

This is a Retail Brokerage Account Application. Please read it carefully, as you will select products and services, tell us how you want to communicate with us, and agree to certain provisions that will govern our relationship. When we accept it, this Application and all accompanying or supplemental documents, form the entire Agreement between us for this account. Unless otherwise indicated in this Application, the words “you,” “your,” “yourself,” and “yours” mean the applicant(s). The words “we,” “us,” and “our” mean ALTRUITY Wealth, 306 W Terrace Court, Palatine, IL 60067.

GETTING STARTED

Please complete and sign this Application, along with any required supplemental forms identified through this application process. In order to complete this Application, you will need some or all of the following information:

- Identification information, such as a driver’s license, passport, or another type of government-issued identification
- Social Security Number
- Federal tax information
- Information about your annual income, debt, expenses, and net worth
- Trusted contact person information

The above information helps us comply with various securities regulations and rules and the USA PATRIOT Act, a Federal law that requires all securities firms to obtain, verify, and record information that identifies each applicant. The information also helps us more fully understand your investment profile and identify what types of investments or strategies may be suitable for you. Please note: if we cannot verify the information you provide, we may be required to restrict or deny your account. Please remember to notify us if you experience a significant life change, such as the birth of a child, marriage, divorce, death of a spouse, loss of a job, change in financial situation, etc.

Please Select Account Type

- Individual Account
- Joint Account: Please select one of the following Joint Account Options.
- Joint Tenants with Right of Survivorship (for husband + wife only, asset automatically passes to surviving joint tenant)
 - Tenants by the Entirety (for husband + wife only, protects other from creditors)
 - Tenants in Common

Do you have other accounts with us? Yes No

Primary Applicant

Mr. Mrs. Ms. Dr. Suffix Sr. Jr.

First Name _____ Middle Name _____ Last Name _____

Permanent Address _____ Apt/Suite No. _____

City _____ State _____ ZIP Code _____ Country _____

Work Phone _____ Home Phone _____ Mobile Phone _____

Email Address _____

Please check if you have been at your current home address for less than one year.

Mailing Address (if different from above) _____ Apt/Suite No. _____

City _____ State _____ ZIP Code _____ Country _____

[Are you ?](#)

Single Married Domestic Partner Divorced Widowed Number of Dependents: _____
 Employed Self-Employed Not Employed Retired Student Other: _____

Job Title _____ Occupation _____
Employer _____ Years with this Employer _____
Business Address _____ Floor/Suite No. _____
City _____ State _____ ZIP Code _____ Country _____

[USA PATRIOT Act Information \(Required by Federal law—See page 1\)](#)

All applicants please provide the information below. Non-resident aliens, also include a completed W-8BEN.

Date of Birth (mm/dd/yyyy) _____ Social Security or Taxpayer ID No. _____ Country of Citizenship
ID No. (Select one): Driver's License Passport State ID Other Government-issued ID
Place/Country of Issuance _____
Issue Date (mm/yyyy) _____ Expiration Date (mm/yyyy) _____
Country of Tax Residence (if different than country of citizenship) _____

[Co-Applicant \(if applicable\)](#)

First Name _____ Middle Name _____ Last Name _____
Permanent Address _____ Apt/Suite No. _____
City _____ State _____ ZIP Code _____ Country _____
Work Phone _____ Home Phone _____ Mobile Phone _____
Email Address _____

Please check if you have been at your current home address for less than one year.

Mailing Address (if different from above) _____ Apt/Suite No. _____
City _____ State _____ ZIP Code _____ Country _____

[Are you ?](#)

Single Married Domestic Partner Divorced Widowed Number of Dependents: _____
 Employed Self-Employed Not Employed Retired Student Other: _____

Job Title _____ Occupation _____
Employer _____ Years with this Employer _____
Business Address _____ Floor/Suite No. _____
City _____ State _____ ZIP Code _____ Country _____

[USA PATRIOT Act Information \(Required by Federal law—See page 1\)](#)

All applicants please provide the information below. Non-resident aliens, also include a completed W-8BEN.

Date of Birth (mm/dd/yyyy) _____ Social Security or Taxpayer ID No. _____ Country of Citizenship
ID No. (Select one): Driver's License Passport State ID Other Government-issued ID
Place/Country of Issuance _____
Issue Date (mm/yyyy) _____ Expiration Date (mm/yyyy) _____
Country of Tax Residence (if different than country of citizenship) _____

[Trusted Contact Person Information \(optional\)](#)

By choosing to provide information about a trusted contact person, you authorize us to contact the trusted contact person listed below and disclose information about your account to that person 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 holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults).

Mr. Mrs. Ms. Dr. Suffix Sr. Jr.
First Name _____ Middle Name _____ Last Name _____
Permanent Address _____ Apt/Suite No. _____
City _____ State _____ ZIP Code _____ Country _____
Work Phone _____ Home Phone _____ Mobile Phone _____
Email Address _____
Relationship to Primary Applicant/Co-Applicant: _____

[All Applicants - Industry and Other Affiliations](#)

Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings and dependents employed by or associated with the securities industry or a financial services regulator?

Primary Applicant Co-Applicant
 Yes No Yes No

If yes, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this Application).

Broker-Dealer or Municipal Securities Dealer Investment Adviser
 FINRA or other Self Regulatory Organization* State or Federal Securities Regulator

(*Including a national securities exchange, registered securities association, registered clearing agency or the Municipal Securities Rulemaking Board.)

Name of entity(ies): _____

An officer, director or 10% (or more) shareholder in a publicly-owned company?

Yes No

Name of company and ticker symbol: _____

[Financial Situation and Needs, Liquidity Considerations, and Tax Status](#)

Please tell us your best estimate as to:

ANNUAL INCOME (from all sources)

- \$25,000 and under
- \$25,001-50,000
- \$50,001-100,000
- \$100,001-250,000
- \$250,001-500,000
- Over \$500,000

NET WORTH¹ (excluding your residence)

- \$25,000 and under
- \$25,001-50,000
- \$50,001-200,000
- \$200,001-500,000
- \$500,001-1,000,000
- \$1,000,001-3,000,000
- Over \$3,000,000

TAX RATE

- 0-15%
- 16-25%
- 26-30%
- 31-35%
- Over 35%

[Liquidity Needs](#)

The ability to quickly and easily convert to cash all or a portion of the investments in this account without experiencing significant loss in value from, for example, the lack of a ready market, or incurring significant costs or penalties is (check one)

- Very important
- Important
- Somewhat important
- Does not matter

[Investment Risk Tolerance](#)

Investing involves risk. Different investment products and strategies involve different degrees of risk. The higher the expected returns of a product or strategy, the greater the risk that you could lose most of your investment.

Please select the degree of risk you (and any co-applicants, if applicable) are willing to take with the assets in this account.

- Conservative. I want to preserve my initial principal in this account, with minimal risk, even if that means this account does not generate significant income or returns and may not keep pace with inflation.
- Moderately Conservative. I am willing to accept low risk to my initial principal, including low volatility, to seek a modest level of portfolio returns.
- Moderate. I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and understand I could lose a portion of the money invested.
- Moderately Aggressive. I am willing to accept high risk to my initial principal, including high volatility, to seek high returns over time, and understand I could lose a substantial amount of the money invested.
- Significant Risk. I am willing to accept maximum risk to my initial principal to aggressively seek maximum returns, and understand I could lose most, or all, of the money invested.

[Financial Investment Experience](#)

We are collecting the information below to better understand your investment experience. We recognize your responses may change over time as you work with us.

Please check the boxes that best describe your investment experience to date.

Investment	Years of experience			Transactions per year (excluding automatic investments)		
Mutual Funds/ETF's	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Individual Stocks	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Bonds	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Options	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Securities Futures	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Annuities	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Alternative ⁶	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Margin	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5			

⁶ May include structured products, hedge funds, etc.

[Authorization to Trade \(if applicable\)](#)

Please provide us with the contact information for any person other than the account holder(s) who will have trading authorization over the account.

Mr.
 Mrs.
 Ms.
 Dr.
 Suffix
 Sr.
 Jr.

First Name _____ Middle Name _____ Last Name _____

Permanent Address _____ Apt/Suite No. _____

City _____ State _____ ZIP Code _____ Country _____

Work Phone _____ Home Phone _____ Mobile Phone _____

Email Address _____

The more we know about you and your goals for this account, the better we can serve you. Please answer the following questions about your investment objectives and investment time horizon to help us determine which investment products and strategies are suitable for you.

[Investment Objectives and Investment Time Horizon](#)

The investments in this account will be (check one):

- Less than 1/3 of my financial portfolio
- Roughly 1/3 to 2/3 of my financial portfolio
- More than 2/3 of my financial portfolio

I plan to use this account for the following (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Generate income for current or future expenses | <input type="checkbox"/> Pay for education |
| <input type="checkbox"/> Partially fund my retirement | <input type="checkbox"/> Pay for a house |
| <input type="checkbox"/> Wholly fund my retirement | <input type="checkbox"/> Market speculation |
| <input type="checkbox"/> Steadily accumulate wealth over the long term | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Preserve wealth and pass it on to my heirs | |

The expected period of time you plan to invest to achieve your financial goal(s):

- Under 1 year 1-2 years 3-5 years 6-10 years 11-20 years Over 20 years

Please tell us how you are funding this account (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Income | <input type="checkbox"/> Insurance payout |
| <input type="checkbox"/> Pension or retirement savings | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Funds from another account | <input type="checkbox"/> Social Security benefits |
| <input type="checkbox"/> Gift | <input type="checkbox"/> Home Equity Line of Credit/Reverse Mortgage |
| <input type="checkbox"/> Sale of business or property | <input type="checkbox"/> Other: |

Communication

Unless you direct us otherwise, we will use email to send you any communications.

Confirmations and Signatures – Please Read Carefully

By signing this Application, you affirm that you have received and read this Application and any supplemental documents governing this relationship. You affirm that the information you have provided is accurate and you agree to notify us of any changes in the information provided.

Tax Withholding Certifications

Please check all boxes that apply, and sign and date below.

U.S. Person: Under penalty of perjury, I certify that: (1) I am a U.S. citizen, U.S. resident alien or other U.S. person, and the Social Security Number or Taxpayer Identification Number provided in this Application is correct (or I am waiting for a number to be issued to me); and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding.

Primary Applicant Co-Applicant

Certification Instructions: You must check this box if you cannot certify to item (2) above, meaning that you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Primary Applicant Co-Applicant

Non-Resident Alien: I certify that I am not a U.S. citizen, U.S. resident alien, or other U.S. person for U.S. tax purposes, and I am submitting the applicable Form W-8 with this form to certify my foreign status and, if applicable, claim tax treaty benefits.

Primary Applicant Co-Applicant

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

Signatures

Primary Applicant Name (please print) _____

Primary Applicant Signature _____ Date _____

Co-Applicant Name (please print) _____

Co-Applicant Signature _____ Date _____

[Please email your completed Application to application@altruitywealth.com](mailto:application@altruitywealth.com)

Required Signature of ALTRUITY

