with financial and monetary transactions such as deposits, loans, investments, and currency exchange. Financial institutions include banks, trust companies, insurance companies, brokerage firms, hedge funds, and investment dealers.

Entity: An association, corporation, partnership, proprietorship, trust, or individual that has legal standing in the eyes of law. A legal entity has legal capacity to enter into agreements or contracts, assume obligations, incur and pay debts, sue and be sued in its own right, and to be held responsible for its actions.

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