

INDIVIDUAL ACCOUNT REGISTRATION TYPES									
<input type="checkbox"/> Individual	<input type="checkbox"/> Conservatorship	<input type="checkbox"/> Trust: Individual or Joint <small>(Under a Social Security Number)</small>	<input type="checkbox"/> Community Property	<input type="checkbox"/> Tenants by Entirety					
<input type="checkbox"/> Custodial	<input type="checkbox"/> Guardianship	<input type="checkbox"/> Joint Tenants WROS	<input type="checkbox"/> Community Property WROS	<input type="checkbox"/> Marital Property					
<input type="checkbox"/> Sole Proprietorship			<input type="checkbox"/> Joint Tenants in Common	<input type="checkbox"/> Survivorship Marital Property					
Rep Number		Tax Status		<input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien					
Type of Investor		<input type="checkbox"/> Bank, Savings & Loan, Insurance Co, Registered Investment Company <input type="checkbox"/> Investment Advisor (RIA) registered with SEC or state securities commission (does not include individuals) <input type="checkbox"/> Any other natural person, corporation, partnership, trust or otherwise with total assets of at least \$50 million <input type="checkbox"/> None of the above							
Do you have a signed 2111 form? (not applicable for type of investor "none of the above")				<input type="checkbox"/> Yes <input type="checkbox"/> No					
Include Transfer on Death *(Available only for Individual and JT WROS Accounts)				<input type="checkbox"/> Yes* <input type="checkbox"/> No		*If "Yes" Complete Beneficiary Section (pg. 5)			
If opening a Custodial Account, provide State under which the UTMA/UGMA is established.							State	<input type="checkbox"/> UTMA <input type="checkbox"/> UGMA	
If opening a Sole Proprietorship, provide Name					Sole Proprietorship Name				
Trust Type Information (Required if opening Trust)			<input type="checkbox"/> Individual <input type="checkbox"/> Joint						
Is any trustee or co-trustee an entity?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes" provide Entity Name					
Trust Type	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	Trust Name:							
Trust Date									
Within the trust document, does the document provide for engagement of any individual or entity other than the trustee to transact business on behalf of the trust?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Court Appointed Guardian Information			Does any owner have a court appointed guardian?				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the Guardian/Conservator an Entity?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes" Entity Name			Title		
PRIMARY ACCOUNT OWNER INFORMATION									
First Name		Middle Name		Last Name					
Date of Birth		Social Security or Tax-ID		If opening a Tenants in Common, provide Ownership Percentage			Ownership Percentage		
PRIMARY OWNER LEGAL ADDRESS (NO PO BOX)									
Address Line									
City			State		Zip		Home Phone		
Business Phone			Cell Phone				Fax Number		
Email Address		Would you like to use this address for an additional party?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Does Client Object to Proxy Disclosure?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Use a Different Mailing Address? (Optional)				<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes" complete below Mailing Address			
Primary Owner Mailing Address									
City			State		Zip				
Alternate Mailing Address? (Optional)				<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes" complete below Alternate Mailing Address			
Does Client Change Residence on Same Date Each Year?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes" Provide Month and Date Client Leaves & Returns Primary Residence		Leaves (MM/DD)		Leaves (MM/DD/YYYY)	
						Return		Return	
Alternate Mailing Address									
City			State		Zip		Use Alternate Mailing Address for 1099's?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Primary Owner Demographic Information**

<b>Employment Status</b>	<input type="checkbox"/> Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Homemaker	<input type="checkbox"/> Student	<input type="checkbox"/> Unemployed
If employed: Occupation		Employer		Business Nature	
Is your client involved in any of the following higher risk business types? High Risk Business types: Auto Dealer/Repair; Non-Government Charity/Non-Profit Org; Casino, Travel Agency; Money Service Business (MSB)– Check Cashing, Currency Exchange, Money Transmitter; Non-Bank Financial Institutions (NBFI) – Pawn Shop, Jewelry Store, Consumer Loans; Cash Intensive Business (CIB) – Convenience Store, Restaurant, Liquor Store, Private ATMs; Marijuana Related Business.					<input type="checkbox"/> Yes <input type="checkbox"/> No
					If "Yes", which Business Type*:  <small>*MSB &amp; Marijuana Related are not allowed</small>
<b>Gender</b>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<b>Marital Status</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married
				<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
					Dependents (minimum=1)

**Suitability**

	Annual Income	*Net Worth	Liquid Assets	Other Investments	Tax Bracket		Primary Investment Objective <small>(Explanation listed on page 4)</small>				
A= Under \$25,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0	<input type="checkbox"/> 32%	<input type="checkbox"/> I – Income				
B= \$25,000 - \$49,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10%	<input type="checkbox"/> 35%	<input type="checkbox"/> B – Growth & Income				
C= \$50,000 - \$99,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12%	<input type="checkbox"/> 37%	<input type="checkbox"/> G – Growth				
D= \$100,000 - \$249,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 22%	<input type="checkbox"/> Exempt	<input type="checkbox"/> X – Speculation/Active Trading/Complex Strategies				
E= \$250,000 - \$499,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 24%						
F= \$500,000 - \$999,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<b>Investment Experience</b>				
G= \$1,000,000 - \$2,999,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			A-0 to 11 Months	B-1 to 5 Years	C-6 to 10 Years	D-Over 10 Years	E-None
H= \$3,000,000 - \$4,999,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J= \$5,000,000 - \$9,999,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K= \$10,000,000 - \$19,999,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L= \$20,000,000 - \$29,999,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M= \$30,000,000 - \$39,999,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Annuities/Life Ins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N= \$40,000,000 - \$49,999,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Structured Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O= \$50,000,000 - \$74,999,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Alternative Investments*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P= \$75,000,000 - \$99,999,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			Non-Dollar Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q= \$100,000,000 - \$249,999,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<small>*Private Equity &amp; Hedge Funds</small>				
S= \$250,000,000 - \$499,999,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
T= \$500,000,000 - \$999,999,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
U= \$1 billion - \$9,999,999,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
W= Over \$10 billion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
o= None				<input type="checkbox"/>							
R= Refuse to Disclose				<input type="checkbox"/>							

*\*Excluding value of primary residence*

**Customer Identity**

<b>Source of Funds</b>	<input type="checkbox"/> A – Transfer	<input type="checkbox"/> B – Journal	<input type="checkbox"/> C – Deposit	
<b>Account Acquired</b>	<input type="checkbox"/> A - Walk In/Call In	<input type="checkbox"/> B - Referred	<input type="checkbox"/> C - Known Personally	<input type="checkbox"/> D - Web/Media Appearance
	<input type="checkbox"/> E - Existing Client			
<b>Does the client have a Larger Trader ID?</b>	<input type="checkbox"/> Yes	If "Yes" provide:		
	<input type="checkbox"/> No			

**Securities Industry Regulation Requirements**

<b>Is any account owner or associated party a Stifel employee?</b>	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
<b>Is any account owner or associated party related to a Stifel employee?</b>	<input type="checkbox"/> Yes	If "Yes" Employee Name
	<input type="checkbox"/> No	
<b>If "Yes" Relationship to Employee</b>	<input type="checkbox"/> Spouse	<input type="checkbox"/> Dependent Child
	<input type="checkbox"/> Non-Dependent Child	<input type="checkbox"/> Individual financially supported by employee
<input type="checkbox"/> Parent	<input type="checkbox"/> In-Law	<input type="checkbox"/> Sibling
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other Relative
<b>Is any account owner/associated party or immediate family member an officer, director, or controlling stockholder of any public company?</b>	<input type="checkbox"/> Yes	If "Yes" control CUSIP
	<input type="checkbox"/> No	
<b>If "Yes" Relationship</b>	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Child	<input type="checkbox"/> Other Relative
<b>Is this individual or immediate family member employed by another Broker Dealer, MSRB or FINRA member, other than Stifel?</b>	<input type="checkbox"/> Yes	Firm Name & Position at Firm
	<input type="checkbox"/> No	Firm Name & Position at Firm
<b>If "Yes" Relationship</b>	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse
	<input type="checkbox"/> Child	<input type="checkbox"/> Other Relative
	<b>Is the employer requiring statements or confirms?</b>	
	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	

If "Yes" provide address for duplicates:		Do you have an approval letter or Affiliated Account Owner form in hand?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the owner, or a person in control of the owner, a senior political figure, or a senior political figure's immediate family member or close associate?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" name and title	
<b>Additional Information</b>				
Is the client a Qualified Institutional Buyer who is trading Rule 144A?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" QIB form	
Is the client an Accredited Investor?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" ACCR form	
Is the client a Sophisticated Municipal Market Professional?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" SMMP form	
Would you like to include a Certificate for the Purchase of IPOs to the document packet?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Account Instructions</b>				
Money Market Fund <i>(Options listed on page 4)</i>	Proceed Instructions		<input type="checkbox"/> C – Hold Proceeds	<input type="checkbox"/> A – Net Account
Equity Dividend Reinvest	<input type="checkbox"/> R - Reinvest all Cash Dividends	<input type="checkbox"/> C - Reinvest on Chosen Positions	<input type="checkbox"/> N - Dividends will not be Reinvested	
Dividend Standing Instructions	<input type="checkbox"/> 1 – Credit Account	<input type="checkbox"/> 3 – Pay Weekly	<input type="checkbox"/> 4 – Pay Semi-Monthly	<input type="checkbox"/> 5 – Pay Monthly
Commission Discounts <i>(Optional)</i>	<b>Stock %</b>	Enter in Percentage	<b>Options%</b>	Enter in Percentage
<b>Optional Account Features</b>				
Would you like Margin on this account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Household account for Statements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" Master Account Number
Does the client want to provide a Trusted Contact person age 18 or over, who may be contacted?			<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", all fields with an asterisk are required
*Name	*Address Line		*City	*State *Zip Code
*Phone Number	Email Address		Relationship	
<b>Check Writing and Debit Card Options</b>				
Advantage Account? (\$10.00 monthly fee)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes" selected, does client want Check Writing?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "yes" selected, does client want debit card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" Mother's Maiden Name for Debit Card		
Apply for a Stifel Pledged Assets (SPA) Loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", would you like the SPA loan application included in the New Account packet mailing? (must choose Central Print)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Broad Tax Lots for Client Statements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Apply for a Credit Card?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If "No" for Advantage, does client want checkwriting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "No" for Advantage, does client want debit card?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" Mother's Maiden Name
<b>Check Writing Options</b>			Specialty Checks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" for Specialty, Check Style	<input type="checkbox"/> Business <input type="checkbox"/> Duplicate	<input type="checkbox"/> Other	Charge Specialty Check Fee To?	<input type="checkbox"/> Client <input type="checkbox"/> Broker
Alternate Delivery Method?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" select delivery Method	<input type="checkbox"/> Overnight (AM) <input type="checkbox"/> Overnight (PM) <input type="checkbox"/> Saturday	
Comments or Notes:				
<b>Add Additional Feature(s)</b>				
<input type="checkbox"/> ACH Setup(New)	<input type="checkbox"/> Account Transfer	<input type="checkbox"/> Standing Instructions	<input type="checkbox"/> Periodic Distribution	
<b>SECONDARY ACCOUNT OWNER/ASSOCIATED PERSON INFORMATION</b>				
Role	<input type="checkbox"/> Secondary Owner/Trustee <input type="checkbox"/> Custodian	<input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Responsible Individual	<input type="checkbox"/> Interested Party <input type="checkbox"/> Guardian	<input type="checkbox"/> Trustee <input type="checkbox"/> Power of Attorney
First Name	Middle Name	Last Name		
Date of Birth	Social Security	If opening a Tenants in Common, provide Ownership Percentage		Ownership Percentage

Legal Address								
City		State	Zip	Country of Residence		Country of Citizenship		
Home Phone		Business Phone		Cell Phone		Fax Number		
Employment Status	<input type="checkbox"/> Employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Retired <input type="checkbox"/> Student			<input type="checkbox"/> Unemployed		If employed, Employer and Occupation		
Is this individual or immediate family member employed by another Broker Dealer, MSRB or FINRA member, other than Stifel?				<input type="checkbox"/> Yes <input type="checkbox"/> No		Firm Name & Position at Firm		
If "Yes" Relationship		<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other Relative						
Is the employer requiring statements or confirms?			<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have an approval letter or Affiliated Account Owner form in hand?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
For Interested Party: Are duplicate Statements, Confirms or 1099's being requested?			Statements	<input type="checkbox"/> Yes <input type="checkbox"/> No	Confirms	<input type="checkbox"/> Yes <input type="checkbox"/> No	1099's	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the owner/associated party, or a person in control of the owner, a senior political figure, or a senior political figure's immediate family member or close associate?				<input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes" name and title		
<b>Additional Trust Information (for Trust accounts only)</b>								
If more than one trustee is named, if one dies or is unable to serve, does the remaining act alone?			<input type="checkbox"/> Yes <input type="checkbox"/> No		If more than one trustee is named, how many co-trustees are required to act on behalf of the trust? _____			
Do you have the name(s) of the 1 <sup>st</sup> successor trustee(s)?			<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, name(s):			

## ADDITIONAL INFORMATION

### INVESTMENT OBJECTIVES

**Income\*:** An investment objective for a client seeking a portfolio producing current income while recognizing and accepting market and issuer risks inherent to investment of this type. Portfolios for individuals seeking income above the market average carry higher risks and can be more volatile than the general market.

**Growth & Income\*:** An investment objective for a client seeking both higher returns from the capital appreciation and some current income by investing the portfolio primarily in growth equities which produce little or no current income, and income-producing investments of all grades, while recognizing and accepting the increased risks associated with investments of this type. A portfolio may perform differently from the market as a whole or other similar investments. Some investments are more volatile than other, which can lead to substantial and rapid changes in gains or losses in the value of the account.

**Growth\*:** An investment objective for a client seeking a portfolio that can provide for capital appreciation while recognizing and accepting the risks inherent in investments of this type. Growth investments typically generate little or no current income, but have the potential for capital appreciation and may perform differently from the market as a whole or similar investments. Some investments are more volatile than other, which can lead to substantial and rapid changes in gains or losses in the value of the account.

**Speculation/Active Trading/Complex Strategies\*:** An investment objective for a client seeking higher possible capital appreciation while recognizing and accepting a high degree of risk associated with such investments, including the total loss of principal.

**\*Note on Margin:** In any given strategy, depending upon an individual's investment objective(s), risk tolerances, and individual circumstances, an investor may utilize borrowing in their investment portfolio. Margin borrowing will leverage your investments and possibly increase the risk of your investment equity. If there is a declining account value, additional deposits of equity may be required and/or there may be a need to sell securities in your account. It is possible to lose more than your investment equity. Please refer to our Margin Disclosure Brochure and consult your Financial Advisor regarding any questions.

### RISK TOLERANCE

**Conservative:** A Conservative investor values protecting principal over seeking appreciation. This investor is comfortable accepting lower returns for a higher degree of liquidity and/or stability. Typically, a Conservative investor seeks to minimize losses and risk.

**Moderately Conservative:** A Moderately Conservative investor values principal preservation, but is comfortable accepting a small degree of risk and volatility to seek some degree of appreciation. This investor desires greater liquidity, is willing to accept lower returns, and is willing to accept minimal losses.

**Moderate:** A Moderate investor values reducing risks and enhancing returns equally. This investor is willing to accept modest risks to seek higher long-term returns. A Moderate investor may endure a short-term loss of principal and lower degree of liquidity in exchange for long-term appreciation.

**Moderate Growth:** A Moderate Growth investor values higher long-term returns and is willing to accept considerable risk. This investor is comfortable with short-term fluctuations in exchange for long-term appreciation. The Moderate Growth investor is willing to endure larger short-term losses of principal in exchange for the potential of higher long-term returns. Liquidity is a secondary concern to a Moderate Growth investor.

**Moderately Aggressive:** A Moderately Aggressive investor primarily values higher long-term returns and is willing to accept substantial risk. This investor believes higher long-term returns are more important than protecting principal. A Moderately Aggressive investor may endure large losses in favor of potentially higher long-term returns. Liquidity may not be a concern to a Moderately Aggressive investor.

**Aggressive:** An Aggressive investor values maximizing returns and is willing to accept large risks. This investor believes maximizing long-term returns is more important than protecting principal. An Aggressive investor may endure extensive volatility and significant losses. Liquidity may not be a concern to an Aggressive investor.

### MONEY MARKET FUND CODES (MMF)

IBW = FDIC Insured Bank Program

### Transfer On Death Beneficiary Worksheet

Account Proceeds will be distributed to beneficiaries in the percentages specified. If no percentages are specified the Account Proceeds will be distributed to beneficiaries in equal shares. If the sum of percentages listed does not equal 100% each percentage will be adjusted proportionately so the adjusted total is 100.

The "Designation" field is used to match each Primary Beneficiary to their Contingent Beneficiary. No Lineal Descendants Per Stirpes (LDPS)

\*If client is listing Contingent Beneficiaries, be sure the Designation Field matches for Primary and Contingent Beneficiary.

Transfer On Death Beneficiaries (Required if opening a TOD Account)						
Beneficiary Type	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Designation	Select A to J (Required)		
Name (Required)			Address (Required)			
City	State	Zip Code	Relationship (Required)	Percentage (Required)		
Is the beneficiary an entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the beneficiary a minor or a legally incompetent person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" provide Custodian Name		
Does the client want to name a Contingent Beneficiary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" select one	<input type="checkbox"/> Pass to Contingent Beneficiary <input type="checkbox"/> Pass proportionately to the surviving Primary Beneficiaries			
		If "No" select one	<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Pass proportionately to the surviving Primary Beneficiaries			
Transfer On Death Beneficiary Information						
Beneficiary Type	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Designation	Select A to J (Required)		
Name (Required)			Address (Required)			
City	State	Zip Code	Relationship (Required)	Percentage (Required)		
Is the beneficiary an entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the beneficiary a minor or a legally incompetent person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" provide Custodian Name		
Does the client want to name a Contingent Beneficiary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" select one	<input type="checkbox"/> Pass to Contingent Beneficiary <input type="checkbox"/> Pass proportionately to the surviving Primary Beneficiaries			
		If "No" select one	<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Pass proportionately to the surviving Primary Beneficiaries			
Transfer On Death Beneficiary Information						
Beneficiary Type	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Designation	Select A to J (Required)		
Name (Required)			Address (Required)			
City	State	Zip Code	Relationship (Required)	Percentage (Required)		
Is the beneficiary an entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the beneficiary a minor or a legally incompetent person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" provide Custodian Name		
Does the client want to name a Contingent Beneficiary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" select one	<input type="checkbox"/> Pass to Contingent Beneficiary <input type="checkbox"/> Pass proportionately to the surviving Primary Beneficiaries			
		If "No" select one	<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Pass proportionately to the surviving Primary Beneficiaries			
Transfer On Death Beneficiary Information						
Beneficiary Type	<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		Designation	Select A to J (Required)		
Name (Required)			Address (Required)			
City	State	Zip Code	Relationship (Required)	Percentage (Required)		
Is the beneficiary an entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the beneficiary a minor or a legally incompetent person?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" provide Custodian Name		
Does the client want to name a Contingent Beneficiary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes" select one	<input type="checkbox"/> Pass to Contingent Beneficiary <input type="checkbox"/> Pass proportionately to the surviving Primary Beneficiaries			
		If "No" select one	<input type="checkbox"/> Per Stirpes <input type="checkbox"/> Pass proportionately to the surviving Primary Beneficiaries			

**RISK TOLERANCE CLASSIFICATIONS:** Your account has been assigned one of six Risk Tolerance classifications, as defined below, based on responses to the Stifel Risk Assessment associated with your account. Your risk tolerance for an account should reflect the amount of risk you are comfortable with for that account. It is important to notify Stifel when there are material changes in your financial condition or risk tolerance.

- 1. CONSERVATIVE:** A Conservative investor values protecting principal over seeking appreciation. This investor is comfortable accepting lower returns for a higher degree of liquidity and/or stability. Typically, a Conservative investor primarily seeks to minimize risk and loss of principal.
- 2. MODERATELY CONSERVATIVE:** A Moderately Conservative investor values principal preservation, but is comfortable accepting a small degree of risk and volatility to seek some degree of appreciation. This investor desires greater liquidity, is willing to accept lower returns, and is willing to accept minimal losses.
- 3. MODERATE:** A Moderate investor values reducing risks and enhancing returns equally. This investor is willing to accept modest risks to seek higher long-term returns. A Moderate investor may endure a short-term loss of principal and lower degree of liquidity in exchange for long-term appreciation.
- 4. Moderate Growth:** A Moderate Growth investor values higher long-term returns and is willing to accept considerable risk. This investor is comfortable with short-term fluctuations in exchange for seeking long-term appreciation. The Moderate Growth investor is willing to endure larger short-term losses of principal in exchange for the potential of higher long-term returns. Liquidity is a secondary concern to a Moderate Growth investor.
- 5. Moderately Aggressive:** A Moderately Aggressive investor primarily values higher long-term returns and is willing to accept significant risk. This investor believes higher long-term returns are more important than protecting principal. A Moderately Aggressive investor may endure large losses in favor of potentially higher long-term returns. Liquidity may not be a concern to a Moderately Aggressive investor.
- 6. Aggressive:** An Aggressive investor values maximizing returns and is willing to accept substantial risk. This investor believes maximizing long-term returns is more important than protecting principal. An Aggressive investor may endure extensive volatility and significant losses. Liquidity is generally not a concern to an Aggressive investor.

In any given strategy, depending upon an individual's investment objective(s), risk tolerance, and individual circumstances, an investor may utilize margin borrowing in his or her investment portfolio. Margin borrowing will leverage your investments and increase the risks to your investment equity. If there is a declining account value, additional deposits may be required and/or there may be a need to sell securities in your account. It is possible to lose more than your investment equity. Please visit [www.stifel.com](http://www.stifel.com) | Important Disclosures | Margin Disclosure and consult your Financial Advisor regarding any questions.

There are no guarantees that the objectives within each risk classification will be met.

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

### 1. Risk Tolerance

The client believes maximizing long-term returns is more important than protecting the principal value of this investment account.

- Agree 8
- Somewhat Agree 6
- Somewhat Disagree 2
- Disagree 0

### 2. Investment Attitude

What is the client's general attitude toward investing?

- The client wants to maximize the return on this investment account and is willing to accept large fluctuations in value. The client understands and accepts that aggressive investments can result in substantial losses to investment principal. 8
- The client is willing to accept considerable risk in order to pursue higher long-term returns. While capital preservation is important over a long time frame, the client is willing to accept significant short-term fluctuations in this investment account. 6
- The client is willing to accept moderate risk in order to pursue somewhat higher long-term returns. Both reducing risk and enhancing returns are important to the client. 2
- The client is most concerned with preserving the principal value of this investment account. The client is comfortable with lower returns associated with more conservative investments. 0

### 3. Temperament

What approximate loss in any one-year period is the client willing to accept before seriously considering liquidation of this investment account?

- Greater than (25%) loss 8
- (16%) to (25%) loss 6
- (11%) to (15%) loss 4
- (5%) to (10%) loss 2
- Minimal loss 0

### 4. Expected Return

On a long-term basis, what average annual rate of return best reflects the client's objective for "total return" on this investment account?

- More than 10% per year 8
- 9% to 10% per year 6
- 7% to 8% per year 4
- 4% to 6% per year 2
- Less than 4% per year 0

### 5. Loss Recovery

The client is willing to wait several years in an attempt to recover from losses incurred in an extended down market.

- Agree 8
- Somewhat Agree 6
- Somewhat Disagree 2
- Disagree 0

### 6. Current Resources

The client has sufficient income to provide for any current financial needs and adequate resources for potential emergencies.

- Agree 10
- Somewhat Agree 7
- Somewhat Disagree 3
- Disagree 0

### INVESTOR PROFILE SCORING MATRIX

Conservative	10 or less
Moderately Conservative	11-30
Moderate	31-50
Moderate Growth	51-70
Moderately Aggressive Growth	71-90
Aggressive Growth	91-100

### 7. Investment Income

When does the client expect this investment account to provide a regular source of income?

- More than 20 years or never 10
- 11 to 20 years 8
- 6 to 10 years 5
- 3 to 5 years 2
- Less than 3 years 0

### 8. Time Horizon

How long does the client intend to maintain this investment account?

- More than 20 years 10
- 11 to 20 years 8
- 6 to 10 years 5
- 3 to 5 years 2
- Less than 3 years 0

### 9. Liquidity

When does the client expect to begin taking principal withdrawals from this investment account?

- More than 20 years or never 10
- 11 to 20 years 8
- 6 to 10 years 5
- 3 to 5 years 2
- Less than 3 years 0

### 10. Investable Assets

What percentage of the client's total investable assets (excluding primary residence) will this investment account represent?

- Less than 20% 10
- 20% to 40% 8
- 41% to 60% 5
- 61% to 80% 2
- 81% to 100% 0

### 11. Investment Experience

The client has prior experience with and understands the concept of investment risk related to stocks, bonds, mutual funds, and other investments (excluding primary residence.)

- Agree 5
- Somewhat Agree 4
- Somewhat Disagree 1
- Disagree 0

### 12. Portfolio Evaluation

What is an adequate time frame for evaluating portfolio returns?

- More than 10 years 5
- 6 to 10 years 4
- 4 to 5 years 3
- 1 to 3 years 1
- Less than 1 year 0



# STIFEL

## Account Transfer Form

(Please use a separate form for each account you transfer.)

Please complete sections A and B and either C, D, or E. Sign section F.

### A. Information about your Stifel account.

Full Account Registration \_\_\_\_\_

Your Stifel Account Number \_\_\_\_\_ - \_\_\_\_\_ Social Security or Tax Identification Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### B. Information about the account you are transferring.

(Please refer to your statement for the following information and attach a complete copy of your most recent statement to this form.) Broker Clearing # \_\_\_\_\_

Name of Firm \_\_\_\_\_ Carrying Firm Account Number \_\_\_\_\_

Title of Account \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

### C. Brokerage or securities transfer. (Please elect appropriate transfer instructions.)

If your account at the Carrying Firm is an advisory account, the advisory status will not transfer to Stifel. If you wish your account to be an advisory account, please consult your Financial Advisor for the advisory program options that are available at Stifel. You will be required to enter into a new advisory agreement.

Please transfer my entire account in-kind.  
If an annuity or insurance product is included in this transfer, see reverse side for disclosures and enclose a statement from the carrier.\*

Please liquidate my entire account. (Client must provide verbal instructions to liquidate to carrying firm.)  
For an annuity or insurance product, a Stifel Acknowledgement Letter MUST accompany this form. Please see reverse side for disclosures.\*

Partial transfer. (List assets below and, if necessary, attach additional forms signed by the client.)

Full combination transfer. (List assets below and attach additional forms if necessary.)

Quantity or dollars	Security description or cash	<input type="checkbox"/> In-kind	<input type="checkbox"/> Liquidate	Quantity or dollars	Security description or cash	<input type="checkbox"/> In-kind	<input type="checkbox"/> Liquidate
		<input type="checkbox"/> In-kind	<input type="checkbox"/> Liquidate			<input type="checkbox"/> In-kind	<input type="checkbox"/> Liquidate
		<input type="checkbox"/> In-kind	<input type="checkbox"/> Liquidate			<input type="checkbox"/> In-kind	<input type="checkbox"/> Liquidate
		<input type="checkbox"/> In-kind	<input type="checkbox"/> Liquidate			<input type="checkbox"/> In-kind	<input type="checkbox"/> Liquidate

### D. Mutual fund transfer.\*\*

Name of Fund	CUSIP	Fund Account #	# of Shares or "All"	Type of Transfer (Check One)
				<input type="checkbox"/> In-kind <input type="checkbox"/> Liquidate
				<input type="checkbox"/> In-kind <input type="checkbox"/> Liquidate
				<input type="checkbox"/> In-kind <input type="checkbox"/> Liquidate

B50 sent (Internal use only)

### E. Bank, savings & loan, or credit union transfer. (Cash and CDs)

Check one:  All cash in account      CD Options:  Liquidate IMMEDIATELY. I am aware of and acknowledge the penalty I will incur from early withdrawal.  
 Only \$ \_\_\_\_\_       Liquidate at MATURITY. Maturity date \_\_\_\_\_ (Please submit 2-3 weeks before maturity date)

**Please attach to this form a copy of the most recent account statement for the account you are transferring.**

**F. Please sign this section and return completed form to your Financial Advisor. I (we) have read, understand, and agree to the above and reverse of this Account Transfer Form.**

**\*Disclosures and delivery instructions are on the reverse side of this form, including annuities.**

By execution of this document, I (we) authorize and direct the transfer of my (our) brokerage account, as indicated above, to Stifel, Nicolaus & Company, Incorporated (hereafter, "Stifel"), which has been authorized by me (us) to make payment of any debit balance or to receive payment of the credit balance in my securities account.

**All account owners must sign:**

**X** \_\_\_\_\_  
 First Account Holder's Signature      Date

**X** \_\_\_\_\_  
 Second Account Holder's Signature      Date

**X** \_\_\_\_\_  
 Third Account Holder's Signature      Date

**X** \_\_\_\_\_  
 Fourth Account Holder's Signature      Date

Medallion Signature Guarantee (Home Office Use Only)

### LETTER OF ACCEPTANCE

Please be advised that Stifel, Nicolaus & Company, Incorporated will accept the above account as successor custodian.

\_\_\_\_\_  
Successor Custodian Authorized Signature

\_\_\_\_\_  
Date

Delivering Broker: Please refer to reverse side for delivery instructions

## Client Annuity Disclosure

\* For Annuity Broker/Dealer Changes: I (we) acknowledge by signing this transfer form that I (we) authorize the change of broker/dealer for any annuities correlating to my (our) referenced brokerage account on the reverse side of this form, to the extent that such annuity may be electronically transferred to Stifel. A Change of Broker/Dealer for Insurance Product Form will be required for certain contracts that cannot be transferred to Stifel electronically. If this is a retirement account, then a separate custodial owner and custodial beneficiary change will need to be processed with the insurance company. If the annuity has a systematic investment and/or withdrawal program in effect with the current custodian, then I (we) understand that I (we) will need to have these programs re-established with the insurance company. I (we) understand that Stifel will not be the custodian. Liquidations for an annuity or insurance product may require carrier-specific forms in addition to the Stifel Acknowledgement Letter.

## Client Mutual Fund Disclosure

\*\* By signing the ACAT form, I (we) am (are) acknowledging that I (we) may be attempting to transfer certain mutual fund shares that are subject to a minimum investment amount and that my current holding may be rejected during the ACAT process if the position does not meet the minimum value requirement. In such situations, if there is an alternate share class available with a similar expense structure and the mutual fund company offers to convert to that share class, I (we) authorize Stifel to effect such a conversion. I (we) understand that the conversion from one share class to another may result in an overall higher expense ratio and that my statements will reflect the converted share class.

## To Delivering Firm

If this account is a qualified retirement account, I (we) have amended the applicable plan so it names Stifel, Nicolaus & Company, Incorporated as successor custodian. Unless otherwise indicated in the instructions on the reverse side of this form, please transfer all assets in my (our) account to Stifel. I (we) understand that to the extent any assets in my (our) account are not readily transferable, with or without penalties, such assets may not be transferred within the time frames required by Rule 11870 of the FINRA Uniform Practice Code.

Unless otherwise indicated in the instructions, I (we) authorize Carrying Firm to liquidate any nontransferable proprietary money market fund assets that are part of my (our) account and transfer the resulting credit balance to the successor custodian or receiving organization. I (we) understand that I (we) will be notified in writing by Carrying Firm to determine the disposition of nontransferable assets. I (we) authorize Carrying Firm to deduct any outstanding fees due from the credit balance in my (our) account. If my (our) account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees due Carrying Firm, I (we) authorize Carrying Firm to liquidate the assets in my (our) account with Carrying Firm to the extent necessary to satisfy that obligation. If certificates or other investments in my (our) account are in Carrying Firm's physical possession, I (we) instruct Carrying Firm to transfer them in good deliverable form, including affixing any necessary tax waivers, to enable the successor custodian to transfer them in its name for the purpose of sale, when directed by me (us). I understand that upon receiving a copy of this transfer instruction, Carrying Firm will cancel all open orders for my (our) account on its books with respect to the securities being transferred.

I (we) affirm that I (we) have destroyed or returned to Carrying Firm credit/debit cards and/or unused checks issued to me (us) in connection with my (our) securities account.

## Receiving Firm Information

All checks and physical certificates should be sent to:  
Stifel  
Attention: ACAT Department  
501 North Broadway  
St. Louis, Missouri 63102  
*Must include client name and Stifel account number*

Tax ID Number: 43-0538770  
DTC# 0793  
Stifel ACAT Department: (314) 342-2000

## Delivery Instructions

### Fed wire monies:

Bank of America  
New York, NY 10036  
ABA# 026009593  
A/C# 4451211800 – Stifel  
FBO Client's Name and Stifel Account Number

### New York physical security deliveries:

DTCC New Jersey (DTC 0793)  
570 Washington Blvd.  
Attn: Central Delivery  
5<sup>th</sup> Floor  
Jersey City, NJ 07310  
FBO Client's Name and Stifel Account Number

### Fed book-entry government securities:

Bk of NYC/Stifel  
ABA# 021000018  
FBO Stifel Account Number and Client's Name