

Deutsche Bank
Private Wealth Management
Corporate Account Information Form
This form is for informational purposes only.

Corporate Details

Account Number:

Account Title:

MAILING ADDRESS

ATTN:

Address:

City:

Province/County/Subdivision:

State: _____ Zip/Postal Code: _____

Country: _____

Please provide only if P.O. Box is provided above:

Business Phone Number:

Email Address:

Entity Information

Type of Entity (check one):

Corporate

LEGAL ADDRESS (if different)

ATTN:

Address:

City:

Province/County/Subdivision:

State: _____ Zip/Postal Code: _____

Country: _____

Client Advisor: _____

Fax Number: _____

Holding Company

Corporate Pension/Profit Sharing Plan

Financial Organization

LLC

Private Equity Fund

Delaware LLC Investment Advisor

Venture Capital Fund

Hedge Fund

Government Entity/Agency Sole Proprietor Other:

Does client waive Deutsche Bank's suitability obligation under Financial Industry Regulatory Authority (FINRA) 2111? Yes No

Liquidity Needs: Low (Somewhat Important) Medium (Important) High (Very Important)

Time Horizon (approximate year account owner expects to achieve the financial goals for this account):

OR 10 years or longer

Year

Total Investments

Please note the investment types in which Client currently invests or owns (whether with DBSI and/or with other financial institutions) by indicating the estimated value of those investments.

Equities: _____

Options: _____

Fixed Income: _____

Mutual Funds: _____

Business ID: _____

Number of Authorized Parties: _____

Country of Incorporation: _____

Date the entity was formed or incorporated: _____

Nature of Business: _____

Principal Place of Business: _____

ETFs: _____

Real Estate Property

(excluding Primary Residence): _____

Variable Annuities: _____

Alternative Investments (Hedge Funds and
Private Equity): _____

Structured Products: _____

Foreign Currency: _____

Tax Identification

Number: _____

Is the company publicly traded? o Yes o No

State/Province of

Incorporation: _____

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Entity's Financial Details

Annual Income:

- Less than \$50,000
- 50,000-99,999
- 100,000-249,999
- 250,000-499,999
- 500,000-999,999
- 1,000,000-2,499,999
- 2,500,000-4,999,999
- 5,000,000 and over

Net Worth:

- Less than \$50,000
- 50,000-99,999
- 100,000-249,999
- 250,000-499,999
- 500,000-999,999
- 1,000,000-2,499,999
- 2,500,000-4,999,999
- 5,000,000 and over

Entity's Source of Wealth (Check all that apply)

- Inheritance or Gifts
- Corporate Executive
- Sale of Other Assets
- Professional Earnings
- Sale of Business

Entity's Investment Experience

Investment Type

Federal Tax Status (check one):

- 0-15%
- 15.1-32%
- 32.1-50%
- 50.1% or more

Approx % of net worth that is investable assets:

- Sale of Securities
- Public or Gov't Official
- Lottery or Gaming
- Individual Earnings
- Sale of Real Estate
- Corporate Earnings
- Business Owner
- Other (please provide):

Experience

(Required)

Years of

Investing

Equities

Options

Fixed Income

Mutual Funds

Exchange Traded Funds (ETFs)

Real Estate Property (excluding Primary Residence)

Variable Annuities

Alternative Investments

(Hedge Funds, Private Equity)

Structured Products

Foreign Currency

Account Investment Objectives/Risk Tolerance

Investment Objectives (please select up to two consecutive investment objectives):

o Aggressive Growth: Investor is willing to accept substantial risk of loss to the portfolio to obtain growth of capital with minimal or no current income. Investor seeks return mainly from potential capital appreciation; liquidity is of no primary concern.

o Growth: Investor is willing to accept increased risk of loss to the portfolio with greater exposure to the equity markets or equivalent markets. The

objective is long-term growth of capital. Investor seeks return mainly from capital appreciation and/or higher yielding instruments.

o Income: Investor is willing to accept some risk of loss to the portfolio with exposure to income producing securities in equity, fixed income or equivalent markets. Investor seeks return mainly from income.

o Capital Preservation: Risk averse investor who is willing to accept limited risk of loss to the portfolio with limited exposure to equity markets risk

or equivalent risks. The objective is capital preservation with limited potential for capital appreciation and current income. Investor seeks stability

and a modest return on capital.

None

No history

of any

transactions

Annual Activity Level (Select one)

Limited

(1-5 transactions per year)

Moderate

(6-15 transactions per year)

High

(Over 15 transactions per year)

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Banking Account Information

Banking Name:

Banking Address:

City:

Banking Phone Number:

Accountant Name:

Accountant Address:

City:

Accountant Phone Number:

Authorized Party's Personal Information

Name:

Legal Address:

City:

Country of Citizenship:

Employment Status: Employed

Occupation and Position:

Employer's Name:

Employer's Address:

City:

Length of Employment:

Home Phone Number:

Investment Experience

Investment Type

State: _____ Zip/Postal Code: _____

Banking Email Address: _____

State: _____ Zip/Postal Code: _____

Accountant Email Address: _____

DOB: _____

SSN: _____

State: _____ Zip/Postal Code: _____ Country: _____

If not U.S. (check one): Resident Alien Non-Resident Alien

Self-Employed

Retired

Unemployed Homemaker

Student

State: _____ Zip/Postal Code: _____

Business Phone Number: _____ Email _____

Address: _____

Experience

(Required)

Years of

Investing

Equities

Options

Fixed Income

Mutual Funds

Exchange Traded Funds (ETFs)

Real Estate Property (excluding Primary

Residence)

Variable Annuities
Alternative Investments
(Hedge Funds, Private Equity)
Structured Products
Foreign Currency
2nd Authorized Party's Personal Information

Name: _____
Legal Address: _____
City: _____
Country of Citizenship: _____
Employment Status: Employed
Occupation and Position: _____
Employer's Name: _____
Employer's Address: _____
City: _____
Length of Employment: _____
Home Phone Number: _____
DOB: _____
SSN: _____
State: _____ Zip/Postal Code: _____ Country: _____

If not U.S. (check one): Resident Alien Non-Resident Alien
 Self-Employed
 Retired
 Unemployed Homemaker
 Student
None
No history
of any
transactions

Annual Activity Level (Select one)
Limited
(1-5 transactions
per year)
Moderate
(6-15
transactions
per year)
High
(Over 15
transactions
per year)
State: _____ Zip/Postal Code: _____

Business Phone Number: _____ Email
Address: _____
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Investment Experience
Investment Type
Experience
(Required)
Years of
Investing
Equities
Options
Fixed Income
Mutual Funds
Exchange Traded Funds (ETFs)
Real Estate Property (excluding Primary
Residence)
Variable Annuities
Alternative Investments
(Hedge Funds, Private Equity)
Structured Products
Foreign Currency
3rd Authorized Party's Personal Information

Name:

Legal Address:

City:

Country of Citizenship:

Employment Status: Employed

Occupation and Position:

Employer's Name:

Employer's Address:

City:

Length of Employment:

Home Phone Number:

Investment Experience

Investment Type

None

No history

of any

transactions

Annual Activity Level (Select one)

Limited

(1-5 transactions
per year)

Moderate

(6-15
transactions
per year)

High

(Over 15
transactions
per year)

DOB: _____

SSN: _____

State: _____ Zip/Postal Code: _____ Country:

If not U.S. (check one): Resident Alien Non-Resident Alien
 Self-Employed
 Retired
 Unemployed Homemaker
 Student
State: _____ Zip/Postal Code: _____

Business Phone Number: _____ Email _____
Address: _____

Experience
(Required)
Years of
Investing
Equities
Options
Fixed Income
Mutual Funds
Exchange Traded Funds (ETFs)
Real Estate Property (excluding Primary
Residence)
Variable Annuities
Alternative Investments
(Hedge Funds, Private Equity)
Structured Products
Foreign Currency
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None
No history
of any
transactions
Annual Activity Level (Select one)
Limited
(1-5 transactions
per year)
Moderate
(6-15
transactions
per year)
High
(Over 15
transactions
per year)

Beneficial Owner's Information

Name:

DOB or Date of Establishment:

Legal Address:

City:

Country of Citizenship:

Employment Status: Employed

Occupation and Position:

Employer's Name:

Employer's Address:

City:

Length of Employment:

Home Phone Number:

Investment Experience

Investment Type

OR Entity

Name: _____

SSN or

TIN: _____

State: _____ Zip/Postal Code: _____ Country: _____

If not U.S. (check one): Resident Alien Non-Resident Alien

Self-Employed

Retired

Unemployed Homemaker

Student

State: _____ Zip/Postal Code: _____

Business Phone Number: _____ Email _____

Address: _____

Experience

(Required)

Years of

Investing

Equities

Options

Fixed Income

Mutual Funds

Exchange Traded Funds (ETFs)

Real Estate Property (excluding Primary Residence)

Variable Annuities

Alternative Investments

(Hedge Funds, Private Equity)

Structured Products

Foreign Currency

FINRA/Broker Dealer Affiliations (Please Answer All Questions)

Is any owner (or person with a beneficial interest in the account) either

(1) a senior military, governmental, or political official of any country, or (2)

closely associated with or an immediate family member of such an official?

Yes o No

Are any of the following employed by Deutsche Bank, its subsidiaries or affiliates, employed by a member firm or registered broker-dealer, or employed by FINRA or any other self-regulatory organization? o Yes o No (If Yes, please complete below)

Accounts owners?

o Yes o No

Any member of the same household as the account owner? o Yes o No

Any person who materially supports the account owner?

Any immediate family member of the account owner?

Any person materially supported by the account owner?

o Yes o No

o Yes o No

o Yes o No

If you answered YES to ANY of the above, please provide the following:

Name of Employee:

Name of Employer:

Relationship to Account Owner: _____

Is any owner now, or has any owner ever been, a senior corporate officer or director, or does any owner own 10% or more of any publicly-traded company's stock? o Yes o No If YES, provide name of company:

Will anyone else be entering orders: o Yes o No

If YES, please list name(s) (additional paperwork will be required).

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None

No history

of any

transactions

Annual Activity Level (Select one)

Limited

(1-5 transactions

per year)

Moderate

(6-15

transactions

per year)

High

(Over 15

transactions

per year)

Customer Identification Program (CIP) Notice

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and

record information that identifies each person who opens an account. This means that when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documentation.

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011224.062212stepvah: Please complete if owner is NOT an authorized person.