

WEDBUSH INSURED DEPOSIT PROGRAM APPLICATION

For Office Use Only: FA:	Account Number:		New Reque	st:Update:	
Upon enrolling in the Insured Deposit Pr accounts at the Program banks and insu deposits are subjected to FDIC insurable program in further detail.	red up to \$2,500,000 fo	r indiv	vidual accounts and \$5,000,000	for joint accounts. Cash	
ACCOUNT INFORMATION					
Account Title:					
Account Number:					
DEPOSIT BANK LIST					
Please review the list of participating bar following conditions:	nks below and exclude	, via c	heck mark, any financial institut	tion meeting one of the	
 You already have a cash deposit 	of \$250,000, or \$500,00	00 if a	joint account, at that bank.		
OR	, , , ,		•		
 Your aggregate deposit(s) with t 	hat bank, along with yo	ur ca:	sh deposit(s) would exceed		
\$250,000, or \$500,000 if a joint a			,		
Program Bank	Location	Pre	ogram Bank	Location	
☐ Barclays Bank	Wilmington, DE		Mainstreet Bank	Fairfax, VA	
☐ Cadence Bank	Houston, TX		Merchants Bank of Indiana	Carmel, IN	
☐ CIT Group	Pasadena, CA		NexBank	Dallas, TX	
☐ CITI Bank	Sioux Falls, SD		Pacific Mercantile Bank	Costa Mesa, CA	
☐ EagleBank	Bethesda, MD		Preferred Bank	Los Angeles, CA	
☐ First Carolina Bank	Rocky Mount, NC		Regent Bank	Tulsa, OK	
☐ Georgia Banking Company	Atlanta, GA		Seaside National Bank & Trust	Orlando, FL	
☐ HSBC	New York, NY		Tristate Capital Bank	Pittsburgh, PA	
☐ Independent Bank	McKinney, TX				
Wedbush Insured Deposit Program satisfies the FDIC banks and savings associations as those terms are de eligible account type per depositor per bank. Please The Wedbush Insured Deposit program currently offe maximum level of FDIC insurance may decrease from	efined in the Federal Deposit Ir carefully review the disclosure rs \$2.5 million of FDIC insuranc	surance docume e per el	e Act. The FDIC insurance limit is \$250,000 ent for detailed information regarding FDI igible account. While you may exclude any	, or \$500,000 if a joint account, in each C insurance limits. v number of banks you choose, the	
APPLICANT SIGNATURES					
Applicant Signature:	Print Name:		me:	Date:	
Co-Applicant Signature:	Print Name:		me:	Date:	
	FOR OFFIC	CE US	E ONLY		
FA Name:	Signature	:	Da	Date:	
SOM:	Signature	:	Da	Date:	

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