

BROKERAGE ACCOUNT APPLICATION

- Individual Joint Custodian (Use Minor's SS#)
 Partnership Corporation Investment Club
 Trust (Requires Scottrade Certificate of Trust Form) Other
 IRA (Beneficiary Designation Form Required)
 Type of IRA _____
 Pension, Profit Sharing, Keogh or 401K Plan
 (Provide complete copy of plan)

Please tell us how you heard about Scottrade:

- Wall Street Journal Barrons
 Local Newspaper Referral
 Investor's Daily Radio
 Yellow Pages TV
 Microsoft Network Internet
 Other _____

Scottrade Use Only	
A	BOM
CC	RR
N	OSJ
L	DATE
UNI	L.D.B.

Completion of all boxes required.

APPLICANT				CO-APPLICANT (IF ANY)(Not applicable for IRA Accounts)			
TITLE OF ACCOUNT (IF APPLICABLE, NAME OF CORPORATION/PARTNERSHIP/TRUST/ETC.)							
MR. NAME	FIRST	MIDDLE	LAST	MR. NAME	FIRST	MIDDLE	LAST
MRS.				MRS.			
MS.				MS.			
HOME ADDRESS STREET				HOME ADDRESS STREET			
CITY		STATE	ZIP PLUS 4	CITY		STATE	ZIP PLUS 4
HOME TELEPHONE #		WORK TELEPHONE #	CELL PHONE #	HOME TELEPHONE #		WORK TELEPHONE #	CELL PHONE #
MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)							
U.S. SS, TAX ID, OR ITIN#			DATE OF BIRTH	U.S. SS, TAX ID, OR ITIN#			DATE OF BIRTH
COUNTRY of LEGAL RESIDENCE <input type="checkbox"/> USA <input type="checkbox"/> OTHER: _____			COUNTRY of CITIZENSHIP <input type="checkbox"/> USA <input type="checkbox"/> OTHER: _____	COUNTRY of LEGAL RESIDENCE <input type="checkbox"/> USA <input type="checkbox"/> OTHER: _____			COUNTRY of CITIZENSHIP <input type="checkbox"/> USA <input type="checkbox"/> OTHER: _____
OCCUPATION <input type="checkbox"/> EMPLOYED (Please specify occupation) _____ <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> UN-EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> HOMEMAKER <input type="checkbox"/> STUDENT				OCCUPATION <input type="checkbox"/> EMPLOYED (Please specify occupation) _____ <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> UN-EMPLOYED <input type="checkbox"/> RETIRED <input type="checkbox"/> HOMEMAKER <input type="checkbox"/> STUDENT			
EMPLOYER (If Self-Employed, please specify job function)				EMPLOYER (If Self-Employed, please specify job function)			
EMPLOYER ADDRESS				EMPLOYER ADDRESS			
BANK REFERENCE			ACCOUNT #	BANK REFERENCE			ACCOUNT #
BROKERAGE REFERENCE			ACCOUNT #	BROKERAGE REFERENCE			ACCOUNT #

TYPE OF ACCOUNT (Choose EITHER A or B):

A) INTERNET TRADING (REQUIRES E-MAIL ADDRESS)	E-Mail Address	Referred by (referral number)
<input type="checkbox"/> Internet: Securities & proceeds held in Account.		

B) TRADITIONAL TRADING (BROKER ASSISTED TRADING ONLY)		
<input type="checkbox"/> Transfer & Ship:	<input type="checkbox"/> Hold or	<input type="checkbox"/> Mail Proceeds
<input type="checkbox"/> Safekeeping:	<input type="checkbox"/> Hold or	<input type="checkbox"/> Mail Proceeds
<input type="checkbox"/> Supersaver:	Securities & proceeds held in Account.	

PLEASE ANSWER THE FOLLOWING:

Investment Objective: <input type="checkbox"/> Growth <input type="checkbox"/> Income <input type="checkbox"/> Trading Is any applicant employed by or affiliated with a securities firm, a securities exchange, or the NASD? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide name and address of Compliance Dept.) Is any applicant an officer, director, affiliate or 10% shareholder of a publicly-traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide symbol and CUSIP# of security.)
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ADDITIONAL SERVICES:

<input type="checkbox"/> Margin: Also sign Margin Agreement below.
<input type="checkbox"/> Option: Please send me an Option Agreement & Prospectus.
<input type="checkbox"/> Transfer my brokerage account to Scottrade. Please send me the forms.

• 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 PARAGRAPH 21.

I certify under penalties of perjury (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, and (3) I am a U.S. person (including a U.S. resident alien). I understand that if I have been notified by the IRS that I am subject to backup withholding, I must cross out item (2) above.

_____ **X** _____ **X**
 DATE APPLICANT'S / AUTHORIZED PERSON'S SIGNATURE CO-APPLICANT'S / AUTHORIZED PERSON'S SIGNATURE

MARGIN AGREEMENT - ALSO SIGN BELOW ONLY IF YOU DESIRE A MARGIN ACCOUNT

By signing this agreement I acknowledge that I have received and read the accompanying *Brokerage Account Agreement Paragraphs 24 through 29* and agree to be bound by the terms and conditions described therein.

_____ **X** _____ **X**
 DATE MARGIN CUSTOMER'S SIGNATURE MARGIN JOINT PARTY'S SIGNATURE