

# Client Account Information Form

Use this form to gather account opening information for a client, to input on our online account opening process.

Once collected, input the information into our advisor site at [www.folioinstitutional.com](http://www.folioinstitutional.com) using your personal login credentials.

## Please Note

1. Please obtain all of the required information for each person and entity associated with an account. Missing information will cause an account to be rejected. If we are unable to verify a person's identity and U.S. street address using the information provided, the account will be restricted until we receive, review and approve additional documentation.
2. All account owners must be 18 years of age or older, with the exception of the minor in a custodial account.
3. After you enter all of the required client information on our site, you will have the option for the client(s) to esign our Customer Agreement (if they are present) or to have our system send the client(s) an email with a link to login to our site and esign our Customer Agreement. If your client(s) signs this package instead of esigning on our site, you may upload a PDF copy of this client signed form to our site using the account specific Item for Attention found on your advisor Dashboard, which will remove the restriction for the missing client signature on our Customer Agreement.
4. Note that as a financial institution, in accordance with government regulations, we are required to obtain, verify, and record information which identifies each person or legal entity that seeks to establish a financial services relationship with us, such as name, address, government identification number and other information and documentation noted below. We may also ask to see government-issued identifying documents or require copies of other documentation to be provided. Please note that upon initial review of the information provided, we may require additional documentation and or clarification of information provided.

# Account Information

Client Account Type	Corporate Account Type
Individual taxable	Corporation - Type C      Corporation - Type S
Individual Retirement Arrangement (IRA) Account: Traditional    Rollover    Roth    SEP SIMPLE IRA (Type 5304)	Estate**
Joint *: Right of Survivorship    Tenants in Common Community Property    Tenants by Entirety	General Partnership      Limited Partnership
Revocable Trust	Limited Liability Company: Type C      Type S      Partnership
Inherited / Beneficiary IRA**:    Traditional    Roth	Sole Proprietorship
Custodial:    UTMA/UGMA	Trust (Business or Irrevocable Trust with its own tax ID)
	Unincorporated Organization
	<a href="#">Qualified Retirement Plan</a> - Omnibus & Participant Level (Please use the "Qualified Retirement Plan Setup Form" instead of this form.)

## \* Additional Information for Joint Accounts:

### Joint: Rights of Survivorship

Each account owner owns the entire account. If an account owner dies, their share is equally distributed among the remaining account holders.

### Joint: Tenants in Common

Each account owner owns an equal percentage of the account. If an account owner dies, their share is transferred to his or her estate.

### Joint: Tenants by Entirety

Account owners must be married. Each owns half the account. If an account owner dies, their share is transferred to their spouse. The following states recognize Tenants by Entirety joint accounts: Alaska, Arkansas, Delaware, Florida, Hawaii, Illinois, Indiana, Kentucky, Maryland, Massachusetts, Mississippi, Missouri, New Jersey, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Vermont, Virginia, Washington, Washington DC and Wyoming.

### Joint: Community Property

Account owners must be married. Each owns half the account. If an account owner dies, their share is transferred to his or her estate. The property does not automatically transfer to the spouse. The following states recognize Community Property joint accounts: Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Puerto Rico, Texas, Washington, Wisconsin.

## \*\*Temporary Special Handling for Certain Account Types

Inherited IRAs and Estate accounts are not currently available on our website. If your client requires one of these types of accounts, please follow these temporary additional instructions, until our website supports them. Note that accounts setup in this way will be transferred into new accounts, with new account numbers and no prior account history, when our website is updated to support them later this year.

**Estate Accounts:** Setup an Unincorporated Organization business/corporate account on our site (including providing the proper estate name/registration line), send us page 16 of this form with the additional required information for an estate account, including the estate documents noted, and we will review and unrestrict the account if all required information is provided.

**Inherited IRA:** Setup the natural person client on our site, setup a Rollover IRA or Roth IRA account as applicable, send us page 10 of this form with the required additional information for inherited IRAs (or send us the [Beneficiary IRA Amendment Form](#) instead of page 10) and we will complete the account set up for you if all required information is provided. Note that we do not currently support Inherited IRAs owned by minors, trusts or entities but plan to support them in late 2022.

# Client Account Information

	<b>Primary Account Owner</b> (or Custodian)	<b>Additional Account Owner</b> (Please check one)				
		Joint Owner Minor on Custodial Account				
<b>Title</b> (Please choose one)	Dr.   Miss   Mr.   Mrs.   Ms.	Dr.	Miss	Mr.	Mrs.	Ms.
<b>Name</b>	First Name	First Name				
	Middle Name	Middle Name				
	Last Name	Last Name				
<b>Date of Birth</b> (mm/dd/yyyy)	/   /	/   /				
<b>Social Security Number</b>	-   -	-   -				
<b>Residential Address</b> (U.S. Street addresses only; No P.O. Boxes)	Address 1		Address 1			
	Address 2		Address 2			
	City		City			
	State	Zip Code	State	Zip Code		
	Country		Country			
<b>Mailing Address</b> (If different than Primary Address; P.O. Boxes allowed)	Address 1		Address 1			
	Address 2		Address 2			
	City		City			
	State	Zip Code	State	Zip Code		
	Country		Country			
<b>Email Address</b> (A valid email address is required for all clients)						
<b>Phone Number</b> (Both day and evening phone numbers must be provided— even if the same)	Day (   ) -	Day (   ) -				
	Evening (   ) -	Evening (   ) -				

## Citizenship Status

We only allow U.S. citizens or resident aliens with valid U.S. Social Security or equivalent tax identification numbers to invest on our platform (not non-resident aliens).

Primary Account Owner	Additional Account Owner
Country of Citizenship:	Country of Citizenship:
Additional Country of Citizenship:	Additional Country of Citizenship:
If not a U.S. Citizen check here to confirm that you are a Resident Alien	If not a U.S. Citizen check here to confirm that you are a Resident Alien

## Username

For security purposes, we require that each client have a unique username and password.

- Username Requirements:** Your username must be 8–32 characters. It cannot contain symbols or spaces and is not case sensitive. You will not be able to change your username once this application is complete.

Primary Account Owner Username	Additional Account Owner Username

\* You will receive an email from us at the email address you provide above, after your account is setup by your advisor, providing you with instructions to select your own password on our site.

## Account Nicknames

Please select a nickname for each account you are setting up with this form.

<b>Account 1 Name</b>	(The designation for this account. Up to 16 characters)	<b>Account 3 Name</b>	(The designation for this account. Up to 16 characters)
<b>Account 2 Name</b>	(The designation for this account. Up to 16 characters)	<b>Account 4 Name</b>	(The designation for this account. Up to 16 characters)

## Court Appointed Conservators and Guardians

Will this person be a court appointed Conservator or Guardian for another person on our platform? If yes, for which client(s)?

Primary Account Owner:

No Yes

Additional Account Owner:

No Yes

Client's Username:

Client's Username:

## Additional Questions

Primary Account Owner	Additional Account Owner
Is your client a director, 10% shareholder, or executive who makes policy at a public company?	
Yes No	Yes No
If yes, provide the information for the company(s) in which the client is a director, policy-making executive, or 10% shareholder:	
Company Name	Company Name
Stock Symbol(s)	Stock Symbol(s)

Check here if your client, their spouse, or any other immediate family member, including parents, in-laws, and siblings that are dependents, employed by or associated with the securities industry (for example, Investment Advisor, Sole Proprietor, Partner, Officer, Director, Branch Manager or Broker at a Broker-Dealer Firm or Municipal Securities Dealer) or a financial regulatory agency, such as FINRA or the New York Stock Exchange and this entity requires access to your client's account to monitor your client's activities, then complete and provide our [Compliance Officer Form](#) (found on the forms page of our website) to the appropriate person at the affiliated entity so that it may obtain access to your client's account.

## Sources of Wealth

	Primary Account Owner				Additional Account Owner			
<b>Employment Status</b>	Full time employed Self-employed	Part time employed Unemployed	Retired		Full time employed Self-employed	Part time employed Unemployed	Retired	
<b>Source of Wealth</b> Please select the Source(s) of Wealth and Line(s) of Business that most closely represent you.	Retirement / Pension	Inheritance / Gift			Retirement / Pension	Inheritance / Gift		
	Divorce	Legal Settlement			Divorce	Legal Settlement		
	Partner / Spouse	Parental Support			Partner / Spouse	Parental Support		
	Government Benefits	Lottery / Gaming			Government Benefits	Lottery / Gaming		
	Employment	Employer Name:			Employment	Employer Name:		
	Country of Employment:	Country of Employment:			Country of Employment:	Country of Employment:		
Employer Line of Business*:	Employer Line of Business*:			Employer Line of Business*:	Employer Line of Business*:			
Annual Income	Annual Income			Annual Income	Annual Income			
Personal Investments	Securities	Physical assets	Cryptocurrencies		Personal Investments	Securities	Physical assets	Cryptocurrencies
Line of Business*:	Line of Business*:			Line of Business*:	Line of Business*:			
Entrepreneur	Entrepreneur			Entrepreneur	Entrepreneur			
Company Name:	Company Name:			Company Name:	Company Name:			
Line of Business*:	Line of Business*:			Line of Business*:	Line of Business*:			
Assets	Assets			Assets	Assets			
Commercial Real Estate	Commercial Real Estate			Commercial Real Estate	Commercial Real Estate			
Residential Real Estate	Residential Real Estate			Residential Real Estate	Residential Real Estate			
Copyright, Patent or Technology License	Copyright, Patent or Technology License			Copyright, Patent or Technology License	Copyright, Patent or Technology License			
Art / Other Collectibles	Art / Other Collectibles			Art / Other Collectibles	Art / Other Collectibles			
Cryptocurrency	Cryptocurrency			Cryptocurrency	Cryptocurrency			
Business:	Business:			Business:	Business:			
Sale of Business: Yes No	Sale of Business: Yes No			Sale of Business: Yes No	Sale of Business: Yes No			
Line of Business*:	Line of Business*:			Line of Business*:	Line of Business*:			

\* Lines of Business for use above: Advertising/Marketing/PR, Aerospace, Agriculture/Forest, Arms Traders/Manufacturing, Art Dealers/Antique Dealers/Auction Houses, Automotive, Casinos/Gaming, Chemicals, Commodities Trading, Computers/Electronics, Construction, Consumer, Education, Energy, Entertainment/Adult Industry, Finance, Government/Military/Public, Hospitality/Recreation, Import and Export Commodities, Jewelry/Gems/Precious Metals Dealers, Law, Manufacturing, Marijuana Services, Media/Publishing/Entertainment, Medical/Health, Mining, Money Service Business, Pharmaceuticals, Professional Sports (Athletes), Professional Sports (Non-Athletes), Real Estate, Retail Services, Stock Promotion, Student, Technology, Telecommunications/Networking, Travel/Transportation, Waste Management, Other

## Expected Activity

Estimated number of domestic wire transfers each month:

Estimated number of checks each month:

Check if you expect to invest in:  Low-Priced Securities or  Marijuana Related Securities as defined below.

**Low-Priced Securities:** Generally, we consider low priced securities as securities of issuers that are traded in U.S. over-the-counter markets that are priced below USD 5 per share with a market cap less than USD 300 million. We are interested in OTC Markets quoted securities (otcm Markets.com). If the security trades less than USD 5 per share, however is listed on NASDAQ/NYSE, we do not consider that to be low priced securities.

**Marijuana Related Securities:** Securities issued by companies deriving significant revenue from growing, distributing, or selling cannabis-related products prohibited by federal law.

## Politically Exposed Person

Are any of the individuals listed on any part of this form a current or former:

- Senior official in the executive, legislative, administrative, military or judicial branches of government;
- Senior official of a major political party; or senior executive of a government-owned commercial enterprise
- Senior official of a central bank, monetary authority, multi-national organization or multi-national financial institution
- Senior official of a major international sports organization
- A person who is widely and publicly known to be a close associate of an individual exercising any of the functions listed above; or
- A person who is related to a family member (i.e., parents, siblings, spouse or equivalent, children, in-laws) or widely and publicly known to be a close associate of an individual exercising any of the functions listed above?

No  Yes - please explain:

# Transfer on Death (TOD) Beneficiary Designations for Taxable Accounts (if applicable)

## PRIMARY BENEFICIARIES

Designate primary beneficiaries for your taxable individual and joint accounts. Ensure that the total percentage share adds up to exactly 100%.

If you designate a trust as a beneficiary, provide the primary trustee's personal information below and include the legal name of the trust.

<b>Primary Beneficiary 1</b>	Title (Please choose one) Dr. Miss Mr. Mrs. Ms.		Relationship (Select one) Spouse Trust: Minor Other:	
	First Name		Middle Name	
	Last Name			
	Date of Birth (mm/dd/yyyy) / /	Social Security Number - -	% Share	
<b>Primary Beneficiary 2</b>	Title (Please choose one) Dr. Miss Mr. Mrs. Ms.		Relationship (Select one) Spouse Trust: Minor Other:	
	First Name		Middle Name	
	Last Name			
	Date of Birth (mm/dd/yyyy) / /	Social Security Number - -	% Share	
<b>Primary Beneficiary 3</b>	Title (Please choose one) Dr. Miss Mr. Mrs. Ms.		Relationship (Select one) Spouse Trust: Minor Other:	
	First Name		Middle Name	
	Last Name			
	Date of Birth (mm/dd/yyyy) / /	Social Security Number - -	% Share	

Note - Submit additional copies of this page if you have additional beneficiaries, or would like to designate different beneficiaries for different accounts, noting the account type and account nickname at the top of each page.

If any of the beneficiaries are minors, provide the following information for the adult custodian(s) of those minors (first, middle and last name, date of birth and Social Security Number):

### No Primary Beneficiaries

I do not want to designate any primary beneficiaries. I understand that when I die, the assets in my account will transfer to my estate.

# Transfer on Death Beneficiary Spousal Waiver

Complete this section ONLY if you are a married resident of a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin) and are not naming your spouse as 100% primary beneficiary. By signing below, I certify the following: I am the spouse of the above-named account owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to see a tax professional. I hereby give the account owner any interest I have in the funds or properties deposited in this account and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by Folio. By signing below, I accept the beneficiary designations listed here.

### Spouse Signature

Spouse Name:

X

Date (mm/dd/yyyy)

/ /

### CONTINGENT BENEFICIARIES

Designate contingent beneficiaries for your taxable accounts, who will inherit your account upon the death of you and your primary beneficiaries. If you designate a contingent beneficiary but not a primary beneficiary, your contingent beneficiary will be the primary beneficiary. Ensure that the total percentage share adds up to exactly 100%.

<b>Contingent Beneficiary 1</b>	Title (Please choose one) Dr. Miss Mr. Mrs. Ms.			Relationship (Select one) Spouse Trust: Minor Other:		
	First Name			Middle Name		
	Last Name					
	Date of Birth (mm/dd/yyyy) / /		Social Security Number - -		% Share	
<b>Contingent Beneficiary 2</b>	Title (Please choose one) Dr. Miss Mr. Mrs. Ms.			Relationship (Select one) Spouse Trust: Minor Other:		
	First Name			Middle Name		
	Last Name					
	Date of Birth (mm/dd/yyyy) / /		Social Security Number - -		% Share	
<b>Contingent Beneficiary 3</b>	Title (Please choose one) Dr. Miss Mr. Mrs. Ms.			Relationship (Select one) Spouse Trust: Minor Other:		
	First Name			Middle Name		
	Last Name					
	Date of Birth (mm/dd/yyyy) / /		Social Security Number - -		% Share	

Note - Submit additional copies of this page if you have additional contingent beneficiaries, or would like to designate contingent different beneficiaries for different accounts, noting the account type and account nickname at the top of each page.

### No Primary Beneficiaries

I do not want to designate contingent beneficiaries. I understand that, upon the death of me and my primary beneficiaries, the assets in my account will transfer to my estate.

### Additional IRA Information

Please provide the original contribution/funding date of your Roth or SIMPLE IRA account:    /    /

If the account type is SIMPLE IRA, please complete and return to us the [SIMPLE IRA Employee Certification Form](#) and the [SIMPLE IRA Employer Certification Form](#), both of which are found on the forms page of our website.

### IRA Beneficiary Designation (if applicable)

Designate primary beneficiaries for your IRA accounts. Ensure that the total percentage share adds up to exactly 100%.

If you designate a trust as a beneficiary, provide the primary trustee's personal information below and include the legal name of the trust.

#### PRIMARY BENEFICIARIES

<b>Primary Beneficiary 1</b>	Title (Please choose one) Dr.    Miss    Mr.    Mrs.    Ms.			Relationship (Select one) Spouse    Trust: Minor    Other:		
	First Name			Middle Name		
	Last Name					
	Date of Birth (mm/dd/yyyy) /    /		Social Security Number -    -		% Share	
<b>Primary Beneficiary 2</b>	Title (Please choose one) Dr.    Miss    Mr.    Mrs.    Ms.			Relationship (Select one) Spouse    Trust: Minor    Other:		
	First Name			Middle Name		
	Last Name					
	Date of Birth (mm/dd/yyyy) /    /		Social Security Number -    -		% Share	
<b>Primary Beneficiary 3</b>	Title (Please choose one) Dr.    Miss    Mr.    Mrs.    Ms.			Relationship (Select one) Spouse    Trust: Minor    Other:		
	First Name			Middle Name		
	Last Name					
	Date of Birth (mm/dd/yyyy) /    /		Social Security Number -    -		% Share	

Note - Submit additional copies of this page if you have additional beneficiaries, or would like to designate different beneficiaries for different accounts, noting the account type and account nickname at the top of each page.

If any of the beneficiaries are minors, provide the following information for the adult custodian(s) of those minors (first, middle and last name, date of birth and Social Security Number):

#### No Primary Beneficiaries

I do not want to designate any primary beneficiaries. I understand that when I die, the assets in my IRA will transfer to the default statutory designated beneficiary as specified in the IRA Custodial Agreement.

## IRA Beneficiary Spousal Waiver

Complete this section ONLY if you are a married resident of a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, or Wisconsin) and are not naming your spouse as 100% primary beneficiary. By signing below, I certify the following: I am the spouse of the above-named account owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to see a tax professional. I hereby give the account owner any interest I have in the funds or properties deposited in this account and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by Folio. By signing below, I accept the beneficiary designations listed here.

### Spouse Signature

Spouse Name:

X

Date (mm/dd/yyyy)

/ /

## CONTINGENT BENEFICIARIES

Designate contingent beneficiaries for your IRA accounts, who will inherit your account upon the death of you and your primary beneficiaries. If you designate a contingent beneficiary but not a primary beneficiary, your contingent beneficiary will be the primary beneficiary. Ensure that the total percentage share adds up to exactly 100%.

<b>Contingent Beneficiary 1</b>	Title (Please choose one) Dr. Miss Mr. Mrs. Ms.			Relationship (Select one) Spouse Trust: Minor Other:		
	First Name			Middle Name		
	Last Name					
	Date of Birth (mm/dd/yyyy) / /		Social Security Number - -		% Share	
<b>Contingent Beneficiary 2</b>	Title (Please choose one) Dr. Miss Mr. Mrs. Ms.			Relationship (Select one) Spouse Trust: Minor Other:		
	First Name			Middle Name		
	Last Name					
	Date of Birth (mm/dd/yyyy) / /		Social Security Number - -		% Share	
<b>Contingent Beneficiary 3</b>	Title (Please choose one) Dr. Miss Mr. Mrs. Ms.			Relationship (Select one) Spouse Trust: Minor Other:		
	First Name			Middle Name		
	Last Name					
	Date of Birth (mm/dd/yyyy) / /		Social Security Number - -		% Share	

Note - Submit additional copies of this page if you have additional contingent beneficiaries, or would like to designate contingent different beneficiaries for different accounts, noting the account type and account nickname at the top of each page.

### No Contingent Beneficiaries

I do not want to designate contingent beneficiaries. I understand that, upon the death of me and my primary beneficiaries, the assets in my IRA will transfer to the default statutory designated beneficiary as specified in the IRA Custodial Agreement.

## Additional Questions for Inherited IRAs

For Inherited Traditional and Roth IRAs (also known as Beneficiary IRAs) complete the additional information below for the original account holder (also known as the decedent).

### Original Account Holder Information

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Social Security Number/Tax Identification Number: \_\_\_\_\_  
 Date of Birth (mm/dd/yyyy): / / Date of Death (mm/dd/yyyy): / /  
 Source of wealth (as defined on page 5): \_\_\_\_\_  
 Supplemental information for decedent source of wealth, if applicable (e.g., investment and asset detail): \_\_\_\_\_

Prior Investment Firm: Folio Investments Other: \_\_\_\_\_ (Specify firm name)  
 Investment Account Number: \_\_\_\_\_ Last Country of Residence: \_\_\_\_\_  
 Relationship of the original account holder/decedent to the inheritee/beneficiary: Spouse Non-Spouse

### Inherited IRA Payout Election

Please designate below which payout election you plan to use for this account, noting that if you are transferring your Inherited IRA, your payout election must be the same here as the payout election made at the prior investment firm for the transferred account:

**Life Expectancy Payments** – Available if the original IRA holder died after April 1 of the year that he or she reached age 70½ (and prior to January 1, 2020), if the beneficiary is not a trust and the original IRA holder died before April 1 of the year after he or she reached age 70½ (and prior to January 1, 2020), or if the decedent died January 1, 2020 or later and the beneficiary meets the IRS definition of an eligible designated beneficiary. Asset distribution payments are calculated by dividing the balance of the total value of a retirement account by the account holder’s anticipated length of life.

**5-Year Rule** – Available if the beneficiary is a natural person or a trust and the original IRA holder died before April 1 the year after he or she reached age 70½ (and prior to January 1, 2020). All distribution payments must be completed no later than December 31 of the year containing the fifth anniversary of the account holder’s death. There are no annual withdrawal requirements. This option is only available if the original account holder died on or before December 31, 2019.

**10-Year Rule** – Available if you are not an “eligible designated beneficiary” (as the IRS defines that term) and the original account owner died on or after January 1, 2020. All beneficiaries who are not an “eligible designated beneficiary” (as the IRS defines that term) of an IRA account owner who died on or after January 1, 2020 must take all assets from the IRA no later than December 31 of the 10th year after the death of the original account owner.

For additional information, see [IRS Publication 590-B, Individual Retirement Arrangements \(IRAs\)](#) on IRS.gov.

### Trusted Contacts

Designate individuals (18 years of age or older) that we may contact about your accounts. By providing this information, you authorize us to contact your trusted contact person(s) and disclose to your trusted contact person(s) information about your account in the following circumstances: to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or other holder of a power of attorney, or as otherwise permitted.

Designation as a trusted contact does not provide that person with authority to make transactions in your account or make that person a power of attorney, legal guardian, trustee or executor.

First Name:	Middle Name:
Last Name:	
Relationship:	Spouse Financial Advisor Guardian Family Member Lawyer/Attorney Other
Email:	Telephone:

First Name:	Middle Name:
Last Name:	
Relationship:	Spouse Financial Advisor Guardian Family Member Lawyer/Attorney Other
Email:	Telephone:

## Account Owner Signatures

I certify, under penalty of perjury, that:

- The TIN on this application is the account owner's true TIN and the Primary Account Owner is a U.S. person. Visit our online help center at [www.folioinstitutional.com/advisorhelp/open-account.jsp](http://www.folioinstitutional.com/advisorhelp/open-account.jsp) for the definition of a U.S. person.
- The Primary Account Owner listed above is not subject to backup withholding as a result of failure to report all interest and dividends, or the Internal Revenue Service (IRS) has notified them they are no longer subject to backup withholding.  
Check here ONLY if subject to backup withholding.
- I, as the account owner or as an authorized person signing on behalf of the account owner, have read, understand, and I acknowledge I have received, read, and agree to the terms and conditions set forth in the Customer Agreement, which can be found online at [www.folioinstitutional.com](http://www.folioinstitutional.com).

**By signing below, I agree to the terms of the [Customer Agreement](#) including the [Exhibit 1 - Pre-dispute arbitration clause](#) provided as Exhibit 1.**

**The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Account Owner/Custodian	<b>X</b>	Date (mm/dd/yyyy) / /
Additional Account Owner/ Co-Custodian	<b>X</b>	Date (mm/dd/yyyy) / /

\* Note: All account owners must sign.

### Next Steps

After you enter all of the required client information on our site, you will have the option for the client(s) to esign our Customer Agreement (if they are present) or to have our system send the client(s) an email with a link to login to our site and esign our Customer Agreement.

If your client(s) signs this package instead of esigning on our site, you may upload a PDF copy of this client signed form to our site using the account specific Item for Attention found on your advisor Dashboard, which will remove the restriction for the missing client signature on our Customer Agreement.

## Trust Information

Full Trust Legal Entity Name:

Country of organization of the trust:

Date of formation/establishment of the trust: / /

If this is a revocable trust, then the primary account owner will be the natural person listed earlier in this document.

If this is a business/irrevocable trust, then the primary account owner will be the trust entity that you list in the Corporate Account Section of this document below, and the Authorized Representative information provided below will enable that person to access the trust account on our custodial website.

If any of the trust parties listed below are not natural persons (e.g., trusts, corporations, other legal entities) and or if this is a statutory trust, as defined below, check here and you must complete and provide our [Entity Account Questionnaire](#), in addition to this form. This questionnaire can be found on the forms page of our website.

Statutory Trust Definition: A statutory trust is a business trust that is created by an operation of law where real property is held by trustees for the immediate or essential sale using their discretion.

## Designate Trust Parties

You may designate the primary account owner, other existing members on the custodial platform with their own login credentials, and or people that are not setup on the custodial platform for each role in the trust. We are required to obtain information for all people that fulfill any of these roles for the trust but where there are more than 10 authorized signatories, please provide the 10 most active or senior individuals. There must be at least one grantor, authorized signatory and beneficiary.

Definitions of the trust parties/roles:

- Grantors, also referred to as a Settlers, are the individuals who provide the initial assets for a trust.
- Authorized Signatories are individuals or legal entities who have authority to sign agreements or move funds for the trust.
- Protectors are individuals and or legal entities appointed by a grantor who have the power to change the appointed trustees.
- Trustees have control or powers of administration of property in a trust with a legal obligation to administer it solely for the purposes specified in the trust agreement.
- Beneficiaries are the parties who are benefiting or will benefit from the funds settled into the trust.

### Trustees

Add primary account owner as trustee.  
Check if no trustees exist for this trust.

### Protectors

Add primary account owner as protector.  
Check if no protectors exist for this trust.

### Beneficiaries

Add primary account owner as beneficiary.

### Grantors/Settlers

Add primary account owner as grantor/settlor.

### Authorized Signatories

Add primary account owner as authorized signatory.

List trust parties here who are already members on the custodial platform with their own login credentials, and designate which role(s) each person will fulfill (enter one or more of the trust roles defined above). If you would like to add a member to the custodial platform, please do that first and then designate them here:

Role(s):	Username:	DOB:

List trust parties here who are not members on the custodial platform (i.e., people who will not have their own login credentials), and designate which role(s) each person will fulfill (enter one or more of the trust roles defined above) and their relationship to the primary account owner (Spouse, Other, Trust, Minor and Custodian of a Minor).

- If a trust party (e.g., beneficiary) is a minor, provide the information for the custodian of the minor in this section as well.
- If a trust is fulfilling a trust party role, complete the information below for the primary trustee and include the name of trust.
- Residential address is not required for Authorized Signatories or Beneficiaries.
- Date of birth and social security number are not required for Authorized Signatories, Protectors or Trustees.
- Source of Wealth, from page 5 of this document, including supplemental information (e.g., employer info) is only required for grantors/settlers.

Title:  
 First Name:  
 Middle Name:  
 Last Name:  
 Suffix:  
 Address:  
 City:  
 State:  
 Zip:  
 Country of Residence:  
 Date of Birth:  
 Social Security Number:  
 Trust Role:  
 Grantor's Source of Wealth:  
 Relationship:  
 Name of trust (if applicable):

Title:  
 First Name:  
 Middle Name:  
 Last Name:  
 Suffix:  
 Address:  
 City:  
 State:  
 Zip:  
 Country of Residence:  
 Date of Birth:  
 Social Security Number:  
 Trust Role:  
 Grantor's Source of Wealth:  
 Relationship:  
 Name of trust (if applicable):

Title:  
 First Name:  
 Middle Name:  
 Last Name:  
 Suffix:  
 Address:  
 City:  
 State:  
 Zip:  
 Country of Residence:  
 Date of Birth:  
 Social Security Number:  
 Trust Role:  
 Grantor's Source of Wealth:  
 Relationship:  
 Name of trust (if applicable):

Title:  
 First Name:  
 Middle Name:  
 Last Name:  
 Suffix:  
 Address:  
 City:  
 State:  
 Zip:  
 Country of Residence:  
 Date of Birth:  
 Social Security Number:  
 Trust Role:  
 Grantor's Source of Wealth:  
 Relationship:  
 Name of trust (if applicable):

Note - Submit additional copies of this page if you have additional non-member trust parties.

**Additional information for grantors/settlers**

If a grantor/settlor is not a U.S. Citizen, please note if they are a U.S. Permanent Resident.

If a grantor/settlor is deceased, please note this and provide their last Country of Domicile.

Supplemental information for grantor source of wealth, if applicable (e.g., employer information, investment and asset detail):

**Trust Legal Evidence of Existence**

New trust accounts are restricted until we receive a document from the list below to evidence the legal existence of the trust. Such document should be uploaded to our advisor site using the Secure Upload function, which will automatically remove this restriction from this trust account. The document should be a PDF file that is not larger than 10 MB. You will not be able to trade or perform other actions in this account until we receive one of these documents:

- Trust Deed
- Certificate of Trust
- Declaration of Trust
- First page and signature page(s) of Executed Trust Agreement

Note that this documentation will be reviewed solely to verify the legal existence of this trust. We are not responsible for management of the trust, and have no role with respect to administration or enforcement of covenants or restrictions on investments and/or transfer of funds for, or disbursement of funds from, the trust.

# Corporate Account Information

	Authorized Representative					Additional Authorized Representative or Trustee				
Title (Please choose one)	Dr.	Miss	Mr.	Mrs.	Ms.	Dr.	Miss	Mr.	Mrs.	Ms.
<b>Name</b>	First Name					First Name				
	Middle Name					Middle Name				
	Last Name					Last Name				
<b>Date of Birth</b> (mm/dd/yyyy)	/ /					/ /				
<b>Social Security Number</b>	- -					- -				
<b>Residential Address</b> (Street addresses only; No P.O. Boxes, please)	Address 1					Address 1				
	Address 2					Address 2				
	City					City				
	State		Zip Code			State		Zip Code		
	Country (If other than United States)					Country (If other than United States)				
<b>Mailing Address</b> (If different than Primary Address; P.O. Boxes allowed)	Address 1					Address 1				
	Address 2					Address 2				
	City					City				
	State		Zip Code			State		Zip Code		
	Country					Country				
<b>Email Address</b> (A valid email address is required for all clients)										
<b>Phone Number</b> (Both day and evening phone numbers must be provided—even if the same)	Day ( ) -					Day ( ) -				
	Evening ( ) -					Evening ( ) -				

\* **Note:** To complete an application for an entity account, you must complete and provide our [Entity Account Questionnaire](#), in addition to this form. This form can be found on the forms page of our website.

## Citizenship Status

We only allow U.S. citizens or resident aliens with valid U.S. Social Security or equivalent tax identification numbers to invest in our platform (not non-resident aliens or non-U.S. Entities).

Authorized Representative or Trustee	Additional Authorized Representative or Trustee
Country of Citizenship: Additional Country of Citizenship: If not a U.S. Citizen check here to confirm that you are a Resident Alien	Country of Citizenship: Additional Country of Citizenship: If not a U.S. Citizen check here to confirm that you are a Resident Alien
<b>Country and State of Legal Organization for Corporate Entity or Trust</b>	

## Username

For security purposes, we require that each client have a unique username and password.

- Username Requirements:** 8-12 characters and not case sensitive. Note: You cannot change the username after it is created.

Authorized Representative or Trustee Username	Additional Authorized Representative or Trustee Username

\* You will receive an email from us at the email address you provide above, after your account is setup by your advisor, providing you with instructions to select your own password on our site.

## Account Name

<b>Account Name</b>	(The designation for this account. Up to 16 characters)
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## Firm Information

<b>Corporate Entity or Trust ("Firm") Name</b>				
<b>Firm Tax ID or SSN</b>				
<b>Account Registration</b>	(Provide the official or legal name of this business, trust, or other organization, exactly as it appears on the organization's legal documents)			
<b>Firm Street Address</b> (Street addresses only; No P.O. Boxes, please)	Address 1		Address 2	
	City	State	Zip Code	Country
<b>Firm Mailing Address</b> (If different than Street Address; P.O. Boxes allowed)	Address 1		Address 2	
	City	State	Zip Code	Country

### Additional Questions for Estate Accounts

Provide the following legal evidence of existence documents for the estate: Will, Death Certificate & Letters Testamentary.

Complete the information below for the original account holder (also known as the decedent). Designate existing members on the custodial platform with their own login credentials and or people that are not setup on the custodial platform for each role in the estate. We are required to obtain information for all people that fulfill any of these roles for the estate but where there are more than 10 authorized signatories, please provide the 10 most active or senior individuals. There must be at least one person for each of these estate roles: **primary executor, secondary executor and authorized signatory.**

### Original Account Holder Information

First Name: Middle Name:
Last Name:
Social Security Number/Tax Identification Number:
Date of Birth (mm/dd/yyyy): / / Date of Death (mm/dd/yyyy): / /
Source of wealth (as defined on page 5):
Supplemental information for decedent source of wealth, if applicable (e.g., investment and asset detail):

Prior Investment Firm: Folio Investments Other: (Specify firm name)
Investment Account Number: Last Country of Residence:

### Designate Estate Parties

List estate parties here who are already members on the custodial platform with their own login credentials, and designate which role(s) each person will fulfill (enter one or more of the estate roles defined above). If you would like to add a member to the custodial platform, please do that first and then designate them here:

Role(s): Username: DOB:

List estate parties here who are not members on the custodial platform (i.e., people who will not have their own login credentials), and designate which role(s) each person will fulfill (enter one or more of the estate roles defined above).

Title: First Name: Middle Name:
Last Name: Suffix:
Residential Address or Principal Place of Business Address (no P.O. Boxes)
Address 1:
Address 2:
City: State:
Zip: Country of Residence:
Estate Role:
If Executor/Administrator, you are acting in a:
Professional or Personal capacity.

Title: First Name: Middle Name:
Last Name: Suffix:
Residential Address or Principal Place of Business Address (no P.O. Boxes)
Address 1:
Address 2:
City: State:
Zip: Country of Residence:
Estate Role:
If Executor/Administrator, you are acting in a:
Professional or Personal capacity.

Note - Submit additional copies of this page if you have additional non-member estate parties.

## Additional Questions

Authorized Representative or Trustee		Additional Authorized Representative or Trustee	
Are any beneficial owners of this account a director, 10% shareholder, or executive who makes policy at a public company?			
Yes	No	Yes	No
If yes, provide the information for the company(s) in which the beneficial owner is a director, policy-making executive, or 10% shareholder:			
Company Name		Company Name	
Stock Symbol(s)		Stock Symbol(s)	

Check here if your client, their spouse, or any other immediate family member, including parents, in-laws, and siblings that are dependents, employed by or associated with the securities industry (for example, Investment Advisor, Sole Proprietor, Partner, Officer, Director, Branch Manager or Broker at a Broker-Dealer Firm or Municipal Securities Dealer) or a financial regulatory agency, such as FINRA or the New York Stock Exchange and this entity requires access to your client's account to monitor your client's activities, then complete and provide our [Compliance Officer Form](#) (found on the forms page of our website) to the appropriate person at the affiliated entity so that it may obtain access to your client's account.

For Business Trust Accounts Only -- Source of Wealth and Expected Activity
Source(s) of wealth from page 5 of this form: Supplemental information for trust source of wealth, if applicable (e.g., investment and asset detail):
Estimated number of domestic wire transfers each month: Estimated number of checks each month: Check if you expect to invest in: <input type="checkbox"/> Low-Priced Securities or <input type="checkbox"/> Marijuana Related Securities as defined earlier in this form.

## Authorized Representative Certification and Signature

I certify, under penalty of perjury, that:

- The TIN on this application is the account owner's true TIN and the Primary Account Owner is a U.S. person. Visit our online help center at [www.folioinstitutional.com/advisorhelp/open-account.jsp](http://www.folioinstitutional.com/advisorhelp/open-account.jsp) for the definition of a U.S. person.
- The Entity listed above is not subject to backup withholding as a result of failure to report all interest and dividends, or the Internal Revenue Service (IRS) has notified them they are no longer subject to backup withholding.  
Check here ONLY is subject to backup withholding.
- On behalf of the Entity listed above, I acknowledge I have received, read, and agree to the terms and conditions set forth in the Customer Agreement, which can be found online at [www.folioinstitutional.com](http://www.folioinstitutional.com).
- I am authorized to: (i) act on behalf of the Entity listed above; (ii) open an account at Folio Institutional for the Entity listed above; and (iii) designate the additional authorized representatives listed above as authorized to act on this account.

By signing below, I agree to the terms of the [Customer Agreement](#) including the [Exhibit 1](#) - Pre-dispute arbitration clause provided as Exhibit 1.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Authorized Representative Certification	<b>X</b>	Date (mm/dd/yyyy) / /
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### Next Steps

After you enter all of the required client information on our site, you will have the option for the client(s) to esign our Customer Agreement (if they are present) or to have our system send the client(s) an email with a link to login to our site and esign our Customer Agreement.

If your client(s) signs this package instead of esigning on our site, you may upload a PDF copy of this client signed form to our site using the account specific Item for Attention found on your advisor Dashboard, which will remove the restriction for the missing client signature on our Customer Agreement.

## Margin Borrowing Authorization

Enabling margin borrowing allows you to use an eligible investment account to borrow funds from us for trading or cash withdrawal, using eligible securities held by us as collateral. Margin borrowing is not appropriate for all investors. When considering margin, you should take into account portfolio composition, risk tolerance, as well as tax consequences, portfolio performance expectations, and investment timeline. See the Margin Borrowing section of our website for current margin interest rates, and other important information such as risks, eligible securities, eligible accounts, margin call procedures and other margin processes.

Individual, Joint, Trust, and Business accounts are eligible for margin borrowing. If you have multiple accounts of the same type and registration, you are limited to enabling margin borrowing in just one account for each registration. Designate which account(s) you would like to enable for margin borrowing, by account type and nickname:

By signing below, I certify that I have received the Margin Disclosure Statement (below) and [Customer Agreement](#), and that the margin provisions, terms, conditions and disclosures in the Customer Agreement now apply to me. I also certify that neither Folio Investments, Inc. nor any of its representatives have recommended that I use margin.

For entity and trust accounts, by signing below, I certify that I am enabling margin borrowing on behalf of an entity or a trust and the entity's or trust's organizing documents directly, or indirectly, permit the use of margin. I further certify that I am an authorized agent of the entity or trust and my authorization permits me to open a margin account.

Further, I hereby provide my financial advisor authorization to enable margin borrowing on my accounts listed above.

Account Owner/Custodian/Trustee Printed Name:

X

Last 4 digits of SSN:

Date (mm/dd/yyyy)

/ /

### Margin Disclosure Statement

We are furnishing this document to you to provide some basic facts about purchasing securities on margin, and to alert you to the risks involved with trading securities in a margin account. Before trading stocks in a margin account, you should carefully review the margin agreement provided to you by us. If you have any questions or concerns about your margin accounts, please contact your advisor.

When you purchase securities, you may pay for the securities in full or you may borrow part of the purchase price from us. If you choose to borrow funds from us, you will open a margin account with us. The securities purchased are our collateral for the loan to you. If the securities in your account decline in value, so does the value of the collateral supporting your loan, and, as a result, we can take action, such as issue a margin call and/ or sell securities or other assets in any of your accounts held with us, in order to maintain the required equity in the account.

It is important that you fully understand the risks involved in trading securities on margin. These risks include the following:

- You can lose more funds than you deposit in the margin account. A decline in the value of securities that are purchased on margin may require you to provide additional funds to us to avoid the forced sale of those securities or other securities or assets in your account(s).
- We can force the sale of securities or other assets in your account(s). If the equity in your account falls below the maintenance margin requirements, or our higher "house" requirements, we can sell the securities or other assets in any of your accounts held with us to cover the margin deficiency. You also will be responsible for any short fall in the account after such a sale.
- We can sell your securities or other assets without contacting you. Some investors mistakenly believe that a brokerage firm must contact them for a margin call to be valid, and that the firm cannot liquidate securities or other assets in their accounts to meet the call unless the firm has contacted them first. This is not the case. Although we may attempt to notify you of a margin call, we are not required to do so. However, even if we have contacted you and provided a specific date by which you can meet a margin call, we can still take necessary steps to protect our financial interests, including immediately selling the securities without notice to you.
- You are not entitled to choose which securities or other assets in your account(s) are liquidated or sold to meet a margin call. Because the securities are collateral for the margin loan, we have the right to decide which security to sell in order to protect our interests.
- We can increase our "house" maintenance margin requirements at any time and are not required to provide you advance written notice. These changes in our policy often take effect immediately and may result in the issuance of a maintenance margin call. Your failure to satisfy the call may cause us to liquidate or sell securities in your account(s).
- You are not entitled to an extension of time on a margin call. While an extension of time to meet margin requirements may be available to you under certain conditions, you do not have a right to the extension.

## Account Transfer Authorization

Check here to transfer the entire account listed below to the corresponding account type that you have setup with us and provide that account title and account nickname here:

Use this form to capture client information and authorization to enter full in-kind account transfers onto our custodial platform, which you will enter into our advisor website. Note that the sending and receiving account types generally must be the same for an account transfer to be processed. If you would like to transfer only part of an account, or request a non-ACAT or not-in-kind transfer, please setup such transfers online or use the separate [Account Transfer Form](#), which also includes detailed Guidelines for Transfers Between Accounts.

## Information About The Account You Are Transferring

<b>Account Number</b>					
<b>Account Title</b>	If this does not match the account title above, you must provide a Letter of Authorization or other supporting documentation.				
<b>Financial Institution</b>	Name	Phone Number (     )     -		Firm Type: Brokerage Firm Trust Company Mutual Fund Company Bank/Credit Union Annuity/Insurance Company Transfer Agent	
	Address				
	City	State	Zip Code		
	Country				

### ACCOUNT TYPE

Personal	Retirement	Employer Sponsored*	Business	Other
Custodial Individual Joint	Traditional IRA Roth IRA 5 year aging year: IRA Rollover SEP IRA SIMPLE IRA Beneficiary IRA	401(k) Qualified Plan	Corporate Sole Proprietorship LLC Limited Partnership	Investment Club Trust Other:

\* Attach an employer plan distribution form when transferring employer-sponsored accounts. The plan administrator should be able to provide you with the distribution form.

#### Important Notes

- Submit a separate Account Transfer Authorization page for each account that you want to transfer.
- Pending trades and other activity in your account will delay this transfer until all such actions have settled.
- Please attach a copy of your most recent account statement and any other required documentation for the account you are transferring, so that your advisor can confirm that all of the assets are transferable and acceptable.

Instructions for Transferring Firm

I authorize you to transfer all securities in kind; transfer all cash; liquidate and transfer as cash all money market funds and fractional shares; immobilize and transfer as book entry any public securities in certificate form or if not transferable then liquidate and transfer them as cash. If they cannot be liquidated, then you should send the certificates to me at my address of record. For domestic U.S. equity securities that are not registered securities, such as interests in limited partnerships or shares of securities that have not yet been registered for sale, I instruct you to mail the evidence of ownership you hold on my behalf to me at my address of record.

Owner Authorization & Agreement

To the financial institution I have listed as the current holder of my account; I instruct you to transfer assets to Folio Investments, Inc. in accordance with my transfer instructions. I authorize you to deduct any outstanding fees due you from the credit balance in my account. If my account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees due you, I authorize you to liquidate the assets in my account to the extent necessary to satisfy that obligation. I understand that upon receiving a copy of these transfer instructions, you will cancel all open orders for my account on your books. I affirm that I have destroyed or returned credit/debit cards and/or unused checks issued to me in connection with my securities account. I am aware that if I sell any investments in the account after submitting this request that the cash proceeds may not accrue interest while the sale is being processed.

Letter of Authorization (LOA) for Joint Account Transfers

If this is a joint account transfer, we acknowledge, agree and authorize the account described here be transferred to the Folio Investments, Inc. account described here, as specified in this document.

Age 70½ Restrictions

If this is a retirement account transfer and I am over age 70½, I attest that I have met or will meet the required minimum distribution requirement for the current year.

By signing below, I agree to the terms and conditions and authorize my financial advisor to submit this transfer request on my behalf.

Account Owner/Custodian  
/Trustee Printed Name:

Social Security Number:

X

Date (mm/dd/yyyy) / /
--------------------------

Account Co-Owner/Custodian  
/Trustee Printed Name:

Social Security Number:

X

Date (mm/dd/yyyy) / /
--------------------------

All account owners must sign this document to authorize a transfer.

FOLIO USE ONLY		
RECEIVING FIRM: Folio Investments, Inc. CLEARING NO.: 0728		Medallion Signature Guarantee Program
Successor Custodian Signature	Date (mm/dd/yyyy) / /	

## Additional Account Setup Information

### Tax Lot Relief Methods

We offer 10 different automated tax lot selection strategies for you to choose from, also called inventory relief methods. The default will be to minimize gains / maximize losses unless you choose a new default for your account(s) with us. Your advisor can change the tax lot relief method at any time based upon your instructions.

#### Strategies to Minimize Capital Gains

##### Maximize Losses / Minimize Gains, Tax Weighted

Adjust short-term gains/losses based on capital gains tax rates. Sell shares in the order of largest loss to largest gain.

Enter your estimated Short-Term Capital Gains Tax Rate: %

Enter your estimated Long-Term Capital Gains Tax Rate: %

##### Maximize Losses / Minimize Gains (Default method if you and your advisor don't change it)

Sell shares with the largest losses first, largest gains last, regardless of long or short-term tax status.

#### Strategies to Maximize Capital Gains

##### Maximize Gains / Minimize Losses, Tax Weighted

Adjust short-term gains/losses based on capital gains tax rates. Sell shares in the order of largest gain to largest loss.

Enter your estimated Short-Term Capital Gains Tax Rate: %

Enter your estimated Long-Term Capital Gains Tax Rate: %

##### Maximize Gains / Minimize Losses

Sell shares with the largest gains first, largest losses last, regardless of long or short-term tax status.

#### Other Strategies to Manage Capital Gains and Losses

##### First In - First Out

Sell shares in the order that they were purchased from oldest to most recent.

##### Last In - First Out

Sell shares in reverse order of purchase from most recent to oldest.

##### Maximize Short-term Losses

Sell shares with short-term losses (large to small), then long-term losses (large to small), then long-term gains (small to large), then short-term gains (small to large).

##### Maximize Long-term Losses

Sell shares with long-term losses (large to small), then short-term losses (large to small), then short-term gains (small to large), then long-term gains (small to large).

##### Maximize Long-term Gain

Sell shares with long-term gains (large to small), then short-term gains (large to small), then short-term losses (small to large), then long-term losses (small to large).

##### Maximize Short-term Gain

Sell shares with short-term gains (large to small), then long-term gains (large to small), then long-term losses (small to large), then short-term losses (small to large).

#### Additional Information

You can learn more about tax lots, tax lot selection methods and how it all works on the [Tax Lots section](#) of our online Help Center under the Manage Your Account topic.