

Company or Institutional Accounts

Name on Account: _____

Account Number: _____

Date: _____

Check Account Information

- 1 Business name
- 2 Business Address (Legal address cannot be a P.O. Box, or other Non-street Address)
- 3 Tax Identification Number of the business
- 4 Legal Entity (Sole Proprietor, C-Corporation, S-Corporation, LLC, LP, trust)
- 5 Date of Formation
- 6 Names of Persons authorized to transact business on behalf of the entity
- 7 Ownership information for the business (publicly held, number and/or entity of owner of privately-owned business)
- 8 Principal Place of business operations (including: City/Town, state/province, country)
- 9 The signature of the registered representative introducing the account
- 10 The signature of the Designated Principal who accepts the account
- 11 Is this account subject to the CDD Rule? Yes ___ (If so, attach paperwork) No ___

Check Suitability Information

- 12 Individual authorized to transact business on behalf of the company has the capability to analyze and understand the financial risks of the transactions.
- 13 Ensure a customer is making independent investment decisions and not being swayed by other parties/persons

Check Verification of Information

- 14 Obtain a copy of the Articles of Incorporation (or other organizational documentation filed with a government entity)
- 15 Obtain a financial statement (which may be certified) regarding the business

Check Supervisor Verification of Information

- 16 Utilized an independent information verification process to confirm the business (e.g. Dun and Bradstreet, or a credit reporting agency).
- 17 Conducted a site visit of the place of business

Representative Signature: _____

Date of Preparation: _____

Supervisor Signature: _____

Date of Review: _____

If this is for a non-institutional account please indicate if the client has chosen to add a trusted contact:

Yes ___ No ___