



Wellington Capital Group

# BROKERAGE ACCOUNT APPLICATION FORM

## Account Information

### Account Registration

Select the type of registration you want on your Account

- Individual**     
  **Joint Tenants with Right of Survivorship**  
 If one owner dies, his/her interest passes to the surviving owner(s).
- Tenants in Common**  
 If one owner dies, his/her interest passes to his/her estate (50/50, unless otherwise noted).
- Other**  
 Contact Wellington Capital Group to obtain additional documents that must accompany this application. Certain restrictions may apply.

### Account Holder

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.
Last name		First	Middle
Email address(es)		Date of birth(mm/dd/yyyy)	
Home address			
City	State, Province	Country	Postal, Zip Code
Postal address (if different than above)			
Home phone (if applicable) <small>(Country code-Area code-Number)</small>		Mobile phone <small>(Country code-Area code-Number)</small>	
Other phone (if applicable) <small>(Country code-Area code-Number)</small>		Fax (optional) <small>(Country code-Area code-Number)</small>	
Country of citizenship			
Country of residence (if other than above)			

### Additional Account Holder (If applicable)

<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.
Last name		First	Middle
Email address(es)		Date of birth(mm/dd/yyyy)	
Home address			
City	State, Province	Country	Postal, Zip Code
Postal address (if different than above)			
Home phone (if applicable) <small>(Country code-Area code-Number)</small>		Mobile phone <small>(Country code-Area code-Number)</small>	
Other phone (if applicable) <small>(Country code-Area code-Number)</small>		Fax (optional) <small>(Country code-Area code-Number)</small>	
Country of citizenship			
Country of residence (if other than above)			

### Securities industry regulations require that we request the following information:

Employment status	
<input type="checkbox"/> Employed	<input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed
Employer/Business name	
Nature of business	
Business address	
City	State, Province    Country    Postal, Zip Code
Business phone <small>(Country code) (City/Area code) (Number)</small>	
Occupation/Position	Years with employer
Marital Status	Number of dependents
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	

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Business phone <small>(Country code) (City/Area code) (Number)</small>	
Occupation/Position	Years with employer
Marital Status	Number of dependents
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Is any member of your household a control person (Example: A person who can exercise power or has a controlling interest in a company) in a publicly traded corporation?

- Yes     No   
 If YES, please specify the corporation: \_\_\_\_\_

# Investment Profile

<b>Account Holder</b>					<b>Additional Account Holder</b>																																																																																																								
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**Investment Goal**

- Capital Preservation     
  Income     
  Growth     
  Speculation

**Investment Objective Definitions:** **Capital preservation:** The objective of capital preservation is to protect your initial investment by choosing investments that minimize the potential of any loss of principal. The long-term risk of capital preservation is that the returns may not be adequate to offset inflation. **Income:** The primary objective of an income strategy is to provide current income rather than long-term growth of principal. **Growth:** The objective of a growth strategy is to increase the value of your investment over time with recognizing a high likelihood of volatility. **Speculation:** A speculator's objective is to assume a higher risk of loss in anticipation of potentially higher than average gain by taking advantage of expected price changes.

**Does anyone other than the account holder(s) have trading authorization over the account?**

- Yes     No

If yes, please complete and mail Power of Attorney form to add an individual as having trading authority.

I /We am/are of legal age to enter in this agreement. I hereby request that Wellington Capital Group open an account in the name(s) listed as account holder(s) on this application. I/We the undersigned agree to provide instructions as an authorized signatory to Wellington Capital Group via phone, fax, email or any other method deemed appropriate by Wellington Capital Group, without instructions being duly confirmed in writing. Therefore, this signed document allows Wellington Capital Group to process transactions sent via any of the above mentioned mediums without liability in any form to Wellington Capital Group or its employees.

I understand there are fees associated with establishing, maintaining, engaging in transactions, and transferring assets out of this account. I further acknowledge that securities products purchased or sold in a transaction with Wellington Capital Group are subject to investment risks, including possible loss of the principal invested. I understand that Wellington Capital Group does not provide tax, legal or accounting advise.

X \_\_\_\_\_  
 Signature of Primary Account Owner                      Date

X \_\_\_\_\_  
 Signature of Co-Account Owner                      Date

<b>FOR WELLINGTON CAPITAL GROUP ONLY:</b>									
Approved By					Date Approved (mm/dd/yy)			Print Name of Approver	
Source Code					Indexing Code				
Branch Office and Account Number									