

# Account Application Supplemental

This form is used for additional Account Holders or Authorized Parties to a Joint Account, Corporate Account, or other Entity account. Do not use this form for existing account changes.

**STEP 1. ACCOUNT DETAILS**

Account Title (Name of this account)	Account Number
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**STEP 2. PERSONAL INFORMATION**

Relationship to Account     Account Holder     Authorized Party     Associated Party

First Name	Middle Initial	Last Name	Social Security Number
Date of Birth (mm/dd/yyyy)	Gender <input type="radio"/> M <input type="radio"/> F <input type="radio"/> No Answer	Marital Status <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Widowed	Dependents    Home <input type="radio"/> Own <input type="radio"/> Rent

**Contact Information**

Home or Mobile Phone	Business Phone	Foreign Phone	Email Address
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**Address(es)**

<b>Physical Address</b> (no PO Box)	Address 1	Address 2	
	City	State	Zip Code
	Country	Province	Foreign Postal Code
<b>Mailing Address</b> (if different from Physical)	Address 1	Address 2	
	City	State	Zip Code
	Country	Province	Foreign Postal Code
<b>Previous Physical Address</b> (if Physical is less than 6 months old)	Address 1	Address 2	
	City	State	Zip Code
	Country	Province	Foreign Postal Code

**Citizenship**

Please check only one: <i>Proof of address is required for each non-US Person and US Citizens living abroad. Non-Resident Alien must provide a valid Government ID and a form W-8</i> <input type="radio"/> U.S. <input type="radio"/> U.S. Resident Alien <input type="radio"/> Non-Resident Alien Country of legal and tax resident: <input type="radio"/> U.S <input type="radio"/> Other (specify) _____
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CONTINUED NEXT PAGE

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

**USA Patriot Act Information (Required by Federal Law)**

All applicants must provide the information below. Non-Resident aliens must also include a completed W-8.  
 Driver's License  Passport  State ID  Foreign Tax ID  Other Government-issued ID

Place/Country of Issuance	ID No:	Issue Date (mm/dd/yyyy)	Expiration Date (mm/dd/yyyy)
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**Employment and Industry Affiliations**

Employed  Self-Employed  Retired  Unemployed  Homemaker  Student  
*If Employed/Self-Employed is indicated, please complete all employment fields.*  
*If Retired or Unemployed is indicated, please indicate former Occupation.*

Employer Name	Years Employed	Phone Number	Occupation	Business Nature
Employer's Address	City	State	Zip Code	
Country	Province	Foreign Postal Code		

**Industry and Other Affiliations**

*Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings or dependents:*

Yes  No  
 IF CHECKED YES, OBTAIN AND ATTACH THE COMPLIANCE OFFICER'S LETTER OF APPROVAL

**Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, branch manager, registered representative or other associated person of a broker-dealer firm) or a financial services regulator?**  
 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  
 Name of Entity(ies): \_\_\_\_\_

Yes  No  
**An officer, director or 10% (or more) shareholder in a publicly-owned company?**  
**What is your position?**  10% shareholder  CEO  CFO  COO  Other Officer  
 Name of company and symbol: \_\_\_\_\_

Yes  No  
**A senior military, governmental or political official in a non-US country?**  
 Name of country: \_\_\_\_\_

**STEP 3. SIGNATURES**

This Supplemental form is an extension of the Account Application and Agreement. All certifications and disclaimers contained within the main Account Application are applicable to the supplemental party completing this form.

By signing this agreement, you affirm that you are of full legal age in the state of jurisdiction in which you reside and have the capacity to enter into this agreement. You further affirm that you have read, understood and agree to the Terms and Conditions attached to this Account Application and Agreement.

**Account Holder/Trustee/Corporate Officer Signature**

Account Holder Signature <b>x</b>	Print Name	Date
Broker Signature <b>x</b>	Print Name	Date
General Principal Signature <b>x</b>	Print Name	Date

Mail completed form(s) to: York Securities, 160 Broadway, East Bldg Floor 9, New York NY 10038.