



Additional Account Holders Supplement

Account Information

Account Name
Account Number Open Date

Additional Account Holder #1

Type: Joint Holder Custodian Partner Trustee Corporate Officer Executor

Legal Name
Social Security Number or Taxpayer ID Number Date of Birth
Legal Address (No PO Boxes)
City State Zip/Postal Code
Home Telephone Number Business/Cell Telephone Number
E-Mail Address
Citizenship: U.S. Other (W-8 Required)
Government ID (Choose One): Drivers License Passport Military ID
Document Number Country/State of Issuance
Issuance Date Expiration Date
Gender: Male Female Marital Status: Married Single Widowed Divorced (Number) of Dependents and Ages
Employment Status: Employed Not Employed Retired Occupation
Employer Name Address
City State Zip/Postal Code
Are you affiliated with or work for a member firm of a stock exchange or FINRA, Inc., or are you a senior officer of a bank, S&L, insurance company, registered advisory firm or other like account or a person in the securities department of any of the above or an immediate family member of any such person?
 Yes No Position:
Are you a director, a 10% shareholder, or a policy-making executive officer of a publicly traded company?
 Yes No Company:

Additional Account Holder #2

Type: Joint Holder Custodian Partner Trustee Corporate Officer Executor

Legal Name
Social Security Number or Taxpayer ID Number Date of Birth
Legal Address (No PO Boxes)
City State Zip/Postal Code
Home Telephone Number Business/Cell Telephone Number
E-Mail Address
Citizenship: U.S. Other (W-8 Required)
Government ID (Choose One): Drivers License Passport Military ID
Document Number Country/State of Issuance
Issuance Date Expiration Date
Gender: Male Female Marital Status: Married Single Widowed Divorced (Number) of Dependents and Ages
Employment Status: Employed Not Employed Retired Occupation
Employer Name Address
City State Zip/Postal Code
Are you affiliated with or work for a member firm of a stock exchange or FINRA, Inc., or are you a senior officer of a bank, S&L, insurance company, registered advisory firm or other like account or a person in the securities department of any of the above or an immediate family member of any such person?
 Yes No Position:
Are you a director, a 10% shareholder, or a policy-making executive officer of a publicly traded company?
 Yes No Company:

Additional Account Holder #3Type: Joint Holder Custodian Partner Trustee Corporate Officer Executor

Legal Name

Social Security Number or Taxpayer ID Number Date of Birth

Legal Address (No PO Boxes)

City State Zip/Postal Code

Home Telephone Number Business/Cell Telephone Number

E-Mail Address

Citizenship: U.S. Other (W-8 Required)

Government ID (Choose One): Drivers License Passport Military ID

Document Number Country/State of Issuance

Issuance Date Expiration Date

Gender: Male Female Marital Status: Married Single Widowed Divorced (Number) of Dependents and Ages ()

Employment Status: Employed Not Employed Retired Occupation

Employer Name Address

City State Zip/Postal Code

Are you affiliated with or work for a member firm of a stock exchange or FINRA, Inc., or are you a senior officer of a bank, S&L, insurance company, registered advisory firm or other like account or a person in the securities department of any of the above or an immediate family member of any such person?

Yes No Position:

Are you a director, a 10% shareholder, or a policy-making executive officer of a publicly traded company?

Yes No Company:

Certification

By Signing below, I/We agree to all terms and conditions listed below, and all terms and conditions contained within the attached applicable agreements:

A. Under the penalties of perjury, I certify that: (choose two)

- I am a U.S. Person (including a U.S. Resident Alien).
 The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me) and I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.
 The number shown on this form is my correct Taxpayer identification Number (or I am waiting for a number to be issued to me), and I am subject to backup withholding.

B. No, I do not want my name, address and securities positions disclosed to all the companies in which I own securities that are being held for me in this account.

C. If this account is being operated by a person other than the owner, a POWER of ATTORNEY giving authorization must be attached.

D. I have reviewed the information contained on this application an attest to the accuracy thereof.

E. THE PRODUCTS OFFERED (1) ARE NOT FDIC INSURED; (2) ARE NOT OBLIGATIONS OF A BANK; (3) ARE NOT GUARANTEED BY A BANK; AND (4) INVOLVE INVESTMENT RISKS, INCLUDING THE POSSIBLE LOSS OF PRINCIPAL.

F. I have received a copy of the CLIENT ACCOUNT AGREEMENT and agree to the terms and conditions thereof. By signing below, the customer acknowledges receiving a copy of this agreement.

G. I have received a copy of the Schedule of Fees. I understand that the fee schedule may change from time to time and I agree to be bound by such changed fee schedule.

H. I/WE UNDERSTAND THAT THE CLIENT ACCOUNT AGREEMENT PROVIDED TO ME/US CONTAINS IN NUMBERED PARAGRAPH 19, A PRE-DISPUTE ARBITRATION CLAUSE REQUIRING ALL DISPUTES UNDER THIS AGREEMENT TO BE SETTLED BY BINDING ARBITRATION. BY SIGNING BELOW I/WE ACKNOWLEDGE THAT I/WE HAVE RECEIVED A COPY OF THIS AGREEMENT.

I. If applicable, I have read, understand and agree to the terms of the Limited Power of Attorney and Authorization to pay fees to Agent/Advisor and that Trade-PMR does not give investment, legal or tax advice, and will not advise me concerning the nature, potential value, or suitability for me on any particular security transaction or investment strategy.

J. All decisions relating to my investment or trading activity shall be made solely by me or my authorized Agent/Advisor identified above on this New Account Application or subsequently to Trade-PMR in writing.

K. Trade-PMR is authorized to accept and act upon the instructions of my Agent/Advisor with respect to my account in accordance with this Agreement until you receive written notice revoking such authority.

L. My Advisor is not affiliated with or an agent of Trade-PMR and is not authorized to act or make representations on Trade-PMR's behalf.

M. Trade-PMR has no responsibility and will not review, monitor or supervise the suitability or frequency of the investment or trading activity in my account.

N. I shall indemnify and hold harmless Trade-PMR and its officers, directors, employees, agents and affiliates from and against any and all losses, claims or financial obligations that may arise from any act or omission of my Agent/Advisor with respect to my account.

O. If my Brokerage Account has a Margin Account feature, my Agent/Advisor has my authorization to trade on margin and to sell short.

P. If my Brokerage Account is approved for option trading, my Agent/Advisor has my authorization to trade option contracts, relating to the same on margin, or otherwise in accordance with your terms and conditions for my account and at my risk, in my name, or number on your books. I agree to indemnify and hold Trade-PMR harmless of options transactions made by my Agent/Advisor and agree to pay promptly on demand any and all losses arising there from or debit balance due thereon.

Q. If a Third Party Manager was selected above, I/We agree to the terms and conditions of the THIRD-PARTY MONEY MANAGERS AGREEMENT attached to this application.

R. If Asset-Based Pricing was selected above, I/We agree to the terms and conditions of the ASSET-BASED PRICING ADDENDUM attached to this application.

Signature – Additional Account Holder #1 _____ Date _____

Signature – Additional Account Holder #2 _____ Date _____

Signature – Additional Account Holder #3 _____ Date _____

Advisor Use only:

I have reviewed the information contained on this application and attest to the accuracy thereof.

Name _____

Signature – Authorized RIA Representative _____ Date _____

TradePMR Acceptance:

Signature – Registered Representative _____ Date _____

Signature – Supervisory Principal _____ Date _____