

For Office Use Only:	FA	Account Number: _____	<input type="checkbox"/> New Account	<input type="checkbox"/> Update to Existing Account*
* Please indicate information being updated:				

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"/> C-Corporation	<input type="checkbox"/> S-Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Estate/Conservatorship	<input type="checkbox"/> LLC/LLP	<input type="checkbox"/> Voluntary Association	
<input type="checkbox"/> Personal Trust	<input type="checkbox"/> Retirement Trust	<input type="checkbox"/> Other _____	<input type="checkbox"/> IRA (Must accompany form I)	
** For AZ, CA, ID, LA, NV, NM, TX, WA and WI only.				
<input type="checkbox"/> QRP (Contact Retirement Services)				

2. ACCOUNT INFORMATION		OPTIONAL ACCOUNT FEATURES	
FULL TITLE OF ACCOUNT	TAXPAYER ID NUMBER:	CREDITPLUS® ACCOUNT <input type="checkbox"/> Yes	
_____		Check writing and Wedbush Debit Card. Please complete form CP. <input type="checkbox"/> No	
_____		OPTION ACCOUNT <input type="checkbox"/> Yes	
_____		Ability to trade Options. Please complete form OA. <input type="checkbox"/> No	

3. APPLICANT INFORMATION: This section must be completed for all account types

Primary Applicant and/or Beneficial Owner Information				Co-Applicant Information							
Full Legal Name				Full Legal Name							
First	Middle	Last	Suffix	First	Middle	Last	Suffix				
Home Street Address (Cannot be a P.O. Box)				Home Street Address (Cannot be a P.O. Box)							
City		State	Zip	City		State	Zip				
Mailing Address (If different from above. P.O. Box may be used)				Mailing Address (If different from above. P.O. Box may be used)							
City		State	Zip	City		State	Zip				
Home Phone		Alternate Phone		Fax		Home Phone		Alternate Phone		Fax	
E-mail Address				E-mail Address							
Date of Birth (mm/dd/yyyy)		Social Security Number		Date of Birth (mm/dd/yyyy)		Social Security Number					
Marital Status		Number of Dependents:		Marital Status		Number of Dependents:					
<input type="checkbox"/> Single <input type="checkbox"/> Married		_____		<input type="checkbox"/> Single <input type="checkbox"/> Married		_____					
Employment Information				Employment Information							
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Employed				<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Employed							
Occupation (if retired, former Occupation)		Type of Business		Occupation (if retired, former Occupation)		Type of Business					
Employer		Business Phone		Employer		Business Phone					
Business Address				Business Address							
City		State	Zip	City		State	Zip				
Identification Information (Please attach copy)				Identification Information (Please attach copy)							
Type of ID: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (describe) _____				Type of ID: <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Other (describe) _____							
Identification #		Issue Date		Identification #		Issue Date					
State/Country of Issuance		Expiration Date		State/Country of Issuance		Expiration Date					
Country of Citizenship		<input type="checkbox"/> US <input type="checkbox"/> Other	_____	Country of Citizenship		<input type="checkbox"/> US <input type="checkbox"/> Other	_____				
Country of Legal Residence		<input type="checkbox"/> US <input type="checkbox"/> Other	_____	Country of Legal Residence		<input type="checkbox"/> US <input type="checkbox"/> Other	_____				
Country of Tax Residence		<input type="checkbox"/> US <input type="checkbox"/> Other	_____	Country of Tax Residence		<input type="checkbox"/> US <input type="checkbox"/> Other	_____				

4. INDUSTRY AND OTHER AFFILIATIONS			
Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings and dependents:			
Primary Applicant		Co-Applicant	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employed by or associated with Wedbush Securities?			
If yes, what is the relation? _____			
Employed by or associated with a registered broker/dealer (other than Wedbush) or a financial regulatory agency ?			
If yes, please specify entity below. If employed by the entity and, if required, please provide a letter from your employer (with this Application) approving establishment of this account.			
Name of Entity: _____			
An officer, director or 10% (or more) shareholder in a publicly owned company?			
Name of Company(ies) and Symbol(s): _____			

Applicant Initials _____

Co-Applicant Initials _____

PLEASE INITIAL ALL CORRECTIONS
FORMS RECEIVED WITH CORRECTION FLUID/TAPE NOT ACCEPTED

*** EF0001 ***

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

Annual Income		Liquid Net Worth (cash, securities, etc.)		Total Net Worth (excluding home)		Tax Bracket
<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"/> \$1 million or less	<input type="checkbox"/> \$100,000 or less	<input type="checkbox"/> \$1 million or less	<input type="checkbox"/> \$100,000 or less	<input type="checkbox"/> \$1 million 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	

Investment Objective(s) <i>If choosing more than one objective, please rank in order of priority.</i>	Risk Tolerance
<input type="checkbox"/> Income <i>Emphasis on investments that generate income.</i>	<input type="checkbox"/> Conservative <i>I want to preserve my initial principal in this account, with minimal risk, even if it means this account does not generate significant income or returns and may not keep pace with inflation.</i> <input type="checkbox"/> Moderate <i>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.</i> <input type="checkbox"/> Aggressive <i>I am willing to accept maximum risk to my initial principal to aggressively seek maximum returns, and understand I could lose all, or almost all, of the money invested.</i>
<input type="checkbox"/> Growth <i>Emphasis on investments more likely to appreciate in principal rather than generate income.</i>	
<input type="checkbox"/> Speculation <i>Emphasis on potential for significant appreciation; willing to accept a high risk for loss of principal.</i>	
<input type="checkbox"/> Trading <i>Seeks to take advantage of short term trading opportunities. High turnover, high risk.</i>	
I wish to allow illiquid investments in this account. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Investment Experience	Source of Funds	Investment Allocation																																
<table border="0"> <tr> <td></td> <td>None</td> <td>< 5 years</td> <td>5 + years</td> </tr> <tr> <td>Stocks</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Bonds</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Options</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mutual Funds</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Annuities</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Partnerships</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		None	< 5 years	5 + years	Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Wages/Income <input type="checkbox"/> Pension or Retirement <input type="checkbox"/> Funds from another account <input type="checkbox"/> Savings <input type="checkbox"/> Sale of business or property <input type="checkbox"/> Insurance payout <input type="checkbox"/> Gift/Inheritance <input type="checkbox"/> Other	The investments in this account will be (check one): <input type="checkbox"/> Less than 1/3 of my financial portfolio <input type="checkbox"/> Roughly 1/3 to 2/3 of my financial portfolio <input type="checkbox"/> More than 2/3 of my financial portfolio
	None	< 5 years	5 + years																															
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																															
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Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																															
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																															
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Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																															
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																															
		Investment Knowledge: <input type="checkbox"/> Limited <input type="checkbox"/> Moderate <input type="checkbox"/> Extensive																																
		Investment Time Horizon: <input type="checkbox"/> 0 to 5 years <input type="checkbox"/> 5 to 10 years <input type="checkbox"/> over 10 years																																

You may 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. Yes No

Dividends and interest will be paid in cash and held in your account unless you indicate otherwise.
 Send Monthly Check Send ACH (please complete ACH form) Reinvest

Liquidity Needs (percent of portfolio you anticipate withdrawing)
 0 to 5 years _____ Over 10 years _____
 5 to 10 years _____ Unknown/Not Applicable

6. MUST BE SIGNED BY ALL APPLICANTS

I affirm I wish to open CASH ACCOUNT & FDIC INSURED CASH SWEEP MARGIN ACCOUNT & FDIC INSURED CASH SWEEP
 (Please check only one. If left unchecked, only an FDIC Insured Cash Sweep Account will be opened. For account types (such as 403b & 401k) that are not eligible to participate in the FDIC Insured Cash Sweep a free credit cash account will be opened.)

I affirm I have supplied a valid e-mail address and wish to receive the following electronically:
 MONTHLY ACCOUNT STATEMENTS TRADE CONFIRMATIONS SHAREHOLDER COMMUNICATIONS POST-SALE PROSPECTUS
 I wish to have this account added to the existing household under primary account number _____

By signing below, I agree to advise you promptly in writing of any material changes to the information provided. By signing below, I affirm I have received the Client Account Information and Agreements booklet. I also acknowledge that I have read, understand and agree to all terms and conditions in the Client Account Agreement ("Form CAA") and the Disclosure Statement ("Form DS"). If I have selected Margin Account, 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 in the Joint Account Agreement ("Form J"). If I have selected the FDIC Sweep I acknowledge that I have read, understand and agree to all the terms in the sweep agreement ("Form P") and by signing this application, I am providing written affirmative consent to have my cash balance included in the FDIC Sweep.

I ACKNOWLEDGE THAT THIS AGREEMENT ALSO CONTAINS A PREDISPUTE ARBITRATION PROVISION UNDER PARAGRAPH X OF THE CLIENT ACCOUNT AGREEMENT ("FORM CAA").

IRS Substitute Form W-9 (Request for Taxpayer Number and Certification)
 Under penalties of perjury, I certify: 1) that the number supplied hereon is my correct taxpayer identification number, 2) that 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, and 3) I am a U.S. citizen or other U.S. person (as defined in the instructions available at www.irs.gov), and 4) I am exempt from FATCA reporting. The IRS does not require your consent to any provisions of this document other than the certification to avoid backup withholding.

Applicant Signature: _____ Print Name: _____ Date: _____
 Co-Applicant Signature: _____ Print Name: _____ Date: _____

Approvals – FOR OFFICE USE ONLY

FA Signature: _____ Print Name: _____ Date: _____
 OM Signature: _____ Print Name: _____ Date: _____
 Date Client Account Information and Agreements Furnished: _____ BRR Date: _____



FINRA Rule 2165 (Financial Exploitation of Specified Adults) Form

Account Number _____

Account Title _____

Trusted Contact Person Information

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).

I decline to provide at this time

First Name Middle Name Last Name

Address Apt/Suite No.

City State ZIP Code Country

Work Phone Home Phone Mobile Phone Email Address

Relationship to Primary Applicant/Co-Applicant: _____

Client Signature Printed Name Date

Client Signature Printed Name Date

Client Signature Printed Name Date

Client Signature Printed Name Date

FOR OFFICE USE ONLY

Financial Advisor Signature Printed Name Date

Manager Signature Printed Name Date

