



Reset Form

Print Form

- Web Site or Search Engine
- TV or Radio Advertising
- Magazine / Newspaper Ad
- News Article
- Friend Referral / Promotion Code
- I'm an Existing Scottrade Customer

BROKERAGE ACCOUNT APPLICATION

Select Account Type:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Custodial (use minor's SSN) | <input type="checkbox"/> Individual | <input checked="" type="checkbox"/> Joint - type: WROS | <input type="checkbox"/> Qualified Plan - type: _____ |
| <input type="checkbox"/> Investment Club | <input type="checkbox"/> Coverdell ESA | <input type="checkbox"/> IRA - type: _____ | <input type="checkbox"/> Partnership - type: _____ |
| <input type="checkbox"/> Non-Corporate Organization | <input type="checkbox"/> Trust | <input type="checkbox"/> Guardianship/Conservatorship | <input type="checkbox"/> Update Account # _____ |
| | <input type="checkbox"/> Estate | <input type="checkbox"/> Corporate - type: _____ | |

APPLICANT				CO-APPLICANT (IF ANY)			
Title of Account (if applicable, name of corporation/partnership/trust/etc.)							
Mr. Name First Middle Last				Mr. Name First Middle Last			
Mrs. Name First Middle Last				Mrs. Name First Middle Last			
Ms. Name First Middle Last				Ms. Name First Middle Last			
Street Address (P.O. Box or c/o address not permitted)				Street Address (P.O. Box or c/o address not permitted)			
City		State	ZIP plus 4	City		State	ZIP plus 4
Home Phone Number	Work Phone Number	Cell Phone Number		Home Phone Number	Work Phone Number	Cell Phone Number	
Mailing Address (if different from home address, P.O. Boxes may be used)							
Social Security or Tax ID Number		Date of Birth		Social Security or Tax ID Number		Date of Birth	
Are you a U.S. Citizen? <input type="checkbox"/> YES - Skip to "Occupation"				Are you a U.S. Citizen? <input type="checkbox"/> YES - Skip to "Occupation"			
Non-U.S. Citizens: <input type="checkbox"/> NO - Complete the section below				Non-U.S. Citizens: <input type="checkbox"/> NO - Complete the section below			
Country of Citizenship: _____				Country of Citizenship: _____			
Are you a permanent U.S. Resident?				Are you a permanent U.S. Resident?			
<input type="checkbox"/> YES - Alien Registration Number _____				<input type="checkbox"/> YES - Alien Registration Number _____			
<input type="checkbox"/> NO - Indicate your Visa type _____ AND complete and sign the U.S. Visa Holder Statement (form number SF1039)*				<input type="checkbox"/> NO - Indicate your Visa type _____ AND complete and sign the U.S. Visa Holder Statement (form number SF1039)*			
*If you plan on staying in the U.S. 183 days or less, contact our International Department to apply for an account.				*If you plan on staying in the U.S. 183 days or less, contact our International Department to apply for an account.			
Occupation				Occupation			
<input type="checkbox"/> Employed (specify occupation) _____				<input type="checkbox"/> Employed (specify occupation) _____			
<input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student				<input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student			
Employer (If self-employed, specify job function)				Employer (If self-employed, specify job function)			
Employer Address				Employer Address			
Please answer the following:							
<input type="checkbox"/> Yes <input type="checkbox"/> No Is any applicant employed by or affiliated with a securities firm, a securities exchange, or FINRA? (If yes, provide name and address of Compliance Dept.)							
<input type="checkbox"/> Yes <input type="checkbox"/> No Is any applicant a "control person" or "affiliate" of a public company as defined by the SEC? This would generally include 10% shareholders, members of the Board of Directors and policy-making officers. (If yes, provide trading symbol and company)							
<input type="checkbox"/> Yes <input type="checkbox"/> No Is any applicant or member of immediate family or business associate a senior foreign political official?							
Type of Account (Choose A or B):							
A) Internet Trading (Requires e-mail address)		E-mail Address		Referred By: (Name and/or Referral Number)			
<input type="checkbox"/> Internet: All securities & proceeds held in account. _____							
Trade confirmations and monthly account statements will be posted to your online account free of charge.							
To receive paper copies for a fee, check one or both of the following: <input type="checkbox"/> Mail trade confirmations (\$1 each) <input type="checkbox"/> Mail account statements (\$2 each)							
B) Non-Internet Trading (Be advised that non-Internet Commission Rates will apply.)							
<input type="checkbox"/> Safekeeping		Indicate Instructions:		<input type="checkbox"/> Hold Proceeds		OR <input type="checkbox"/> Mail Proceeds	
				<input type="checkbox"/> Hold Dividends & Interest		OR <input type="checkbox"/> Mail Dividends & Interest	
Additional Services:							
<input type="checkbox"/> Margin (IRAs excluded): Sign Margin Agreement below <input type="checkbox"/> Options: Send me an Options Application & Disclosure Document <input type="checkbox"/> Transfer Account to Scottrade: Send me the Account Transfer form							

Under penalties of perjury, I 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); (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. person (including a U.S. resident alien). The IRS does not require my consent to any provision of this document other than the certification required to avoid backup withholding. Applicants who are subject to backup withholding must cross out item (2).

BY SIGNING THIS AGREEMENT I ACKNOWLEDGE THAT I HAVE RECEIVED, READ AND AGREE TO ABIDE BY THE TERMS OF THE ACCOMPANYING BROKERAGE ACCOUNT AGREEMENT, WHICH CONTAINS A PRE-DISPUTE ARBITRATION CLAUSE AT SECTION 29.

X _____ Date
Applicant/Authorized Person's Signature

X _____ Date
Co-Applicant/Authorized Person's Signature

MARGIN PRIVILEGES - SIGN BELOW ONLY IF YOU DESIRE A MARGIN ACCOUNT

By signing this agreement I acknowledge that I have received, read and agree to abide by the terms of the accompanying Brokerage Account Agreement, including the Margin Account section starting at Section 53.

X _____ Date
Applicant/Authorized Person's Signature

X _____ Date
Co-Applicant/Authorized Person's Signature



SF1000/12-09

FOR SCOTTRADE USE ONLY

Online Application Entry Registered Rep Registered Principal New Accounts Rep

SNAP Approved