

Account Application Supplemental

This form is used for additional Account Holders or Authorized Parties to a Joint Account, Corporate Account, or other Entity account. (Do not use this form for existing account changes.)

STEP 1. ACCOUNT DETAILS

Account Title (Name of this account)	Account -
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STEP 2. PERSONAL INFORMATION

Relationship to Account Account Holder Authorized Party Associated Party

NOTE: Primary account holder may include owner, minor, ward, executor or entity. On a UGMA/UTMA account the minor is the primary account holder, the custodian is the secondary account holder. Associated Party may include, secretaries, assistants or persons authorized to communicate on behalf of the account holder but has no authorization to trade or control funds.

First Name		Middle Initial		Last Name				
Entity Name (if applicable)				Date of Birth (mm/dd/yyyy)		Gender		
Social Security Number		Tax Identification Number (ITIN)		Married <input type="checkbox"/> Yes <input type="checkbox"/> No		Dependents		
Home Phone		Business Phone		Mobile Phone				
Email Address				Home <input type="checkbox"/> Own <input type="checkbox"/> Rent				
Legal Address (no PO Box)				Mailing Address (if different from legal address)				
City		State	Zip/Postal Code		City		State Zip/Postal Code	
Country				Country				
Citizenship: Please check only one: <i>Proof of address is required for each non-US Person and US Citizens living abroad. Non-resident Alien must provide a valid Government ID and a form W-8</i> <input type="checkbox"/> U.S. <input type="checkbox"/> U.S. Resident Alien <input type="checkbox"/> Non-Resident Alien Country of legal and tax resident: <input type="checkbox"/> U.S <input type="checkbox"/> Other (specify) _____				Previous Physical Address (if current is less than 6 months old)				
				City		State	Zip/Postal Code	
				Country				
Employment and Industry Affiliations <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <i>If Employed/Self-Employed is indicated, please complete all employment fields.</i>								
Employer Name			Years Employed		Occupation			
Employer's Address								
City			State	Zip		Country		

USA Patriot Act Information (Required by Federal Law)

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