

NEW ACCOUNT APPLICATION

Account #: Rep Code: **ACCOUNT REGISTRATION** 1. ACCOUNT REGISTRATION / OWNERSHIP Select one Individual / Joint Retirement Individual Traditional IRA Education Joint tenants with rights of survivorship (JTWROS) Rollover Ext. Custodian IRA In the event of the death of any of the undersigned, the entire interest in the Joint Account shall be vested in the SEP Profit Sharing Plan survivor(s) on the same terms and conditions as previously held, without releasing the undersigned or their estates from the liability provided for in this Agreement. Simple Pension Plan Joint tenants in common (JTIC) Beneficiary In the event of the death of any of the undersigned, the interests in the tenancy shall be divided equally unless Regular Roth otherwise specified below. Rollover Roth Roth Conversion % share Name Roth Beneficiary % share Name Decedent Name (if applicable) Date of Death Other **Business** % share Name Trust C-Corp % share Name Estate S-Corp Community Property Municipality LLC Opened in the name of two legally married people, age 18 or over, who are residents of Alaska, Arizona, California, (Investing bond proceeds) Partnership Idaho, Louisiana, Nevada, New Mexico, Philippine Islands, Puerto Rico, Texas, Wisconsin, or Washington. Municipality Sole Proprietorship Guardian / Custodian (No bond proceeds) Non-Profit Non-US Individual Other: Non-US Institution Non-US Joint 2. ACCOUNT TITLE AND TYPE Margin Options Transfer on Death Cash Select all applicable options for this account. Account Title 3. HOUSEHOLDING Account statements and trade confirmations can be combined with those from other accounts for your convenience. Yes ☐ No Householded accounts will also appear in the online account summary of the primary account holder. Please see the Householding disclosure in the Introduced Customer Account Terms, & Disclosures document for more information. Primary Account Number **ACCOUNT OWNER INFORMATION** 4. SOLE OR PRIMARY ACCOUNT OWNER INFORMATION Individual Minor ☐ Business Trust Estate Owner Type Social Security Number / Tax ID Owner Legal Name Date of Birth (mm/dd/yyyy) Information Other (W-8 required) U.S. citizen or permanent resident Country of Citizenship Legal Address (No P.O. Boxes) Contact Information City State / Province ZIP / Postal Code Country Email Address Mobile Phone Primary Phone Employed Not Employed Retired Student Business Phone Occupation Employment Employer Name Information Employer Address

Marital Status

Citv

Single

Married

Ages of Dependents:

Country

Divorced

State / Province

Widowed

ZIP / Postal Code

Number of

Dependents:



SECURITIES	5					Acco	unt #:	Rep (Code:		
5. SOLE OR PRIMA	ARY ACCOUN	T OWNER ID	ENTITY INFO	RMATION							
Government	Drivers License		Passport		Military ID		Other	r Government-Issued	ID		
Identification	Danisa at Niverbar		Carratur / Ctata af I		Date of Issuance (- (-ll ()	Evaluation Data (see	- (a) a) 6		
Are you or your spouse	Document Number	ssociated with a	Country / State of I		<u> </u>			Expiration Date (mm			
Are you or your spouse	employed by, or d	ssociated with, a :	stock exchange, c		u stock excituit	ige, i iiv	INA, or a manicipa		1:		
Yes No											
Are you, or any relative	Company Name	no a policy makin	a officer director	a 10 parcent cha	robolder er etl	horwice	a considered an a	ffiliate of a public	hy tradad		
company for purposes		ne, a policy-makin	g officer, director,	, a 10 percent snc	irenolder, or ou	ilei wise	e considered an a	milate of a publici	ly traded		
Yes No											
	Company Name							Company Tick	er		
Are you (or are you rela	ated to someone w	ho is) an employe	e or agent of Stor	neX Group Inc., or	a StoneX-affili	ated co	ompany?				
☐ Yes ☐ No											
	Employee / Agent N	ame	Emp	loyee / Agent Positio	on		Relationship				
Are you or your spouse government owned co	a politically expos mmercial enterprise	ed person, current e, or a family mem	t or former senior ber or cose assoc	official of a foreig	n government on?	or polit	cical party, or seni	or executive of a f	foreign		
☐ Yes ☐ No											
	Political Organizatio	n	Polit	ically Exposed Perso	n Name		Relationship t	o Account Holder			
6. FINANCIAL PRO	OFILE Use comb	bined figures fo	r joint accounts	s.							
Do you have accounts	at anv other broke	rage firm?	Yes	No	Fir	m(s):					
	llify as an Institution	nal Investor (A b	ank, savings and lo			. ,	d investment compa	ny, investment advise	er, or any individual		
Funding Source	Income S	ale of Business/Prope	erty Inheritan	nce/Gift Insura	nce/Settlement		Pension/Retirement	Brokerage Acc	count Other		
		А	В	С	D		E	F	G		
		< \$50,000	\$50,000-99,999	\$100,000-199,99	9 \$200,000-49	9,999	\$500,000-999,999	\$1 mil-2.49 mil	\$2.5 mil +		
Income & Net Worth	Annual Income										
Net Worth	Net Worth										
	Liquid Net Worth										
Estimated Federal Tax F	Rate	< 10%	10 - 15%	16-20%	21 - 25%	6	26 - 30%	31 - 35%	> 35%		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		A	В	С	D		E	F	G		
When do you expect to withdrawing significant		< 1 year	1 - 3 years	4 - 6 years	7 - 9 year	rs	10 - 12 years	13 - 15 years	> 15 years		
this account?											
		A	В	С	D		E Moderately	F	G		
Investment Profile		Capital Conservative Preservation		Moderately Conservative	Moderat	Moderate		Aggressive	Speculative		
					·		1	2	3		
What is the likelihood yo	ou will need to acc	ess funds from thi	s account to satis	sfy short-term req	uirements?		Low	Medium	High		
		N		Α			B	_	С		
	Charles / Decode	None		Limited		Average		Extensive			
Investment	Stocks / Bonds										
Experience	Alt. Investments										
	Options Mutual Funds										
	Annuities										
7. SECOND ACCO	UNT OWNER	INFORMATIC	DN If applicable	e							
Owner Type	Joint Owner	Custo	dian/Guardian	Partner	Tru	ıstee	Execut	or Aut	thorized Person		
Owner	Legal Name					Date o	of Birth (mm/dd/yyyy) Social Secur	Social Security Number / Tax ID		
Information	U.S. citizen o	or permanent resid	lent \square \cap	ther (W-8 require	·d)						
	3.3. 6162611 0				,	Count	ry of Citizenship				
	Legal Address (No F	gal Address (No P.O. Boxes)									
Contact Information											
miorination	City			Cta	te / Province	17IP / D	Postal Code	Country			

Email Address

Primary Phone

Mobile Phone



SECURITIES						A	Account #:			Rep Co	de:		
7. SECOND ACCO	UNT INFORMATI	ON Continue	ed										
	Employed	☐ Not Em	ployed	Retired		Student							
							E	Business	Phone		Ext.		
Employment	Employer Name Occup						on						
Information	Employer Address												
	Employer Address												
	City			1	State / Provin		ZIP / Postal Co		Count	Ages of	:		
Marital Status	Single	Married		Divorced	Widow	ed	Depende			Dependen			
Government	Drivers License		Passport	t	Milita	ry ID			Other Gov	vernment-Issue	ed ID		
Identification	Document Number		Country / Sta	ate of Issuance	Date	of Issuance	e (mm/dd/yyy	v)	Expire	ntion Date (mm/d	d(vvvv)		
Are you or your spouse											۵, , , , , , , , , , , , , , , , , , ,		
Yes No													
	Company Name								66.11				
Are you, or any relative company for purposes	s sharing your home, a of SEC Rule 144?	policy-making	officer, dir	ector, a 10 perce	nt shareholde	r, or othe	rwise consi	dered c	in affiliate	e of a publicly t	raded		
Yes No													
Are you (or are you rela	Company Name	:) an employee	or agent o	of Stone X Groun I	nc or a Stone	X-affiliat	ed company	v?	- 1	Company Ticker			
Yes No	ned to someone who is	, un employee	or agent o	I Storiex Group i	ric., or a storic	X-diffillati	ea company	y:					
ies ivo	Employee / Agent Name			Employee / Agent	: Position		R	elations!	hip				
Are you or your spouse government owned co	a politically exposed p mmercial enterprise, or	erson, current a family memb	or former s per or cose	senior official of a associate of suc	foreign gover h person?	nment or	political pa	irty, or s	senior exe	ecutive of a fore	eign		
Yes No					.=								
	Political Organization Politically Exposed Person Name Relationship to Account Holder												
O THIRD ACCOUR		PMATION	lf applica		d Person Name		R	elations	hip to Acco	ount Holder			
8. THIRD ACCOUNT	NT OWNER INFO			ble		Trust	·				orized Perso)n	
8. THIRD ACCOUN			lf applica ian/Guardi	ble	artner	Trust	·		hip to Acco		orized Perso	on	
	NT OWNER INFO			ble			·	Exe	ecutor				
Owner Type	T OWNER INFO Joint Owner	Custod	ian/Guardi	ble	artner		tee Date of Birth (Exe	ecutor (yyy)	Autho			
Owner Type Owner	NT OWNER INFO Joint Owner Legal Name	Custod	ian/Guardi	ble ian P	artner		tee	Exe	ecutor (yyy)	Autho			
Owner Type Owner	NT OWNER INFO Joint Owner Legal Name	Custod	ian/Guardi	ble ian P	artner		tee Date of Birth (Exe	ecutor (yyy)	Autho			
Owner Type Owner Information Contact	Joint Owner Legal Name U.S. citizen or pe	Custod	ian/Guardi	ble ian P	artner equired)		tee Date of Birth (Country of Cit	Exe	ecutor	Autho			
Owner Type Owner Information	Joint Owner Legal Name U.S. citizen or pe	Custod	ian/Guardi	ble ian P	artner		tee Date of Birth (Exe	ecutor (yyy)	Autho			
Owner Type Owner Information Contact	Joint Owner Legal Name U.S. citizen or pe	Custod	ian/Guardi	ble ian P	artner equired)		Date of Birth (Country of Cit	Exe	count	Autho			
Owner Type Owner Information Contact	VT OWNER INFO Joint Owner Legal Name U.S. citizen or pe Legal Address (No P.O. B	Custod	ian/Guardi	ble ian P	equired) State/Provir		Date of Birth (Country of Cit	Exe (mm/dd/) izenship ode	country Country	Autho	Number / Tax		
Owner Type Owner Information Contact	VT OWNER INFO Joint Owner Legal Name U.S. citizen or pe Legal Address (No P.O. B	Custod	ian/Guardi	ble fan P Other (W-8 r	equired) State/Provir	C C C Z	Date of Birth (Country of Cit	Exe (mm/dd/) izenship	country Country	Autho			
Owner Type Owner Information Contact Information	VT OWNER INFO Joint Owner Legal Name U.S. citizen or pe Legal Address (No P.O. B	Custod	ian/Guardi	ble fan P Other (W-8 r	equired) State/Provir	C C C Z	Date of Birth (Country of Cit	Exe (mm/dd/) izenship ode	country Country	Autho	Number / Tax		
Owner Type Owner Information Contact Information	Joint Owner Legal Name U.S. citizen or pe Legal Address (No P.O. B City Email Address Employed Employer Name	Custod	ian/Guardi	ble fan P Other (W-8 r	equired) State/Provir	C C C C C C C C C C C C C C C C C C C	Date of Birth (Country of Cit	Exe (mm/dd/) izenship ode	country Country	Autho	Number / Tax		
Owner Type Owner Information Contact Information	NT OWNER INFO Joint Owner Legal Name U.S. citizen or pe Legal Address (No P.O. B City Email Address Employed	Custod	ian/Guardi	ble fan P Other (W-8 r	equired) State/Provir	C C C C C C C C C C C C C C C C C C C	Date of Birth (Country of Cit	Exe (mm/dd/) izenship ode	country Country	Autho	Number / Tax		
Owner Type Owner Information Contact Information	Joint Owner Legal Name U.S. citizen or pe Legal Address (No P.O. B City Email Address Employed Employer Name	Custod	ian/Guardi	ble fan P Other (W-8 r	equired) State/Provir	C C C C C C C C C C C C C C C C C C C	Date of Birth (Country of Cit	Exe (mm/dd/) izenship ode Mobile Pl Business	country Country	Author Social Security	Number / Tax		
Owner Type Owner Information Contact Information	NT OWNER INFO Joint Owner Legal Name U.S. citizen or pe Legal Address (No P.O. B City Email Address Employed Employer Address	Custod	ian/Guardi	ble fan P Other (W-8 r	equired) State / Provin	Conce Z	Date of Birth (Country of Cit. ZIP / Postal Co	Exe (mm/dd/) izenship ode Mobile Pl Business	Count	Autho	Number / Tax		
Owner Type Owner Information Contact Information Employment Information Marital Status	Legal Name U.S. citizen or pe Legal Address (No P.O. B City Email Address Employed Employer Name Employer Address City	Custod	ian/Guardi	ble an P Other (W-8 r Primary Phone Retired	equired) State / Provin	conce Z	Country of Cit	(mm/dd/) izenship ode Mobile Pl Business	Count	Social Security Ty Ages of	Number / Tax Ext.		
Owner Type Owner Information Contact Information Employment Information	Legal Name U.S. citizen or pe Legal Address (No P.O. B City Email Address Employed Employer Name Employer Address City Single Drivers License	Custod rmanent reside oxes) Not Em	ent ployed Passpor	ble an P Other (W-8 r Primary Phone Retired Divorced	equired) State / Provin Occu State / Provin Widow Milita	ctudent pation	Country of Cit. ZIP / Postal Co. Number Depende	Exe (mm/dd/) izenship ode Mobile Pl Business ode r of ents:	Countribution Co	Authors Social Security Ty Ages of Dependen vernment-Issu	Number / Tax		
Owner Type Owner Information Contact Information Employment Information Marital Status Government Identification	Legal Name U.S. citizen or pe Legal Address (No P.O. B City Email Address Employed Employer Name Employer Address City Single Drivers License	Custod rmanent reside oxes) Not Em	ent ployed Passpor	ble an P Other (W-8 r Primary Phone Retired Divorced t	equired) State / Provin State / Provin Widow Milita Date	conce Z	Country of Cit ZIP / Postal Co Number Depende	Exe (mm/dd/) izenship ode Mobile Pl Business ode r of ents:	Country Countr	Author Social Security Ty Ages of Dependent Vernment-Issue Intion Date (mm/d)	Number / Tax		
Owner Type Owner Information Contact Information Employment Information Marital Status Government Identification Are you or your spouse	Legal Name U.S. citizen or pe Legal Address (No P.O. B City Email Address Employed Employer Name Employer Address City Single Drivers License	Custod rmanent reside oxes) Not Em	ent ployed Passpor	ble an P Other (W-8 r Primary Phone Retired Divorced t	equired) State / Provin State / Provin Widow Milita Date	conce Z	Country of Cit ZIP / Postal Co Number Depende	Exe (mm/dd/) izenship ode Mobile Pl Business ode r of ents:	Country Countr	Author Social Security Ty Ages of Dependent Vernment-Issue Intion Date (mm/d)	Number / Tax		
Owner Type Owner Information Contact Information Employment Information Marital Status Government Identification	Legal Name U.S. citizen or pe Legal Address (No P.O. B City Email Address Employed Employer Name Employer Address City Single Drivers License	Custod rmanent reside oxes) Not Em	ent ployed Passpor	ble an P Other (W-8 r Primary Phone Retired Divorced t	equired) State / Provin State / Provin Widow Milita Date	conce Z	Country of Cit ZIP / Postal Co Number Depende	Exe (mm/dd/) izenship ode Mobile Pl Business ode r of ents:	Country Countr	Author Social Security Ty Ages of Dependent Vernment-Issue Intion Date (mm/d)	Number / Tax		

Company Name

Yes No

Company Ticker



SECURITIES						Account #	:		Rep Code:		
8. THIRD ACCOUN	NT INFORMATIO	N Continued									
Are you (or are you rela	ited to someone who i	s) an employee or agen	t of StoneX Gro	up Inc., or a Stor	neX-affilio	ated compa	ny?				
Yes No	Employee / Agent Name		Employee / A	Employee / Agent Position				Relationship			
Are you or your spouse government owned cor	a politically exposed promercial enterprise, or	person, current or forme r a family member or co	r senior official se associate of	of a foreign goversuch person?	ernment o	or political p	arty, or se	nior exe	cutive of a foreign		
Yes No	Political Organization		Politically Exr	oosed Person Nam	e		Relationship to Account Holder				
9. FOURTH ACCO		FORMATION If any		oosea'i erson iyani			relationship to Account Holder				
Owner Type	Joint Owner	Custodian/Guar	_				☐ Fxec	utor	Authorized Person		
Owner Type	Joint Owner	Custodian/Guai	ululi _					utoi	Authorized i		
Owner	Legal Name				Date of Birth	rth (mm/dd/yyyy) Social Security Number / Tax ID					
Information	U.S. citizen or pe	ermanent resident	Other (W	-8 required)		Country of C	Citizenship				
	Legal Address (No P.O. E	Boxes)									
Contact											
Information	City			State / Pro	vince	ZIP / Postal Code		Country			
	Email Address		Primary Phor	ne			Mobile Pho	ne			
	Employed	☐ Not Employed	Retired		Student		Business F	hone	E	xt.	
Employment Information	Employer Name			Occ	cupation						
cidub	Employer Address										
	Employer Address										
	City			State / Pro	vince	ZIP / Postal		Countr			
Marital Status	Single	Married	Divorced	☐ Wido	wed	Numb Depend			Ages of Dependents:		
Government	Drivers License	Passp	ort	Milit	tary ID		_ O	ther Gov	vernment-Issued ID		
Identification	Document Number Country / State of Issuance Date of Issuance (mm/dd/yyyy) Expiration Date (mm/dd/yyyy)										
Are you or your spouse		ciated with, a stock exch									
Yes No	Company Name										
Are you, or any relative company for purposes	s sharing your home, of of SEC Rule 144?	a policy-making officer,	director, a 10 pe	ercent sharehold	der, or oth	erwise con	sidered ar	affiliate	of a publicly traded		
Yes No											
	Company Name							Company Ticker			
Are you (or are you rela	ited to someone who i	s) an employee or agen	t of StoneX Gro	up Inc., or a Stor	neX-affilio	ated compa	ny?				
Yes No	E			Decition Delete				ria a la			
Are you or your spouse	Employee / Agent Name	gent Position of a foreign gove	osition Relationsh preign government or political party, or s				•				
government owned cor	mmercial enterprise, or	r a family member or cos	se associate of	such person?		or political p					
Yes No											
	Political Organization			oosed Person Nam			Relationshi	p to Acco	unt Holder		
		ACCO	OUNT IN	FORMAT	ΙΟΝ						
10. MAILING ADD	RESS										
This is where all mail communication	Street Address										
about the account will be sent.					7/0 / 0 / 1 0 /		Control				
44 DETIDENEN	City	UECT TO EDICA		State / Province	ZIP /	/ Postal Code	Co	untry			
11. RETIREMENT	ACCOUNTS SUB	JECT TO ERISA									
Skip this section if account is not subject	Employer or Other Respo		T								
to ERISA.	Contractivi		C. 1 (5)	- N1			` . . =	1.4.1.			
	Contact Name	e Number	Contact Email Address								



SECURITIES					Account #:			Rep Code:		
12. INTERESTED F	PARTIES If requested, third parties can	receive copies o	f acco	unt docume	ents.					
	Maria		D. (S						
	Name			Professional Capacity (Accountant, attorney, etc.)						
Interested Party 1	Address									
ruity 1										
I authorize	City		State	/ Province	ZIP / Postal (Code	Country			
communication with	Email Address Primary Phone									
about my account.	To the interested party, please duplicate:	Statem	ents	Trade Confirmations				Tax Documents		
	Name			Professional (Capacity (Acco	untant, attor	ney, etc.)			
Interested	Address									
Party 2	7 Address									
	City		State	/ Province	ZIP / Postal (Code	Country			
I authorize communication with	E. J. Add.	Din Di								
the Interested Party about my account.	To the interested party, please duplicate:	Primary Phone Statem	ents		Trade Confir	mations		☐ Tax Documents		
•		Statem	CITES		Trade Cornii	madons		Tax Bocaments		
13. TRUSTED CON	·			a tak			Ale - 1	N		
someone may be exploit	individual (age 18 or older) whom you authoriz ing you financially or (2) we desire to confirm th	ne specifics of your	current	contact info	rmation, hea	ılth status,	or the identi	ty of any legal		
	ee or holder of a power of attorney. Designatir We are not obligated to contact your Trusted									
•	lesignate any Trusted Contact. Should you des		_	•						
	Name	Relationship to Account Owner								
Trusted Contact Person #1	Address	T								
reison#1	City		State / Province		ZIP / Postal Code		Country			
	Email Address	Primary Phone				Mobile Phon	е			
	Name		Relationship t	o Account Ow	ner					
	Traine			Trefactorionip c						
Trusted Contact	Address		T		I					
Person #2		Ctat			710 / 0	ZIP / Postal Code		Contract		
	City		State /	Province	ZIP / Postal C	Lode	Country			
	Email Address	Primary Phone				Mobile Phon	e			
14. SIGNATURES										
	rm that I have both read and agree with all pag					ation is true	and correc	t. I agree that any		
questions or concerns a	bout this form or the content herein, will be sub	mitted in writing to	my Re	gistered Rep	resentative.					
Drimany Association	Cignatura		Λ ما ما:+:	nal Assert	Holder C:	aturo				
Primary Account Holder	Signature		Additio	nal Account	Holaer Signo	ature				
Primary Account Holder		Additional Account Holder Name					Date			
•										
A 1 1924										
Additional Account Hold	er Signature		Additio	nal Account	Holder Signo	ature				
Additional Account Hold		Additio	nal Account Holder Name				Date			
	For Introdu	cing Broker-	Deal	er Use O	nly					
Signature of Registered	Representative		Signati	ure of Superv	risory Princip	pal				

Registered Representative Name

Supervisory Principal Name

Date