

Opening an **Investment Club** account is easy. Simply complete and fax (866-699-0563) or mail us this form. Then, if you have not done so already, create a Username and a Password at [www.tradeking.com](http://www.tradeking.com) to access your new account (see instructions below). Finally, call us at 877-495-5464 and ask us to link your new account to your Username.

**If the Investment Club is formed as a Corporation, Partnership, or LLC, DO NOT USE THESE FORMS. Use the application forms for that legal entity, accessible from “Apps + Forms” under “Services”.**

## Documents Checklist

### CASH ACCOUNT

- Investment Club organizational documents (e.g. charter, by-laws, etc.)
- Investment Account Application signed by Club Agent
- Investment Club Trading Authorization signed by ALL Club members
- Copy of government-issued ID for Agent(s) authorized to open and trade on the account

### MARGIN ACCOUNT Additional Documents

- Margin Agreement signed by Club Agent accessible from “Apps + Forms” under “Services”

### OPTION ACCOUNT Additional Documents

- Option Agreement signed by Club Agent accessible from “Apps + Forms” under “Services”

### PLEASE NOTE:

- A new Trading Authorization is needed for any change of membership or agent
- Check deposits may be accepted only if the check is drawn on an account in the name of the Club

**IMPORTANT:** The TradeKing Investment Agreement contains the terms and conditions applicable to all TradeKing accounts. Please read it carefully, print a copy and retain it for your records. You can obtain a copy at <http://content.tradeking.com/wiki/display/tkservice/Disclosures> or by calling 877-495-5464.

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents.

## How to create a Username to access the new account that you are opening with this form:

- a. Go to [www.tradeking.com](http://www.tradeking.com); Click on “START TRADING” or “Open New Account”;
- b. Complete **only** the first page of the application to choose your Username, Password, and Account Settings Security and **click Continue**. Stop here. Call us at 877-495-KING (5464) so that we can link your new account(s) to the Username you have just created.

**IT'S EASY TO OPEN A NEW TRADEKING ACCOUNT**

E-mail Address

First Name

Last Name

Username

Password

Where did you hear about us?

**ACCOUNT SETTINGS SECURITY**

Challenge Question

Answer

**CONTINUE**



PO Box 49050 • Charlotte, NC • 28277  
 Phone 877-495-5464 • Fax 866-699-0563  
 TradeKing.com • MEMBER FINRA/SIPC

## INVESTMENT CLUB Investment Account Application

Account Number	Open Date	Broker Rep Code
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### Investment Club Information

Name of Club		Club Tax ID Number	
Permanent Street Address		City	State
Mailing Address (if different from permanent address)		City	State
Date of formation (mm/dd/yyyy)			
Day Phone	Evening Phone	Cell Phone	E-MAIL ADDRESS

Nationality of Club:  U.S.  Foreign (please specify):

### Authorized Agent Information (use additional forms for more agents)

Name		Social Security Number	
Permanent Street Address (Cannot be a P.O. Box)		City	State
Mailing Address (if different from permanent address)		City	State
Birth Date (mm/dd/yyyy)	Number of Dependents	Married? <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Day Phone	Evening Phone	Cell Phone	E-MAIL ADDRESS

Citizenship:  U.S.  Foreign (please specify): \_\_\_\_\_  Resident Alien  Non-resident Alien (Non-Resident Alien must submit a W-8 form with this application)

### Authorized Agent Employment Information

Employer	Nature of Business	Yrs. Employed	Occupation
Business Address	City	State	Zip Code

Are you or a member of your household affiliated with or employed by 1) a securities Exchange 2) FINRA 3) an Exchange or FINRA member 4) a company which require notification of you opening this account? (if you select yes, please submit an Affiliated Account Authorization form)  Yes  No

Are you or a member of your household a director, 10% shareholder or policy making officer of a publicly traded company?  Yes  No

If you answered "Yes" to any of the questions above please provide more information on the affiliation (e.g. affiliated company name, nature of affiliation, symbol, cusip, etc.)

Are you or any member of your immediate family a senior political figure?  Yes  No

**Account Investment Profile for Authorized Agent**

Annual Income	Net Worth (excluding residence)	Liquid Net Worth	Tax Bracket
<input type="checkbox"/> \$0 - \$24,999 <input type="checkbox"/> \$25,000 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$200,000 <input type="checkbox"/> Over \$200,001 (please specify) _____	<input type="checkbox"/> Under \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,000 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 (please specify) _____	<input type="checkbox"/> \$0 - \$24,999 <input type="checkbox"/> \$25,000 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$200,000 <input type="checkbox"/> Over \$200,001 (please specify) _____	<input type="checkbox"/> 0% <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 28% <input type="checkbox"/> 33% <input type="checkbox"/> 35%

**Investment Experience for Authorized Agent**

Bonds (yrs \_\_\_\_\_)                      Stocks (yrs \_\_\_\_\_)                      Options (yrs \_\_\_\_\_)

**Account Investment Profile for Investment Club**

Annual Income	Net Worth (excluding residence)	Liquid Net Worth	Tax Bracket
<input type="checkbox"/> \$0 - \$24,999 <input type="checkbox"/> \$25,000 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$200,000 <input type="checkbox"/> Over \$200,001 (please specify) _____	<input type="checkbox"/> Under \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,000 - \$1,000,000 <input type="checkbox"/> Over \$1,000,000 (please specify) _____	<input type="checkbox"/> \$0 - \$24,999 <input type="checkbox"/> \$25,000 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$200,000 <input type="checkbox"/> Over \$200,001 (please specify) _____	<input type="checkbox"/> 0% <input type="checkbox"/> 10% <input type="checkbox"/> 25% <input type="checkbox"/> 28% <input type="checkbox"/> 33% <input type="checkbox"/> 35%

**Investment Objective for Investment Club**

<input type="checkbox"/> <b>Income</b> Main goal is preservation of capital with the assets in the account are used to generate a source of income.	<input type="checkbox"/> <b>Long Term Growth With Safety</b> Long term capital appreciation with relative safety of principal.
<input type="checkbox"/> <b>Balanced</b> Diversification of asset classes for equal blend of income and long term growth with the primary consideration being current income.	<input type="checkbox"/> <b>Long Term Growth With Greater Risk</b> Long term capital appreciation with greater risk.
<input type="checkbox"/> <b>Growth &amp; Income</b> A balance between capital appreciation and income with the primary consideration being capital appreciation.	<input type="checkbox"/> <b>Speculation</b> Maximum total return involving a higher degree of risk through investment in a broad spectrum of securities

**W-9 Certification** Under penalties of perjury, I (we) certify that the taxpayer identification number shown above on this form is my correct taxpayer identification number. Unless, otherwise indicated, I (we) certify that I (we) am not subject to backup withholding and I (we) am an U.S. Person (including an U.S. resident alien).

**Check the box**  if you are subject to backup withholding under the provisions of the Internal Revenue Service code.

I hereby request that TradeKing and Penson Financial Services Inc. (PFSI) open an account in the name(s) listed as account owner(s) on this application.

By signing below, I acknowledge that I have received, read, understand and agree to be bound by the terms & conditions as set forth in the Customer Agreement ("Customer Agreement") as currently in effect and as amended from time to time. I represent that I am of required legal age to enter into this Agreement. I understand and acknowledge that PFSI does not provide investment, tax, legal, accounting, financial or other advice.

**Important information about procedures for opening a new account:** To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions obtain, verify, and record information that identifies each person who opens an account. **What this means to you:** when you open an account, we will ask for your name address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Penson Financial Services Inc. and/or TradeKing will verify your information through a third-party provider.

**BY MY SIGNATURE ON THE ACCOUNT APPLICATION, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ, UNDERSTAND AND AGREE TO THE TERMS SET FORTH IN THE CUSTOMER AGREEMENT, AND THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE IN SECTION 35.**

Print Name	Signature of Corporate Officer	Date
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**Internal Use Only:**

Print Name of TradeKing Registered Representative	Signature of TradeKing Registered Representative	Dated
Print Name of TradeKing Registered Principal	Signature of TradeKing Registered Principal	Dated

Custodian Acceptance:

**PENSON FINANCIAL SERVICES, INC.  
AND/OR BROKER DEALERS FOR WHICH IT CLEARS****INVESTMENT CLUB ACCOUNT**

\_\_\_\_\_, 20 \_\_\_\_.

Gentlemen:

The undersigned hereby represent and warrant to you that they are all the partners in a general partnership known as \_\_\_\_\_, and hereinafter called the "Partnership", and the undersigned hereby authorize you to open a securities account for the Partnership, to be known as the \_\_\_\_\_ Account.

(Name of Partnership)

\_\_\_\_\_ is hereby appointed the agent and attorney-in-fact of the Partnership, and for its account and risk, to buy, sell and trade in stocks, bonds and any other securities, listed or unlisted, in said account in accordance with your terms and conditions. You may conclusively assume that all action taken and instructions given by said agent and attorney-in-fact have been properly taken or given pursuant to authority vested in such agent and attorney-in-fact by all of the partners in the partnership. You are authorized to follow the instructions of the said agent and attorney-in-fact in every respect concerning said account, and to make delivery of securities and payment of moneys to him or as he may order and direct and to send to him all reports, confirmations and statements relating to the account. The said agent and attorney-in-fact is hereby authorized to execute and deliver on behalf of the Partnership and its members your customer's agreement, stock loan agreement and any other agreements you may require, and to act for the undersigned in every respect concerning said account and to do all other things necessary or incidental to the conduct of said account. The undersigned agree that if new partners are admitted to the Partnership, the undersigned will cause such new members to adopt and be bound by this authorization and indemnity.

This authorization and indemnity is in addition to, and in no way limits or restricts any rights which you may have under any other agreement or agreements between you and the undersigned, or any of them now existing or hereafter entered into, and is binding on the undersigned and their legal representatives, successors and assigns. This authorization and indemnity is also a continuing one and shall remain in full force and effect until revoked by a written notice addressed to you and delivered to you at the address set forth above, signed by any \_\_\_\_\_ (fill in number) partners. No such revocation shall affect any liability arising out of any transaction initiated prior to such revocation.

The undersigned jointly and severally agree to indemnify and hold you harmless from, and to pay you promptly on any debit balance in said account.

It is further agreed that in the event of the death of any of the undersigned, the survivors shall immediately give you written notice thereof, and you may, before or after receiving such notice, take such proceedings, require such papers, retain such portion of and/or restrict transactions in the account as you may deem advisable to protect you against any liability, tax, or penalty under any present or future laws or otherwise. The estate of any of the undersigned who shall have died shall be liable, and each survivor shall continue jointly and severally liable to you on the foregoing indemnity and for any debt balance or loss in said account resulting from the completion of transactions initiated prior to the receipt by you of the written notice of the death of the decedent or incurred in the liquidation of the account or the adjustment of the interests of the respective parties.

This authorization and indemnity shall inure to the benefit of your present firm and its successor in business irrespective of any change or changes of any kind in the personnel thereof for any cause whatsoever.

\_\_\_\_\_  
**(Name of Agent and Attorney-in-fact)**

\_\_\_\_\_  
**(Signature of Agent and Attorney-in-fact)**

Name:		Signature:	
Address:			
SSN, Fed ID, Cedula, NIT#		ID #	
ID Type:	Expiration Date:	Issued By:	Issue Date:

Name:		Signature:	
Address:			
SSN, Fed ID, Cedula, NIT#		ID #	
ID Type:	Expiration Date:	Issued By:	Issue Date:

Name:		Signature:	
Address:			
SSN, Fed ID, Cedula, NIT#		ID #	
ID Type:	Expiration Date:	Issued By:	Issue Date:

Name:		Signature:	
Address:			
SSN, Fed ID, Cedula, NIT#		ID #	
ID Type:	Expiration Date:	Issued By:	Issue Date:

Name:		Signature:	
Address:			
SSN, Fed ID, Cedula, NIT#		ID #	
ID Type:	Expiration Date:	Issued By:	Issue Date:

(Please attach additional pages as needed)

# TRADEKING®

PO Box 49050 • Charlotte, NC • 28277  
Phone 877-495-5464 • Fax 866-699-0563  
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## Deposit Ticket - Request to deposit funds

Mail all checks to:

<u>Regular Mail</u>	<u>Overnight Deliveries</u>
TRADEKING P.O. Box 49050 Charlotte, NC 28277-3432	TRADEKING 13024 Ballantyne Corporate Place, Suite 500 Charlotte, NC 28277

**Deposit enclosed check for \$ \_\_\_\_\_.** **If IRA Deposit, specify Tax Year: \_\_\_\_\_**  
**to My TradeKing Account: \_ \_ \_ \_ - \_ \_ \_ \_** **My Name: \_\_\_\_\_**

Make all checks **payable to TRADEKING** and include your account number on the memo line of your check. **TRADEKING does NOT accept third-party checks (checks must be drawn off an account whose owner is the same as the owner of the TradeKing account)**, starter checks, money orders or credit card checks. Funds deposited via check are subject to a 3 business day hold to clear for trading, 10 business days to withdraw by check or ACH, 30 business days to withdraw by wire. Read more about depositing funds at <https://www.tradeking.com/FAQ/Accounts/depositsTransfers.tmpl>

**IRA Accounts** – When mailing a check deposit for your IRA please specify the tax year for the contribution on the memo line of the check (if no year is specified, it will be applied to the current year). Indicate on the check if this is a rollover contribution to an IRA.

**CASHIER’S and BANK checks** – Please instruct your bank to make the check payable to TRADEKING and name you as the REMITTER on the check. Your name must also appear on the TRADEKING account.

TradeKing, LLC  
Member FINRA/SIPC