

## Additional Account Holders Supplement

### 1 Account Information

Account Name:	Account Type:	Account Number:
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### 2 Additional Account Holder #1

First Name:	Last Name:	
Social Security Number:	Date of Birth:	
Home Phone:	Business/Cell Phone:	
Email Address:		
Legal Address (No PO Boxes):		
City:	State:	Zip:

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Resident Alien (W-9 Required) <input type="checkbox"/> Other (W-8 Required)	

Government ID Type: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Military ID <input type="checkbox"/> State ID Card
ID Number: <input type="text"/> State: <input type="text"/> Expiration Date: <input type="text"/>

Occupation (choose one):			
<input type="checkbox"/> Administrative, Clerical	<input type="checkbox"/> Clergy	<input type="checkbox"/> Craftsman/Skilled Worker	<input type="checkbox"/> Education
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Information Tech	<input type="checkbox"/> Personal Service Provider	<input type="checkbox"/> Proprietor/Professional
<input type="checkbox"/> Public Services	<input type="checkbox"/> Retired	<input type="checkbox"/> Sales	<input type="checkbox"/> Student
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Unskilled Labor	<input type="checkbox"/> Other:	

Business Nature (choose one):				
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Business Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Energy	<input type="checkbox"/> Estate
<input type="checkbox"/> Financial Services	<input type="checkbox"/> Government	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Industrial	<input type="checkbox"/> Media
<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Personal Investment Company	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Retail	<input type="checkbox"/> Technology
<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Transportation	<input type="checkbox"/> Trust	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Other

Employer Name (if retired, please list previous employer): <input type="text"/>
Employer Address: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/>

<input type="checkbox"/> Yes <input type="checkbox"/> No - Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or an immediate family member of any such person? If yes, name of firm: <input type="text"/> Relationship/Position: <input type="text"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No - Are you or an immediate family member a director, a 10% shareholder, or policy-making executive officer of a publicly traded company? If yes, name of firm: <input type="text"/>

### 3 Additional Account Holder #2

First Name:	Last Name:
Social Security Number:	Date of Birth:
Home Phone:	Business/Cell Phone:
Email Address:	

**Continued Additional Account Holder #2**

Legal Address (No PO Boxes):

City: State: Zip:

Gender:  Male  Female Marital Status:  Married  Single  Widowed  Divorced

Citizenship:  U.S.  Resident Alien (W-9 Required)  Other (W-8 Required)

Government ID Type:  Driver's License  Passport  Military ID  State ID Card

ID Number: State: Expiration Date:

Occupation (choose one):

Administrative, Clerical  Clergy  Craftsman/Skilled Worker  Education  
 Homemaker  Information Tech  Personal Service Provider  Proprietor/Professional  
 Public Services  Retired  Sales  Student  
 Unemployed  Unskilled Labor  Other: \_\_\_\_\_

Business Nature (choose one):

Agriculture  Business Services  Construction  Energy  Estate  
 Financial Services  Government  Healthcare  Industrial  Media  
 Non-Profit  Personal Investment Company  Real Estate  Retail  Technology  
 Telecommunications  Transportation  Trust  Wholesale  Other \_\_\_\_\_

Employer Name (if retired, please list previous employer):

Employer Address: State: Zip:

Yes  No - Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or an immediate family member of any such person?  
 If yes, name of firm: Relationship/Position:

Yes  No - Are you or an immediate family member a director, a 10% shareholder, or policy-making executive officer of a publicly traded company? If yes, name of firm:

**4 Additional Account Holder #3**

First Name: Last Name:  
 Social Security Number: Date of Birth:  
 Home Phone: Business/Cell Phone:

Email Address:

Legal Address (No PO Boxes):

City: State: Zip:

Gender:  Male  Female Marital Status:  Married  Single  Widowed  Divorced

Citizenship:  U.S.  Resident Alien (W-9 Required)  Other (W-8 Required)

Government ID Type:  Driver's License  Passport  Military ID  State ID Card  None (Minors only)

ID Number: State: Expiration Date:

Occupation (choose one):

Administrative, Clerical  Clergy  Craftsman/Skilled Worker  Education  
 Homemaker  Information Tech  Personal Service Provider  Proprietor/Professional  
 Public Services  Retired  Sales  Student  
 Unemployed  Unskilled Labor  Other: \_\_\_\_\_

Continued Additional Account Holder #3

Business Nature (choose one):

- Agriculture
- Business Services
- Construction
- Energy
- Estate
- Financial Services
- Government
- Healthcare
- Industrial
- Media
- Non-Profit
- Personal Investment Company
- Real Estate
- Retail
- Technology
- Telecommunications
- Transportation
- Trust
- Wholesale
- Other

Employer Name (if retired, please list previous employer):

Employer Address:

State:

Zip:

Yes  No - Are you affiliated with or employed by a stock exchange or member firm of an exchange or FINRA, or an immediate family member of any such person?

If yes, name of firm:

Relationship/Position:

Yes  No - Are you or an immediate family member a director, a 10% shareholder, or policy-making executive officer of a publicly traded company? If yes, name of firm:

**5** 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):

- Select One:  I am a U.S. Person or Resident Alien.
- Select One:  I am a Non-Resident Alien. By checking this box, I certify that I am not a U.S. citizen or a resident alien for U. S. tax purposes, and I will provide Form W-8BEN, W-8ECI, W-8EXP or W-8IMY with this application. Note: If one of the joint owners provides a Form W-9 in accordance with the procedures described in 31.3406(d)-1 through 31.3406(d)-5 of the federal tax regulations, the payments shall be reportable to that payee

- Select One:  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.
- Select One:  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. I have attached a POWER OF ATTORNEY if directions may be taken by someone other than me.
- C. I have reviewed the information contained in this application and attest to its accuracy.
- D. I understand that THE PRODUCTS OFFERED ARE NOT FDIC INSURED, ARE NOT OBLIGATIONS OF A BANK, ARE NOT GUARANTEED BY A BANK, AND INVOLVE INVESTMENT RISKS, INCLUDING THE POSSIBLE LOSS OF PRINCIPAL.
- E. I acknowledge receipt of the CLIENT AGREEMENT and agree to its terms and conditions.
- F. I understand that the Schedule of Fees may change from time to time and agree to be bound by such changed schedule of fees as appears at [www.tradepmr.com](http://www.tradepmr.com).
- G. I UNDERSTAND THAT THE CLIENT AGREEMENT CONTAINS A PRE-DISPUTE ARBITRATION CLAUSE REQUIRING ALL DISPUTES UNDER THIS AGREEMENT TO BE SUBMITTED TO BINDING ARBITRATION.
- H. I have read, understand, and agree to the terms of the Limited Power of Attorney and Authorization to pay fees to Agent/Advisor.
- I. All decisions relating to my investment or trading activity shall be made solely by me or my authorized Agent/Advisor identified on this New Account Application or subsequently to TradePMR in writing.
- J. TradePMR is authorized to accept and act upon the instructions of my Agent/Advisor with respect to my account in accordance with this Agreement until revoked in writing.
- K. My Advisor is not affiliated with or an agent of TradePMR and is not authorized to act or make representations on TradePMR's behalf.
- L. I understand that TradePMR does not give investment, legal, or tax advice and will not advise me concerning the nature, potential value, or suitability of any particular securities transaction or investment strategy.
- M. I understand that TradePMR is not responsible for and will not review, monitor, or supervise the suitability of the investment or frequency of trading activity in my account.
- N. I shall indemnify and hold harmless TradePMR 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.

Additional Account Holder #1 Signature	Title	Date
Additional Account Holder #2 Signature	Title	Date
Additional Account Holder #3 Signature	Title	Date

Advisor Acceptance:	
Advisor Name	
Advisor Signature	Date:

TradePMR Acceptance:	
Registered Representative	Date:
Supervisory Principal	Date: