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## About this Application

This is a Retail Brokerage Account Application. Please read it carefully, as you will select products and services, tell us how you want to communicate with us, and agree to certain provisions that will govern our relationship. When we accept it, this Application and all accompanying or supplemental documents form the entire Agreement between us for this account.

Unless otherwise indicated in this Application, the words "you," "your," "yourself," and "yours" mean the applicant(s). The words "we," "us," and "our" mean {Cornerstone Financial Services, Fifth Floor, 45 Main St, New York, NY 11201, United States} and our branches, subsidiaries, and affiliates.

## 1 Select An Account

### Account Type

- Individual Account
- Joint Account (more than one account holder)

### Other Accounts

Do you have other accounts with us?  Yes  No



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## Please Tell Us About Yourself

## Primary Applicant

## Contact Information

Mr.     Mrs.     Ms.     Dr.    **Suffix**     Sr.     Jr.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Permanent Address

\_\_\_\_\_  
Apt/Suite No.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Country

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Email Address

Please check if you have been at your current home address for less than one year.

\_\_\_\_\_  
Mailing Address (if different from above)

\_\_\_\_\_  
Apt/Suite No.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Country

Are you:

Single     Married     Domestic Partner     Divorced     Widowed    Number of Dependents: \_\_\_\_\_

## Employment Status

Are you currently:

Employed     Self-Employed     Not Employed     Retired     Student     Other: \_\_\_\_\_

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Years with this Employer

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Apt/Suite No.

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Country



2 Please Tell Us About Yourself—CONTINUED

**Co-Applicant (if applicable)**

**Contact Information**

Mr.  Mrs.  Ms.  Dr. **Suffix**  Sr.  Jr.

\_\_\_\_\_  
First Name Middle Name Last Name

Use the same contact information listed for the primary applicant.

\_\_\_\_\_  
Permanent Address Apt/Suite No.

\_\_\_\_\_  
City State ZIP Code Country

\_\_\_\_\_  
Work Phone Home Phone Mobile Phone Email Address

Please check if you have been at your current home address for less than one year.

\_\_\_\_\_  
Mailing Address (if different from above) Apt/Suite No.

\_\_\_\_\_  
City State ZIP Code Country

Are you:

Single  Married  Domestic Partner  Divorced  Widowed Number of Dependents: \_\_\_\_\_

**Employment Status**

Are you currently:

Employed  Self-Employed  Not Employed  Retired  Student  Other: \_\_\_\_\_

\_\_\_\_\_  
Job Title Occupation

\_\_\_\_\_  
Employer Years with this Employer

\_\_\_\_\_  
Business Address Apt/Suite No.

\_\_\_\_\_  
City State ZIP Code Country



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## Please Tell Us About Yourself—CONTINUED

## All Applicants

## Industry and Other Affiliations

Primary Applicant

 Yes  No

Co-Applicant

 Yes  No

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

**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  
 (\*Including a national securities exchange, registered securities association, registered clearing agency or the Municipal Securities Rulemaking Board.)

Name of entity(ies): \_\_\_\_\_

 Yes  No Yes  No

**An officer, director or 10% (or more) shareholder in a publicly-owned company?**

Name of company and symbol: \_\_\_\_\_

## Financial Situation and Needs, Liquidity Considerations, and Tax Status

Please tell us your best estimate as to:

ANNUAL INCOME <sup>1</sup> (from all sources)	NET WORTH <sup>2</sup> (excluding your residence)	LIQUID NET WORTH <sup>3</sup>	TAX RATE (highest marginal)
<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> 0-15%
<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> 16-25%
<input type="checkbox"/> \$50,001-100,000	<input type="checkbox"/> \$50,001-200,000	<input type="checkbox"/> \$50,001-200,000	<input type="checkbox"/> 26-30%
<input type="checkbox"/> \$100,001-250,000	<input type="checkbox"/> \$200,001-500,000	<input type="checkbox"/> \$200,001-500,000	<input type="checkbox"/> 31-35%
<input type="checkbox"/> \$250,001-500,000	<input type="checkbox"/> \$500,001-1,000,000	<input type="checkbox"/> \$500,001-1,000,000	<input type="checkbox"/> Over 35%
<input type="checkbox"/> Over \$500,000	<input type="checkbox"/> \$1,000,001-3,000,000	<input type="checkbox"/> \$1,000,001-3,000,000	
	<input type="checkbox"/> Over \$3,000,000	<input type="checkbox"/> Over \$3,000,000	

  

ANNUAL EXPENSES <sup>4</sup> (recurring)	SPECIAL EXPENSES <sup>5</sup> (future, non-recurring)	LIQUIDITY NEEDS
<input type="checkbox"/> \$50,000 and under	<input type="checkbox"/> \$50,000 and under	The ability to quickly and easily convert to cash all or a portion of the investments in this account without experiencing significant loss in value from, for example, the lack of a ready market, or incurring significant costs or penalties is (check one)
<input type="checkbox"/> \$50,001-100,000	<input type="checkbox"/> \$50,001-100,000	
<input type="checkbox"/> \$100,001-250,000	<input type="checkbox"/> \$100,001-250,000	
<input type="checkbox"/> \$250,001-500,000	<input type="checkbox"/> \$250,001-500,000	
<input type="checkbox"/> Over \$500,000	<input type="checkbox"/> Over \$500,000	
	Timeframe for special expenses: <input type="checkbox"/> Within 2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-10 years	<input type="checkbox"/> Very important <input type="checkbox"/> Important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Does not matter

**Annual income** includes income from sources such as employment, alimony, social security, investment income, etc.

**Net worth** is the value of your assets minus your liabilities. For purposes of this application, assets include stocks, bonds, mutual funds, other securities, bank accounts, and other personal property. Do not include your primary residence among your assets. For liabilities, include any outstanding loans, credit card balances, taxes, etc. Do not include your mortgage.

**Liquid net worth** is your net worth minus assets that cannot be converted quickly and easily into cash, such as real estate, business equity, personal property and automobiles, expected inheritances, assets earmarked for other purposes, and investments or accounts subject to substantial penalties if they were sold or if assets were withdrawn from them.

**Annual expenses** might include mortgage payments, rent, long-term debts, utilities, alimony or child support payments, etc.

**Special expenses** might include a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.



**2** Please Tell Us About Yourself—CONTINUED

**Investment Risk Tolerance**

Investing involves risk. Different investment products and strategies involve different degrees of risk. The higher the expected returns of a product or strategy, the greater the risk that you could lose most of your investment. Investments should be chosen based on your objectives, timeframe, and tolerance for market fluctuations.

Please select the degree of risk you (and any co-applicants, if applicable) are willing to take with the assets in this account.

- Conservative.** I want to preserve my initial principal in this account, with minimal risk, even if that means this account does not generate significant income or returns and may not keep pace with inflation.
- Moderately Conservative.** I am willing to accept low risk to my initial principal, including low volatility, to seek a modest level of portfolio returns.
- Moderate.** 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.
- Moderately Aggressive.** I am willing to accept high risk to my initial principal, including high volatility, to seek high returns over time, and understand I could lose a substantial amount of the money invested.
- Significant Risk.** I am willing to accept maximum risk to my initial principal to aggressively seek maximum returns, and understand I could lose most, or all, of the money invested.

**Financial Investment Experience**

We are collecting the information below to better understand your investment experience. We recognize your responses may change over time as you work with us.

Please check the boxes that best describe your investment experience to date.

Investment	Years experience			Transactions per year (excluding automatic investments)		
Mutual Funds/ Exchange Traded Funds	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Individual Stocks	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Bonds	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Options	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Securities Futures	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Annuities	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Alternative <sup>6</sup>	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Margin	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5			

<sup>6</sup> May include structured products, hedge funds, etc.

**Decision-Making (check all that apply)**

- I consult with my broker, investment adviser, CPA, or other financial professional.
- I generally make my own decisions and/or consult with my co-applicant(s).
- I discuss investment decisions with family and/or friends.



**2** Please Tell Us About Yourself—CONTINUED

**Other Investments**

*Please provide us with additional information about your other investments to help us more fully understand your investment profile and identify what types of investments or strategies may be suitable for you.*

Investment type/Description	Firm holding the investment	Amount (\$US)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

*(use additional space as needed)*



# 3 Tell Us How You Intend to Use This Account

The more we know about you and your goals for this account, the better we can serve you. Please answer the following questions about your investment objectives and investment time horizon to help us determine which investment products and strategies are suitable for you.

## Investment Objectives and Investment Time Horizon

*The investments in this account will be (check one):*

- Less than 1/3 of my financial portfolio
- Roughly 1/3 to 2/3 of my financial portfolio
- More than 2/3 of my financial portfolio

*I plan to use this account for the following (check all that apply):*

- Generate income for current or future expenses
- Partially fund my retirement
- Wholly fund my retirement
- Steadily accumulate wealth over the long term
- Preserve wealth and pass it on to my heirs
- Pay for education
- Pay for a house
- Market speculation
- Other: \_\_\_\_\_

*The expected period of time you plan to invest to achieve your financial goal(s):*

- Under 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- 11-20 years
- Over 20 years

## Other Information

*Please provide us with any additional information not requested above that you believe will help us more fully understand your investment profile and identify what types of investments or strategies may be suitable for you.*

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*(use additional space as needed)*



## 4 Tell Us How You Will Fund This Account

Please tell us how you are funding this account (check all that apply):

- Income
- Pension or retirement savings
- Funds from another account
- Gift
- Sale of business or property
- Insurance payout
- Inheritance
- Social Security benefits
- Home Equity Line of Credit/Reverse Mortgage
- Other: \_\_\_\_\_

## 5 Review and Submit This Application

### Confirmations and Signatures – Please Read Carefully

By signing this Application, you affirm that you have received and read this Application and any supplemental documents governing this relationship. You affirm that the information you have provided is accurate and you agree to notify us of any changes in the information provided.

#### Signatures

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Primary Applicant Name (please print)

Primary Applicant Signature

Date

Co-Applicant Name (please print)

Co-Applicant Signature

Date

**Firms: Internal Use Only**

