

KOONCE SECURITIES, INC. CUSTOMER ACCOUNT APPLICATION

ACCOUNT TYPE

- | | | | | |
|--|--|---|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Trust | <input type="checkbox"/> Estate | <input type="checkbox"/> IRA/Roth | MIM _____ |
| <input type="checkbox"/> Jt. Tenants WROS | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Bank/Insurance Co. | <input type="checkbox"/> Pension/Profit Sharing | <input type="checkbox"/> Institution (Complete below) |
| <input type="checkbox"/> Jt. Tenants in Common | <input type="checkbox"/> Corporation | <input type="checkbox"/> Taxable Portfolio | <input type="checkbox"/> Other Retirement | ID# _____ |
| <input type="checkbox"/> Jt. Tenants by Entirety | <input type="checkbox"/> Partnership | <input type="checkbox"/> Investment Club | Is Delaware Charter TTEE Y / N _____ | Internal A/C _____ |
| <input type="checkbox"/> Custodian | <input type="checkbox"/> LLC | <input type="checkbox"/> Charitable Org./Tax Exempt | <input type="checkbox"/> 529 Plan | DTC# _____ |
| | | | | Agent ID _____ |
| | | | | Interested Party _____ |

GENERAL INFORMATION

Account Name _____

Date of Birth _____

SSN/Tax ID _____

Citizen/Perm. Resident US Other _____
SPECIFY

If Trust, date of Trust _____

Mailing Address _____

Legal Address _____

Business Phone _____ Cell Phone _____

Home Phone _____ Fax _____

E-Mail _____

Power of Attorney _____

Duplicate Confirm Statement _____

Address _____

ACCOUNT OBJECTIVES

Number in priority up to 4 objectives with #1 being the highest priority.

____ Safety of Principal	____ Speculation
____ Income	____ Tax Free Income
____ Long Term Growth	

FINANCIAL INFORMATION

Tax Bracket _____

Annual Income: Under \$25,000
 \$25,000 - \$50,000 \$50,000 - \$100,000 Over \$100,000

Net Worth: Under \$25,000
 \$25,000 - \$50,000 \$50,000 - \$100,000 Over \$100,000

Liquid Assets: Under \$25,000
 \$25,000 - \$50,000 \$50,000 - \$100,000 Over \$100,000

Other Brokerage Accounts: _____

Bank References: _____

INVESTMENT EXPERIENCE

of years invested in:

____ Stocks	____ Muni. Bonds
____ Mutual Funds	____ Corp. Bonds
____ Options	____ Govt. Bonds

TYPE OF ACCT. REQUESTED

<input type="checkbox"/> Cash <input type="checkbox"/> Margin <input type="checkbox"/> Short <input type="checkbox"/> MF only	<input type="checkbox"/> Discretionary
	<input type="checkbox"/> TOD

MONEY MARKET Yes No

General US Govt. Tax Free Treasury

Other _____
SPECIFY

EMPLOYMENT

Occupation _____

Employer _____

Employer Address _____

Additional Acct. Holder (If applicable) _____

Occupation _____

Employer _____

Employer Address _____

ACCOUNT INSTRUCTIONS

SELLS Hold Send Money Market

BUYS Hold Send Certificates

DIVS. Hold Money Market Pay _____
DATE

INTEREST Hold Money Market Pay _____
DATE

PRINCIPAL Hold Money Market Pay _____
DATE

Is account holder a 10% share holder, or policy making officer of a publicly traded company? Y / N _____

If yes, what company _____

Is account holder a bank officer? Y / N _____

Is account holder an Insurance Company Executive? Y / N _____

Is account holder a licensed registered rep.? Y / N _____

Monthly Payment Amount:
 \$ _____ Date _____

Broker Signature & # _____ Date _____

Approved by _____ Date _____