



WEDBUSH MORGAN SECURITIES

Serving Investors Since 1925

E InvestmentBank



Member New York Stock Exchange

www.wedbush.com

Post Office Box 30014 Los Angeles, California 90030

NEW ACCOUNT APPLICATION IE **CA00** Account _____

Change to existing account

1. ACCOUNT TYPE: Please check one box only.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Joint (rights of survivorship) | <input type="checkbox"/> Joint (tenancy in common) | <input type="checkbox"/> Joint (community property)* |
| <input type="checkbox"/> Custodian for Minor | <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Estate/Conservatorship | <input type="checkbox"/> Trust (ERISA: <input type="checkbox"/> Y <input type="checkbox"/> N) | <input type="checkbox"/> Voluntary Association | <input type="checkbox"/> IRA (Must accompany Form I) |
| <input type="checkbox"/> LLC/LLP | (Retirement / Non-Retirement) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> KEOGH (Contact Retirement Plans) |

*For AZ, CA, ID, LA, NV, NM, TX, WA, and WI only.

2. ACCOUNT TITLE: This section must be completed for all account types.

Account Title (Please print) _____ _____ _____	Street Address (Cannot be P.O. Box) _____ _____ _____
	City _____
	State _____ Zip code _____

Where would you like your mail sent? <input type="checkbox"/> Street Address <input type="checkbox"/> Mailing Address <input type="checkbox"/> Business Address <input type="checkbox"/> Other _____ Email Address _____ Home Telephone #: _____ Mobile #: _____ Fax #: _____	Mailing Address _____ (street) _____ (city) (state) (zip)
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3. EMPLOYMENT INFORMATION: This section must be completed for all account types.

Employer's Name _____	Occupation: _____ (If self-employed, please describe. If retired, former occupation)
Employer's Address _____ (street) _____ (city) (state) (zip code)	Type of Business: _____
	Employer's Telephone #: _____

- Check here if you or a joint account holder are employed by or affiliated with a Registered Broker/Dealer. (If checked, include compliance letter.)
- Check here if you or a member of your immediate family is employed by or affiliated with Wedbush Morgan Securities.
- Check here if you are a director, 10% shareholder, or policymaker of a publicly owned company. Specify Company: _____
- Check here if your spouse is an employee of a publicly owned company. Specify Company: _____

Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Date of Birth: ____/____/____ (MM) (DD) (YYYY)	Number of Dependents _____ (excluding self)	Taxpayer I.D. # _____ (check one) <input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> None
Government I.D. # _____ (check one) <input type="checkbox"/> Driver License <input type="checkbox"/> Passport <input type="checkbox"/> Other (Describe) _____	Expires _____	Country of citizenship <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____	Country of legal residence <input type="checkbox"/> U.S. <input type="checkbox"/> Other _____

4. CREDITPLUS® ACCOUNT – WEDBUSH GOLD CARD AND CHECKWRITING

All sections (except the Option Section) must be completed. Minimum \$5,000 equity required to qualify.

- Applicant requests CHECK WRITING ACCOUNT (check one) YES NO – (IRA Account Holders must also complete form ID)
- Applicant requests WEDBUSH GOLD CARD (check one) YES NO – (Not available for retirement accounts)

By signing below, I acknowledge that I have received, read and understand the Creditplus® Agreement ("Form CPA") and the Margin Agreements (Forms M and M-1). If I request a WMS Debit Card, I agree that I may be required to maintain a Margin Account. I agree that a Special Financial Services account will be arranged by WMS through a processing service. I understand and agree that Creditplus® Check and Card transactions will be paid by Wedbush to the Processor and will be charged (debited) to my account in accordance with the provisions of the Creditplus® Agreement. I AGREE TO BE LEGALLY BOUND BY THIS AGREEMENT AND THE TERMS OF THE SPECIAL FINANCIAL SERVICES ACCOUNT AGREEMENT OF THE PROCESSOR.

For Joint Accounts: The Applicants agree that this Creditplus® Application is made by both Applicants, and if approved, the terms apply to both Applicants. Each Applicant will be jointly and individually liable for all amounts due. The Applicants understand that both Applicants will be liable for Creditplus® Check and Card transactions made by either Applicant. The Applicant requests that any Creditplus® Cards issued to the Applicant(s) are validated so that the Applicants can use them to make financial transactions electronically.

The Applicant authorizes the Processor or its agent(s) to make the credit inquires considered necessary to process the Creditplus® Application, to conduct a credit review, and to collect any amounts due in connection with the Creditplus® Card and Check transactions.

Complete the following information for security purposes.

Maiden Name of Applicant's Mother: _____

Names of Applicant's Children: _____

Applicant signature: (X) _____ **Date:** _____

Joint Applicant signature: (X) _____ **Date:** _____



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You may You may not – disclose my name, address, and security positions to requesting companies in which I hold securities, under rule 14b-1 (c) of the Securities and Exchange Commission. Does account allow for illiquid investments? YES NO

5. JOINT OR CUSTODIAL ACCOUNT HOLDER: Complete for Joint or Custodial Accounts and for Individual Account if your spouse is employed by a publicly held company.

Joint/Custodial Name _____		Social Security Number _____		Employer (if unemployed, self employed, a student, or a homemaker, specify) _____	
Country of citizenship	<input type="checkbox"/> U.S. <input type="checkbox"/> Other _____	Date of Birth	Employer Address (street, city, state and zip code) _____		Occupation _____
Country of legal residence	<input type="checkbox"/> U.S. <input type="checkbox"/> Other _____	(MM DD YYYY)			

6. INVESTMENT PROFILE: This section must be completed for all account types.

Investment experience and knowledge Number of years: _____ <input type="checkbox"/> None <input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> Excellent	Annual Income		Total Net Worth (excluding home)				Liquid Net Worth	
	<input type="checkbox"/> \$50,000 or less	<input type="checkbox"/> \$500,000 or less	<input type="checkbox"/> \$50,000 or less	<input type="checkbox"/> \$500,000 or less	<input type="checkbox"/> \$50,000 or less	<input type="checkbox"/> \$500,000 or less	<input type="checkbox"/> \$50,000 or less	<input type="checkbox"/> \$500,000 or less
	<input type="checkbox"/> \$100,000 or less	<input type="checkbox"/> \$1million or less	<input type="checkbox"/> \$100,000 or less	<input type="checkbox"/> \$1million or less	<input type="checkbox"/> \$100,000 or less	<input type="checkbox"/> \$1million or less	<input type="checkbox"/> \$100,000 or less	<input type="checkbox"/> \$1million or less
	<input type="checkbox"/> \$200,000 or less	<input type="checkbox"/> Over \$1 million	<input type="checkbox"/> \$200,000 or less	<input type="checkbox"/> Over \$1 million	<input type="checkbox"/> \$200,000 or less	<input type="checkbox"/> Over \$1 million	<input type="checkbox"/> \$200,000 or less	<input type="checkbox"/> Over \$1 million
Anticipated Transactions per Month		5 or less <input type="checkbox"/>	6-10 <input type="checkbox"/>	More than 10 <input type="checkbox"/>				
Bank Name _____ (required for direct deposit)	Account Numbers(s) _____ (required for direct deposit)		<input type="checkbox"/> Checking _____	Tax Bracket % _____				
ABA Routing # _____			<input type="checkbox"/> Savings _____					
				<input type="checkbox"/> Loan _____				

What are your investment objectives? <input type="checkbox"/> Conservation of capital <input type="checkbox"/> Income <input type="checkbox"/> Speculation <input type="checkbox"/> Growth	FOR OFFICE USE ONLY I/O code here: _____	Handling Instructions: Securities, cash, and dividends will be held In your account unless you indicate otherwise. Securities: <input type="checkbox"/> Send Cash: <input type="checkbox"/> Send Dividends: <input type="checkbox"/> Direct Deposit
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7. OPTIONS TRADING QUESTIONNAIRE: Fill out this section only if you want to trade options. The entire application (except Creditplus) must be completed.

Please select the anticipated type(s) of option transactions *Margin account must be chosen in box #8

1. COVERED CALL WRITING <input type="checkbox"/> YES <input type="checkbox"/> NO	4. *UNCOVERED PUT WRITING <input type="checkbox"/> YES <input type="checkbox"/> NO	OFFICE USE ONLY Approval Level: _____
2. PURCHASING CALLS AND PUTS <input type="checkbox"/> YES <input type="checkbox"/> NO	5. *UNCOVERED CALL WRITING <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. * SPREADS (PUTS AND CALLS) <input type="checkbox"/> YES <input type="checkbox"/> NO	6. *UNCOVERED INDEX <input type="checkbox"/> YES <input type="checkbox"/> NO	

Investment Experience

Options knowledge/experience: None Limited Good Excellent **Years of experience:** _____

Options trading experience: None Covered Calls Purchases Spreads Uncovered Puts Uncovered Calls

By signing below, I acknowledge that I have received, read and understand the *Characteristics and Risks of Standardized Options* published by the Options Clearing Corporation and am aware of and accept the nature and extent of the obligations and risk factors of options trading. I believe the options transactions indicated in this application are suitable investments for my account. I have received, read, and understood and agree to all the terms and conditions in the Options Agreement ("Form O").

Applicant signature: (X) _____ **Date:** _____

Joint Applicant signature: (X) _____ **Date:** _____

8. MUST BE SIGNED BY ALL APPLICANTS.

I affirm that I wish to open (please check one): CASH ACCOUNT MARGIN ACCOUNT AND CASH ACCOUNT

By my signature below, I agree to advise you promptly in writing of any material changes to the information provided. By my signature below, I affirm I have received the Client Agreement booklet. I also acknowledge that I have read, understand, and agree to all the terms and conditions in the Client Account Agreement ("Form CAA") and the Disclosure Statement ("Form DS"). If I have selected Margin Accounts, I acknowledge I have read, understand and agree to all terms and conditions in the Margin Agreements ("Form M" and "Form M-1"). If this is a Joint Account, I affirm I have read, understand and agree to all the terms and conditions in the Client Account Agreement ("Form J"). Under penalties of perjury, I certify 1) that the number supplied hereon is my correct taxpayer identification number, and 2) that I am not subject to backup withholding as a result of failure to report all interest and dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (If you have been notified by the IRS that you are subject to backup withholding, you must cross out certification (2) above). The IRS does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding 3) I am a U.S. person (including a U.S. Resident Alien). I ACKNOWLEDGE THAT THIS AGREEMENT ALSO CONTAINS A PREDISPUTE ARBITRATION PROVISION UNDER PARAGRAPH X OF THE CLIENT ACCOUNT AGREEMENT ("FORM CAA").

Applicant signature: (X) _____ **Date:** ____/____/____

Joint Applicant signature: (X) _____ **Date:** ____/____/____

Approvals – FOR OFFICE USE ONLY

Office Manager: Sign _____ Print _____ / / IE: Sign _____ Print _____

Division Manager: Sign _____ Print _____ / / Date Completed Form Sent To Client _____

OPENING TRANSACTION: BUY SELL DEPOSIT FUNDS TRANSFER/ROLLOVER DEPOSIT SECURITIES

OPTION ACCOUNT

BOM/ROP Signature _____ Print _____ / / Government ID verified by: _____

CROP Signature _____ Print _____ / / Date combined client agreement furnished: ____/____/____

SR. ROP Signature _____ Print _____ / / Date of first option transaction: _____

Office Manager initials: _____