



Account Title: _____

Account Number _____

We request the following information, representations and acknowledgements from all customers who intend to effect transactions in options. Please be aware that TradeStation offers no advice or recommendations for options trades or any other trades, and you acknowledge that all options trades you make or instruct TradeStation to make on your behalf are based solely on your own ideas, resources, knowledge and experience. TradeStation may, on the basis of the information provided, decline to accept any account for option activity or may limit such account to specific activities.

I. Complete for Individual/Joint Accounts:

| | | | |
|------------------------------------|--|--|--|
| Primary Account Holder Information | | Additional Account Holder Information, if applicable | |
| Name | | Name | |
| Annual Net Income | If Married, Spouse's Annual Net Income | Annual Net Income | If Married, Spouse's Annual Net Income |
| Total Net Assets | Liquid Net Assets | Total Net Assets | Liquid Net Assets |

II. Complete for Trust/Entity Accounts:

| | |
|--------------------------------------|--------------------------------------|
| Financial Profile of Entity/Trust | |
| \$ _____ | \$ _____ |
| Approximate Annual Net Income in USD | Approximate Liquid Net Assets in USD |

III. Complete for all Account Types:

PLEASE NOTE: Options level approval is determined based on investment objectives and investment experience, as well as other criteria.

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

Third Party Trading Authorization (If applicable)
 Name of Advisor/Investment Professional/Other with Trading Authorization _____

Investment Experience Profile:
 # Years Stocks/Bonds Options Commodities
 _____ _____ _____ _____

Options Investment Objectives:
 (Check all that apply, at least one must be checked)

Income
 Growth
 Speculation

Options Strategies Requested:

Please check one or more of the option strategies you may wish to employ:

- | | |
|--|---|
| <input type="checkbox"/> 1. Covered call writing, Protective puts | <input type="checkbox"/> 4. Put writing (speculative), Cash-covered puts (cash accounts only) |
| <input type="checkbox"/> 2. Put/call buys, Collars, Covered puts (speculative) | <input type="checkbox"/> 5. Uncovered call writing (This is a highly speculative activity) |
| <input type="checkbox"/> 3. Put/call spreads (speculative) | |



INVESTORS SHOULD NOT PURCHASE PUT OR CALL OPTIONS UNLESS THEY ARE ABLE TO SUSTAIN A TOTAL LOSS OF THE PREMIUM AND TRANSACTION COSTS, OR WRITE UNCOVERED OPTIONS UNLESS THEY ARE ABLE TO SUSTAIN SUBSTANTIAL FINANCIAL LOSS.

Options trading is not suitable for all investors. If you would like the ability to trade options through a TradeStation account, you should first read the disclosure document titled [Characteristics and Risks of Standardized Options](#).

I (we) understand and agree that any equity or index options trading I (we) do in any of my (our) TradeStation Securities, Inc. Equities accounts are governed by the following agreements and disclosures and assumption of risk documents, in their current form as accessible by link from the TradeStation website, and/or as to which I (we) have been notified by email or other means of communication: (1) [TradeStation Securities, Inc. Customer Account Agreement for Equities](#); (2) [Master Securities Lending Agreement](#); (3) [Investment and Trading Disclosures Booklet – Equities & Options](#); (4) [TradeStation Technologies, Inc. Subscription Agreement](#); (5) [User Agreement \(Websites, Electronic Services, Social Media and Education\)](#); and (6), if I am a United Kingdom resident, [Terms of Business of TradeStation International Ltd](#).

I (we) represent and warrant that all personal information in my (our) account records are current and accurate in all respects.

NOTE: FOR JOINT ACCOUNTS, TWO (2) AUTHORIZED SIGNATURES ARE REQUIRED. FOR ENTITY OR TRUST ACCOUNTS, ALL AUTHORIZED OFFICERS OR TRUSTEES ARE REQUIRED TO SIGN.

| | | |
|--------------------------------------|---|------|
| Account Signature |  | Date |
| Print Authorized Signor's Name | | |
| Account Signature |  | Date |
| Print Authorized Signor's Name | | |
| Account Title (Entity Accounts Only) | | |

FOR INTERNAL USE ONLY

| | | |
|---------------|----------------|---|
| Date approved | R.R. Signature | Approved option levels: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |
| Date approved | ROP Signature | |
| CID# | Account # | |