

INDIVIDUAL INVESTMENT ADVISOR REPRESENTATIVE (IAR) APPLICATION & AGREEMENT

IAR ACCT # _____

This number assigned by TradePMR, Inc. and will be placed on all correspondence and account applications.

Notices

This *Individual Investment Advisor Representative Application & Agreement* provides Trade-PMR with fundamental information regarding the advisory firm and the advisory firm representative, hereinafter referred to as the "IAR", and establishes the criteria for engagement between the **IAR**, **RIA** and **Trade-PMR**. Please complete all questions, and return to Trade-PMR with all requested documentation.

IAR Information

RIA Information

IAR's Company Name (If sole proprietor, state first, middle and last name.)		RIA's company name under whom you will operate.		Advisor #
IAR's Principal Place of Business (P.O. Box NOT sufficient.)		RIA's Mailing Address (P.O. Box sufficient.)		
City	State	Zip Code	RIA'S City	State
Mailing Address				
Name and Title of Contact Person		RIA'S Contact Person		
IAR's Phone Number () -	IAR's Fax Number () -	RIA's Phone Number () -	RIA's Fax Number () -	
IAR's E-mail		RIA's E-mail		

Type of Registration

Sole Proprietorship (Give Social Securities or Tax ID Number below.)
 Corporate (Complete the Corporate Resolution and provide Tax ID Number below.)
 Partnership
 Trust (Attach Trustee Certification of Investment Powers and provide Tax ID Number below.)
 LLC (Attach your Operating Agreement or Certificate of Limited Liability filed with your state and Provide Tax ID Number below.)
 Other (Please specify.) _____

Tax ID Number or Social Security Number	Citizenship (If Sole Proprietorship) <input type="checkbox"/> U.S. <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien Country _____ Passport # _____
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Business Type, Designations/Affiliations, and Investment Information/Experience

Trust Company Bank Trust Company Individual Advisor Representative (IAR)
 FINRA Registered Representative who operates an independent Registered Investment Advisory Firm. (Complete B/D and IA information directly below.)

Professional Designations & Affiliations (Check all that apply.)

<input type="checkbox"/> AICPA	<input type="checkbox"/> Attorney	<input type="checkbox"/> CFA	<input type="checkbox"/> CFP	<input type="checkbox"/> ChFC	<input type="checkbox"/> CLU
<input type="checkbox"/> CPA	<input type="checkbox"/> CPA/PFS	<input type="checkbox"/> FPA	<input type="checkbox"/> Insurance Broker	<input type="checkbox"/> NAPFA	<input type="checkbox"/> Other _____

BROKER/DEALER INFORMATION

Check here if your B/D has approved doing fee-based business with Trade-PMR. _____ Provide Name of B/D _____
 For FINRA Compliance: Send duplicate confirms & statements to Broker/Dealer

Broker/Dealer Name	Mailing Address
Attention	City
	State
	Zip Code

INVESTMENT IAR INFORMATION

What is the primary traders investment experience/knowledge?
 None Limited Good Extensive
 How many years has the IAR been as an Investment Advisor?
 1 - 5 years 5 - 10 years 10 - 15 years Over 15 years
 Indicate the securities and investment services offered and the years traded:
 Stocks _____ Bonds _____ Commodities _____
 Equity Options* _____ Index Options* _____
 What are your total assets under management?
 \$0 - \$5 million \$5 - \$10 million \$10 - \$15 million Over \$15 million
 * Please complete both equity and index option trading plans and trading experience section below if you responded to either option service.

IAR is registered or has clients in the following states:

Securities and Exchange Commission <input type="checkbox"/>												
AL <input type="checkbox"/>	AK <input type="checkbox"/>	AR <input type="checkbox"/>	AZ <input type="checkbox"/>	CA <input type="checkbox"/>	CO <input type="checkbox"/>	CT <input type="checkbox"/>	DC <input type="checkbox"/>	DE <input type="checkbox"/>	FL <input type="checkbox"/>	GA <input type="checkbox"/>	HI <input type="checkbox"/>	IA <input type="checkbox"/>
ID <input type="checkbox"/>	IL <input type="checkbox"/>	IN <input type="checkbox"/>	KS <input type="checkbox"/>	KY <input type="checkbox"/>	LA <input type="checkbox"/>	MA <input type="checkbox"/>	MD <input type="checkbox"/>	ME <input type="checkbox"/>	MI <input type="checkbox"/>	MN <input type="checkbox"/>	MO <input type="checkbox"/>	MS <input type="checkbox"/>
MT <input type="checkbox"/>	NC <input type="checkbox"/>	ND <input type="checkbox"/>	NE <input type="checkbox"/>	NH <input type="checkbox"/>	NJ <input type="checkbox"/>	NM <input type="checkbox"/>	NV <input type="checkbox"/>	NY <input type="checkbox"/>	OH <input type="checkbox"/>	OK <input type="checkbox"/>	OR <input type="checkbox"/>	PA <input type="checkbox"/>
RI <input type="checkbox"/>	SC <input type="checkbox"/>	SD <input type="checkbox"/>	TN <input type="checkbox"/>	TX <input type="checkbox"/>	UT <input type="checkbox"/>	VA <input type="checkbox"/>	VT <input type="checkbox"/>	WA <input type="checkbox"/>	WI <input type="checkbox"/>	WV <input type="checkbox"/>	WY <input type="checkbox"/>	
Puerto Rico <input type="checkbox"/>		Other (Specify): _____										

Options Trading Information and Experience

What is your frequency of option transactions? per week _____ or per month _____
 What is the average size of your transactions? \$1,000 \$5,000 \$10,000 Other _____
 Please complete both equity and index option trading plans and trading experience. Check all that apply.

Equity Options Trading Plans: <input type="checkbox"/> Covered Writing <input type="checkbox"/> Purchases <input type="checkbox"/> Spreads <input type="checkbox"/> Uncovered Writing and combinations	Trading experience: <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive	Index Options Trading Plans: <input type="checkbox"/> Covered Writing <input type="checkbox"/> Purchases <input type="checkbox"/> Spreads <input type="checkbox"/> Uncovered Writing and combinations	Trading experience: <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive
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IAR Authorization

To Trade-PMR, Inc.: As the authorized representative able to sign on behalf of the above named IAR, I hereby attest that I have read, understand and agree to the terms stated in the enclosed IAR Agreement. *The enclosed IAR Agreement contains a pre-dispute arbitration clause. (Please see paragraph #9 of the IAR Agreement for full details.)*

I also certify, under the penalties of perjury, that the number shown on this form is the correct taxpayer ID number, and that the IAR or its control affiliates are not subject to withholding because; (a) the IAR or its control affiliates have not been notified that they are subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the Internal Revenue Service has notified the IAR or its control affiliates that they are no longer subject to backup withholding. Note: You may strike out any part of this statement that does not apply.

X _____ Date _____
 Signature of Principal, Officer, or other Authorized Person Please Print Name Here

RIA Authorization

To Trade-PMR, Inc.: As the authorized representative able to sign on behalf of the above named Advisor, I hereby attest that I have read, understand and agree to the terms stated in the enclosed IAR Agreement. *The enclosed IAR Agreement contains a pre-dispute arbitration clause. (Please see paragraph #9 of the Individual Investment Advisor Representative Agreement for full details.)*

I also certify, under the penalties of perjury, that the number shown on this form is the correct taxpayer ID number, and that the Advisor or its control affiliates are not subject to withholding because; (a) the Advisor or its control affiliates have not been notified that they are subject to backup withholding as a result of a failure to report all interest or dividends, or (b) the Internal Revenue Service has notified the Advisor or its control affiliates that they are no longer subject to backup withholding. Note: You may strike out any part of this statement that does not apply.

Yes _____ No _____ Does the IAR have Trading Authorization from the Investment Advisor to initiate securities transactions in the customer's account?
Initial Initial

X _____ Advisor # _____ Date _____
 Signature of Principal, Officer, or other Authorized Person Please Print Name Here

TradePMR Use Only

Trade-PMR Acceptance Authorization

X _____ Date _____
 Signature of Authorized TradePMR Representative

 Please Print Name

 Advisor Code Issued

TRADE-PMR, INC.
 PO Box 358230, Gainesville, FL 32635-8230
 Member of FINRA/SIPC

INDIVIDUAL INVESTMENT ADVISOR REPRESENTATIVE AGREEMENT

In consideration of Trade-PMR, Inc. accepting and carrying one or more securities accounts ("Securities Accounts") on behalf of the investment advisory firm, hereinafter referred to as the RIA, the IAR (Individual Investment Advisor Representative) hereby understands and agrees to the following:

1. **Meaning of Words in this Agreement.** The words "I", "me", "my", and "us", refer to the person(s) who signed this Agreement on behalf of, and in representation of all officers, directors, shareholders and personnel of the RIA and the above listed IAR.
2. **Legal Capacity to Enter Into Agreement.** I am at least the age of 18 years and am of full legal age in the state in which I reside, and am authorized to enter into this Agreement on behalf of the RIA and above listed IAR. If I am an employee, member or partner of any security exchange or member firm thereof, of any corporation a majority of the stock of which is owned by any exchange or a broker/dealer I have so indicated on the above IAR Application and Agreement. I also agree to notify you promptly if I should later become employed in any of the capacities cited above.
3. **Clearing Broker.** I understand that I have entered into an Agreement with Trade-PMR, who has entered into an agreement with SAL Financial Services, Inc. to execute and clear securities transactions in those Securities Account I manage. I further understand and agree that SAL Financial Services, Inc. will carry and maintain such Securities Accounts, except as may otherwise be provided in this Agreement.
4. **Certification of Eligibility.** I certify that the IAR/RIA is registered and in good standing with the United States Securities and Exchange Commission as an investment advisor under the Investment Advisers Act of 1940, and/or registered as an investment advisor in all states where such registration is required (as an IAR/RIA). I agree that if the IAR/RIA's registration status as an IAR/RIA is suspended or revoked or has lapsed for any reason or if the IAR/RIA becomes subject to any disciplinary action by a federal or state regulatory authority, I will immediately notify Trade-PMR and cease any purchase transaction of securities in any underlying account that the RIA or the IAR has authority to manage.
5. **Advice.** 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.
6. **Recording Conversations.** I understand and agree that, for our mutual protection, Trade-PMR may record any of our telephone conversations without further notice.
7. **Notice of Changed Name, Address, Bank, Employment.** I agree to promptly notify Trade-PMR in writing of any change to the IAR's name, address, or Settlement Account.
8. **Governing Laws.** This Agreement shall be governed by the laws of the State of Florida.

9. ARBITRATION DISCLOSURES

- **ARBITRATION IS FINAL AND BINDING ON THE PARTIES.**
- **THE PARTIES ARE WAIVING THEIR RIGHT TO SEEK REMEDIES IN COURT, INCLUDING THE RIGHT TO JURY TRIAL.**
- **PRE-ARBITRATION DISCOVERY IS GENERALLY MORE LIMITED THAN AND DIFFERENT FROM COURT PROCEEDINGS.**
- **THE ARBITRATORS AWARD IS NOT REQUIRED TO INCLUDE FACTUAL FINDINGS OR LEGAL REASONING AND ANY PARTY'S RIGHT TO APPEAL OR TO SEEK MODIFICATION OR RULING BY THE ARBITRATORS IS STRICTLY LIMITED.**
- **THE PANEL OF ARBITRATORS WILL TYPICALLY INCLUDE A MINORITY OF ARBITRATORS WHO WERE OR ARE AFFILIATED WITH THE SECURITIES INDUSTRY.**
- **NO PERSON SHALL BRING A PUTATIVE OR CERTIFIED CLASS ACTION TO ARBITRATION, NOR SEEK TO ENFORCE ANY PRE-DISPUTE ARBITRATION AGREEMENT, AGAINST ANY PERSON WHO HAS INITIATED IN COURT A PUTATIVE CLASS ACTION; OR WHO IS A MEMBER OF A PUTATIVE CLASS WHO HAS NOT OPTED OUT OF THE CLASS WITH RESPECT TO ANY CLAIMS ENCOMPASSED BY THE PUTATIVE CLASS ACTION UNTIL; (I) THE CLASS CERTIFICATION IS DENIED; OR (II) THE CLASS IS DECERTIFIED; OR (III) THE CUSTOMER IS EXCLUDED FROM THE CLASS BY THE COURT. SUCH FORBEARANCE TO ENFORCE AN AGREEMENT TO ARBITRATE SHALL NOT CONSTITUTE A WAIVER OF ANY RIGHTS UNDER THIS AGREEMENT EXCEPT TO THE EXTENT STATED HEREIN.**

ARBITRATION: I EXPRESSLY ACKNOWLEDGE AND AGREE THAT ALL CLAIMS, DISPUTES AND OTHER MATTERS ARISING OUT OF OR RELATING TO THIS AGREEMENT SHALL BE SUBMITTED TO THE ARBITRATION BOARD OF THE FINANCIAL INDUSTRY REGULATORY AUTHORITY (FINRA). UNLESS OTHERWISE PROVIDED BY LAW. THIS EXPRESS AGREEMENT TO SUBMIT TO BE BOUND BY ARBITRATION INCLUDES, BUT IS NOT LIMITED TO, DISPUTES ARISING UNDER THE SECURITIES ACT OF 1933, THE EXCHANGE ACT OF 1934, CLAIMS ARISING UNDER THE RACKETEER INFLUENCED AND CORRUPT ORGANIZATIONS ACT (RICO), STATE OR COMMON LAW FRAUD AND SECURITIES STATUTES, AS WELL AS OTHER FEDERAL SECURITIES LAWS CLAIMS WHICH MAY ARISE TO THE EXTENT PROVIDED BY LAW. THIS PROVISION TO ARBITRATE SHALL BE SPECIFICALLY ENFORCEABLE UNDER THE PREVAILING ARBITRATION LAW AND PROCEDURES. THE AWARD RENDERED BY THE ARBITRATORS SHALL BE FINAL, AND JUDGEMENT MAY BE ENTERED UPON IT IN ANY COURT HAVING JURISDICTION THEREOF. COUNSEL CAN ADVISE ME ON HOW THIS PROVISION MAY AFFECT ME.

10. **Debit Balance Accounts.** I understand and agree that should any account of said advisors or IAR comes into a negative balance with TradePMR, Inc., TradePMR, Inc. has the right to withdraw debit balance from IAR/Advisors Sundry Account or bill IAR/Advisor directly. Should the funds not be available, TradePMR, Inc. will use any legal means necessary to collect such debt.
11. **Effectiveness.** I understand that this Agreement is not effective until approved by The Supervisory RIA, Trade-PMR, Inc. and SAL Financial Services, Inc., each in its sole discretion.