# **Account Application**

Advisory - Non-Retirement

		A1
Account Number		
	Rep ID	

ηu	irements for all registration type	be used for all LPL advisory non-reti s, please consult the appropriate accou noving account holders or to change th	unt opening ch				
a	se email the completed form to <u>i</u>	maging.email@lpl.com or fax to (858) 2	.02-8325.				
Τ	ENTION: Any alterations must be	e initialed by all account holders.					
90	tion I: Account Inform	ation					
	Account Type (choose only one	)		A	ccount upd	ates required by	/ LPL Operations
	selected. This separate packet	ive, read and understand the content contains the Account Agreement and parties and related conflicts of interest.	Program Broch				
	Strategic Asset Manageme	nt* (Account Packet - SAM Programs)		Optimum Mark	ket Portfolio	os Advisory (Acc	count Packet - OMP)
	Strategic Asset Manageme	nt II** (Account Packet - SAM Programs	s)	Model Wealth	Portfolios (	Account Packet	- MWP)
	Manager Select (Account P	acket - Manager Select)		Personal Wealt	th Portfolios	(Account Pack	et - PWP)
		charges for purchases and sales in the Account for the Account are borne by my financial ac					
	Registration Type (choose only	one)					
	○ Individual	Guardianship/Conservatorship*	Persona	l Trust*	O Cor	porate*	
	Tenants in Common	Custodian for Minor	Partners	ship*	O No	n-Profit Organiz	ation*
	Community Property	Coverdell ESA*	Limited	Liability Company*	Om	nibus*	
	Joint Tenants With Right of Survivorship	C Estate*					
	Other (Please specify):						
	*Additional documentation required. Fin	nancial advisor should refer to the detailed proce	edures for the regi	stration type on the Resourc	ce Center.		
	Is this account for a Government	t Entity?					○ Yes ○ No
	Is your account holder considered Rule 4512(c):	ed an "institutional account" based on	one or more of	the following definition	ons per FIN	RA	○ Yes ○ No
	<ol><li>An investment adviser regi- commission (or any agency</li></ol>	ssociation, insurance company or registi stered either with the SEC under Secti- or office performing like functions); or a natural person, corporation, partners	on 203 of the I	Investment Advisers A			S
	Registration Information						
	Social Security Number or Tax II	)		your current residency	•	•	
				U.S. Citizen	Resident	: Alien	Non-Resident Alien
	Account Registration		Coun	try of Citizenship			
			 Mailir	ng Address			
				.9			
	Home Phone	Mobile Phone	Busin	ess Phone		Fax Number	
	1	1 1	1 1		I I	1	





## Section II: Investment Objective and Risk Tolerance

Select the investment	objective that most ac	curatery refrect	.s the goals for this a	ccount. (choose only of	10)		
The investment objective Please note that achieve considered to be conse	vement of the stated in	nvestment obje	ctives is a long-term	goal for the account. T	These choices		in order from what is
objective. Emp				account, this is consider nal risk of capital loss. L			
B. Income with Mo	derate Growth. Emphas	sis is placed on	generation of current	income with a secondar	y focus on mo	oderate capi	ital growth.
C. Growth with Inc	ome. Emphasis is place	d on modest ca	pital growth with some	e focus on generation o	f current inco	me.	
D. Growth. Empha	sis is placed on achievin	ng high long-ter	m growth and capital	appreciation. There is lit	ttle focus on g	generation o	of current income.
E. Aggressive Grov	wth. Emphasis is placed very high level of risk an	on aggressive ç ıd is for investor	growth and maximum s with a longer time h	capital appreciation. No orizon.	focus on ge	neration of c	current income. This
ATTENTION: If you select	t an objective and cross it	t out to choose a	nother, the change mus	st be initialed by all accou	ınt holders.		
ction III: Account	Holder Informat	ion					
corporate, LLC, non-prot cumentation instead. For a					iired. Comple	ete the appro	opriate supplementary
Primary Information							
Primary Account Holder	r/Trustee/Minor/Auth. C	Officer	Occupation (former	if retired or unemployed)		ID Type (Ex	c: Driver's License, Passport, etc.)
Social Security Number	Date of Birth		Industry (former if reti	ired)		ID Place o	of Issuance
Residence Address (no	P. O. Boxes) ☐ Same as	mailing addres	s Employer Name	☐ Mark here if retired or	unemployed	ID Numbe	er
			_				
			Employment Add	dress	ו טו	Issuance Dat	te ID Expiration Date
Country of Citizenship						.t. 10	O Var O Na
Home Phone	Mobile Phone		Business Phone			verified? Number	Yes No
	6. ( 5 10: 11 5						
Is this account for the b		posed Person (F	PEP)*? Yes	No			
If yes, define PEP positi							
in-laws); 3. Close associates	- People who are widely and	l publicly known to	maintain a close relationshi	al figure; 2. His/her immediat ip with the PEP, including pe or for the benefit of, the PEF	ople who are in		
The trusted contact per exploitation (refer to acconduct transactions in	count packet/agreeme						
I decline to provid	e a trusted contact pers	son at this time.					
Trusted Contact Name				Trusted Contact Email			
T							
Trusted Contact Addres	SS						
Trusted Contact Primar						.l.D.ll	Li Oil A
Trusted Contact Primar				(Spouse, Relative, Frien			

## **Section III: Account Holder Information** (continued)

Primary Information (continued)						
Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.						
	g the account. By completing a	and signing this new account application	nd may transmit duplicate statements, confirmations on, you authorize LPL to provide transactional data as			
Full Name of Person Associated v Firm or FINRA		to Account Holder of iated with Firm or FINRA	Name of Associated Firm (if FINRA, list FINRA)			
Address of Person Associated wit	h Firm or FINRA	Corporate Compliance	e Mailing Address of Firm			
	nber of your immediate family any public corporation within 1	has been a corporate officer, director, the past three months.	Name of Corporation(s)			
Secondary Information						
Secondary Account Holder/Truste	ee/Minor/Auth. Officer	Occupation (former if retired or unemployed)	ID Type (Ex: Driver's License, Passport, etc.)			
Social Security Number	Date of Birth	Industry (former if retired)	ID Place of Issuance			
Residence Address (no P. O. Boxe	es) 🗌 Same as mailing address	Employer Name ☐ Mark here if retir	red or unemployed ID Number			
		Employment Address	ID Issuance Date ID Expiration Date			
Country of Citizenship			ID verified? Yes No			
Home Phone	Mobile Phone	Business Phone	Fax Number			
Is this account for the benefit of a	Politically Exposed Person (Pl	EP)*? Yes No				
If yes, define PEP position:						
in-laws); 3. Close associates - People wh	io are widely and publicly known to n		mediate family members (e.g., parents, spouse, sibling, children, ling people who are in a position to conduct substantial financial the PEP.			
	cket/agreement for more deta		ting your assets, and responding to possible financial must be age 18 or older, and would not be able to			
I decline to provide a truste	d contact person at this time.					
Trusted Contact Name		Trusted Contact I	Email			
Trusted Contact Address						
Trusted Contact Primary Phone	Relationshi	p to Account Holder (Spouse, Relative,	Friend, Professional Relationship, Other)			

### **Section III: Account Holder Information** (continued)

2.	Secondary Information (co	ntinued)											
	Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.												
LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmation oncerning the account. By completing and signing this new account application, you authorize LPL to provide transactional dealisted above to FINRA, the broker/dealer, or municipal securities dealer as applicable.													
	Full Name of Person Associated with Firm or FINRA  Relationship to Account Holder of Person Associated with Firm or FINRA				N	ame of A	ssociated	Firm (if F	INRA, list F	NRA)			
	Address of Person Associate	ed with Firm or FINR	4		Corporate Co	mpliance Ma	iling Add	ress of Fir	m				
	Mark here if you or any or owner of 10% or mo					director, N	ame of C	Corporation	n(s)				
Se	ction IV: Financial In	formation and	Experience										
1.	Investment Information												
	Enter the letter that corresp	onds to the correct r	ange:										
			J										
	Annual income?	Net worth? (exclusiv	e of primary residence)		Liquid net v	worth?*		Approxima	ate accou	nt value?**			
	A. \$1 - \$24,999	B. \$25,0	00 - \$49,999	C	. \$50,000 - \$9	99,999		D. \$100,	,000 - \$24	- \$249,999			
	E. \$250,000 - \$499,999	F. \$500,	000 - \$749,999	0	. \$750,000 - \$	\$999,999		H. \$1,00	0,000 and	d over			
	Specify the exact Source of	Account Holder Wea	lth and Income (e.g. I	nheritance, en	plovment salarv.	. sale of real esta	ate. etc.)						
					, , , , , , , , , , , , , , , , , , , ,	,		Federal	income ta	ax bracket?	(%)		
Investment Experience (total number of years):  Indicate the number of years of experience for each investment type:													
	Annuities Mutua	l Funds	Partnerships	Marg	n	Stocks	E	Bonds		Options			
	Other (please specify):												
	What are your assets/invest assets in whole numbers exc								approxir	mate perce	ntage of		
	Real Estate%	Mutual Fun	ds%	Chec	king / Savings	<u> </u>	%	Anı	nuities		_%		
	Insurance%	Stocks	%	Alter	native Investm	nents	%	Вог	nds		_%		
	Other%	If Other, pl	ease explain										

<sup>\*</sup>Liquid net worth is exclusive of real estate; only include assets that can be liquidated within 30 days.
\*\*Account minimums apply; see the applicable Account Packet for details or ask your financial advisor.

ie	ction IV: Financial Informa	tion a	and Experience (conti	nued)				
2.	Investment Time Horizon and Liqu	idity N	leeds					
	What is your investment time horizo	n for th	nis account? 1-3 years	3-5 years	) 5-10 years	More than 1	0 yeaı	rs
	Do you have liquidity needs from th	e funds	s in this account? Yes	○ No				
	If yes, when do you need these	funds	? Within 3 years	More than 3 years				
•	etian V. Advisam, Buanna	Λ	ount Information					
	ction V: Advisory Progran		ount information					
١.	Primary Financial Advisor Informate Primary Financial Advisor Name	ion		Business Address				
	Timery Financial Action Plants			Dusiness / tagless				
	Business Phone							
2.	Annual Account Fee Information							
		~~~~ i	a vacuired to be completed. If I	oft blank or the Tiered As	+ E.a. A.ı+h	orization Form is no	+	aired +ban +ba
	One of the following fee instruction application will be rejected.	areas is	s required to be completed. If I	ert blank, or the Hered Acc	count ree Auth	orization Form is no	ot rec	eived, then the
	For SAM, SAM II, OMP, MWP, Mana Note: Tiered Account Fees are not available							
	Account Fee = Advisory Fee:		(%) + Mar	ager Fee* (if applicable)	OR			
	Check here if account will be se	t up fo	or Tiered Account Fee**					
	* Please refer to the Account Agreement for ** For Tiered Account Fee Billing, Form F52 prior to Form F521 submission. To learn m	1 (Tiered	d Account Fee Authorization Form) is i				ounts m	nust be completed
3.	Commissions on Trades from Acco	unts O	outside of LPL (Optional)					
	Financial Advisor(s): Mark below if y							
	firm other than LPL Financial and a control of Purchase Date  Purchase An		, ,	he past two years. Please p	orovide trade d Fund Class		-	
	\$	iount	Investment Name		Fund Class	CUSIP/Symbol	]   	ommission
	\$	=					]	
							] [	
	\$						\$	
	\$						\$	<u> </u>
4.	Specific Securities Restrictions							
	-				. (5	4 11 514/5 144	_	
	Mark below if you wish to restrict sp only). In order to facilitate these rest				t (for SAM/SAN	/I II, PWP and Mana	ager S	elect accounts
	Restrict common stock securities: (e	nter syr	mbol)					
	Restrictions do not apply to mutual (attach additional pages if necessary	unds. )						
	Other Restrictions (for SAM/SAM II category restrictions that apply to a available for PWP accounts. (attach	and PV PWP a	ccount. Financial advisor shoul					
	available for 1 vvi accounts, fattacil	.aaiti0l	nai pages ii liecessaly)					

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 $\hbox{$^\star$Certain restrictions may require further review with LPL and your financial advisor.}$ 

## **Section VI: Manager Select Account Information**

	plete This Section for Manager Select Accou	
Acc	ount Type (choose either SMA Platform or Mod	lel Portfolio Platform):
$\bigcirc$	SMA Platform (SMA Portfolio Manager indicate	ed below has discretionary authority)
	SMA Portfolio Manager Name	
	Asset Class*	Investment Style*
	Did the SMA Portfolio Manager indicated above	ve previously manage the assets in this account? Yes No
	Accepted by SMA Portfolio Manager / Authorized Person	Signature Accepted by SMA Portfolio Manager / Authorized Person Name (print) Date (required)
$\circ$	Model Portfolio Platform (LPL has discretionary Model Advisor Name	y authority)
	Asset Class*	Investment Style*
	Poset Class	investment style
	ncial advisor should refer to the Manager Select Participations and investment styles.	ion List on the Resource Center for detailed information on each SMA Portfolio Manager and Model Advisor, their available asse
ctio	n VII: Margin Agreement (Managed A	Accounts such as MWP, OMP, PWP, and Manager Select are not eligible for margin)
. Mar	gin Disclosure Statement Information	
Sect	to indicate that you have received the Margir ion I, and agree to the terms and conditions.  Margin Disclosure Statement provided:	n Disclosure Statement, have read the margin disclosure section in the Account Packet referenced in
		Initials Initials Initials Initials
ctio	n VIII: Acknowledgment and Exe	cution
. Deli	very Preferences If you have provided your en	nail address in this application, you may elect to receive documents from LPL electronically.
Ema	il	
0	performance reports and legal and regulatory maintain an active email account to receive no conditions of use before I am able to view th	electronically (including, but not limited to, communications, account statements, trade confirmations or notices and disclosures), to the extent permitted by applicable law. I acknowledge that I need to (incitications from LPL when documents are available, (ii) login to Account View and accept its terms and the documents electronically, and (iii) be responsible for certain costs associated with electronic access or electronic delivery will remain in effect until revoked.
$\bigcirc$	No, I do not want to receive documents from L default selection if "Yes" is not selected above	LPL electronically. Please send me paper copies of all communications related to my account. This is the e.
	may revoke your election to receive electronic ontacting your Financial Advisor.	documents or request paper copies of electronic documents at any time by logging into Account View
. Sup	pression of Confirmations (for PWP, MWP and	d Manager Select accounts only):
	nitialing below, I hereby elect not to receive irmation will be reported on my brokerage acco	immediate trade confirmations from LPL for each transaction in the account. Information from the ount statement.
	_	Initials Initials Initials



### Section VIII: Acknowledgment and Execution (continued)

3. Name Differences/One and the Same Information (not to be used in lieu of court documentation for legal name changes)

List any name differences that you are known by or commonly use in the space provided. By listing the names below and signing Section VIII, you are authorizing LPL to accept transactions and follow instructions under all names listed. Alterations to this section cannot be made after the form has been submitted, except by completing and submitting a separate One and the Same Form (OSL).

#### 4. Acknowledgment

I acknowledge by signing below that I have received, read, understand and agree to the terms of this Account Application and the applicable Account Agreement (included in the Account Packet specified in Section I). Additionally I certify the following:

- All of the information provided in this Account Application is true, correct, and complete and I agree to notify LPL of any changes to the information.
- I have received the LPL Relationship Summary and the Advisory Program Brochure (included as part of the applicable Account Packet) and the Brochure Supplement of the financial advisor servicing my advisory account.
- I understand and agree to the terms of the Automatic Cash Sweep Program set out in the Account Agreement.
- I understand and acknowledge that I have granted discretionary authority in the Account Agreement to trade securities in my account to my financial advisor in the case of SAM/SAM II accounts, to my financial advisor and LPL in the case of OMP, PWP and MWP accounts, to LPL in the case of Manager Select Model Portfolio Platform accounts, and to the SMA Portfolio Manager in the case of Manager Select SMA Platform accounts.
- I have discussed with my financial advisor the investment objective selected for the account in Section II of this Application, and for MWP, PWP, OMP, and Manager Select Model Portfolio Platform accounts, the model portfolios to be selected for my account.
- I understand that investing through an advisory account involves investment risk, including the risk of loss. I am prepared to bear the risks associated with my investments.
- I understand that LPL will supply my name to issuers of any securities held in my account so that I may receive important information regarding those securities, unless I notify LPL in writing not to do so.
- I acknowledge that proceeds from liquefied home equity on my primary residence will not be used to fund this account.
- I understand the differences between an advisory and brokerage account and by signing below affirm my decision, based on discussions with my financial advisor and information provided to me, to work with my financial advisor in an advisory relationship.
- I authorize LPL to contact my trusted contact person listed above. I understand that providing this information is optional and I may withdraw it at any time.
- I understand no portion of this account can be used as collateral without authorization of LPL Home Office which shall be obtained through the completion of required LPL documentation.
- In the event that I choose to pledge eligible LPL accounts as collateral to a lender for a loan or line of credit, I acknowledge that I cannot and will not use the proceeds from any loan or line of credit to purchase securities.

Under penalties of perjury, I hereby certify that: (1) 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 (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) 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 (c) the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I attest I am exempt from FATCA Reporting. (However, if you provide an IRS W-8 form, it will supersede this statement and you may be subject to FATCA Reporting.) (Cross out (2) if subject to backup withholding.) The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

This account is governed by and I acknowledge receipt of the predispute arbitration clause that is located in the last numbered section of the Account Agreement (included in the Account Packet specified in Section I), which is incorporated by reference into this Account Application.

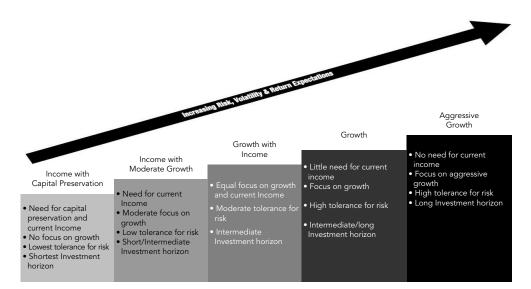
Account Holder Signature	Account Holder Name (print)	Date (required)
Account Holder Signature	Account Holder Name (print)	Date (required)
Account Holder Signature	Account Holder Name (print)	Date (required)
Account Holder Signature	Account Holder Name (print)	Date (required)

### Section VIII: Acknowledgment and Execution (continued)

#### 5. Branch Use Only

I have reviewed this document for completeness, accuracy, suitability, and proper disclosures. If this account was opened online and the automated check against the OFAC list of specially designated nationals (SDNs) resulted in a match to the account holder's name, I have confirmed that the account holder is not the same person listed by OFAC. If this account is opened by the home office, I have checked the list of SDNs and either the account holder's name does not appear or, if the account holder's name is the same as the name of a SDN, the account holder is not the person listed by OFAC. I have also provided the account holder with the CIP disclosure either in writing or verbally. I acknowledge and accept that I am a party to the applicable Account Agreement. I have determined that any liquidation of previously purchased investments to deposit assets into this account is suitable for the account holder and have disclosed to the account holder all costs incurred by the account holder to liquidate such investments.

Financial Advisor / Authorized Person Signature	Financial Advisor / Authorized Person Name (print)	Rep ID	Date (required)
Joint Financial Advisor / Authorized Person Signature	Joint Financial Advisor / Authorized Person Name (print)	Rep ID	Date (required)
Joint Financial Advisor / Authorized Person Signature	Joint Financial Advisor / Authorized Person Name (print)	Rep ID	Date (required)



#### Historical Trade-Off Between Risk, Volatility & Investment Return:

This chart illustrates five investment objectives. Match your investment needs with the characteristics listed below each investment objective to determine which objective most accurately represents your situation.