



1. PROCASH PLUS™ ACCOUNT INFORMATION

You can meet the following minimums in any combination of cash and/or marginable securities. Please select one of the following:

- Gold Account: \$10,000 initial investment
Platinum Account: \$20,000 initial investment
International Account: an initial investment of \$10,000 is required to establish an account with check writing privileges only.

Current Account Number:

Grid for current account number with a hyphen separator.

Please provide the following information as it appears on your current account:

Account Owner's Name

Joint Account Owner's Name (if applicable)

Grid for joint account owner's name with hyphen separators.

Joint Account Owner's Social Security Number (if applicable)

Mailing Address for Checks and/or Debit Cards (if different from the primary residence that appears on your account registration):

Blank lines for mailing address.

SIGN HERE IF AN ALTERNATE MAILING ADDRESS IS REQUESTED:

Account Owner's Signature

2. SECURITY (mandatory)

For security purposes, please indicate your mother's maiden name or select a code name below. The information is mandatory for all account types.

Mother's Maiden Name or Code Name of Primary Account Owner

Mother's Maiden Name or Code Name of Joint Account Owner

3. MASTERCARD® (please complete this section if you want debit cards issued)

- Gold (\$10,000 minimum)
Platinum (\$20,000 minimum)

NOTE: For international accounts, a minimum deposit of \$25,000 is initially required.

For corporate accounts only: indicate the name of the corporation if you would like that name to appear on the MasterCard® in addition to the cardholder's name.

4. CHECKING (complete this section if you want check writing services)

Please select from one of the following:

- Personal Style Checks
Business Style Checks¹

Your name and address will appear on your checks as they appear on your account registration. If you do not wish to have your address printed on your checks, please check the "No Address" box below.

- No Address

You may add one additional line of information on your checks (for instance, your telephone number). On the line below, please include any additional information you would like to print on your checks.

NOTE: Checking account activity will be displayed on your account statement. Individual checks are not returned, but are available upon request.

¹For an additional fee.

5. PLATINUM ACCOUNT NO ANNUAL MAINTENANCE FEE IRA

The no annual maintenance fee IRA is only available for individual and joint ProCash Plus Platinum accounts for which Pershing LLC is Custodian. For a jointly owned ProCash Plus Platinum account, one IRA fee will be waived. The IRA must belong to the primary or joint account owner.

Individual Retirement Account Number:

Grid for individual retirement account number with a hyphen separator.

6. ADDITIONAL DOCUMENTATION

Contact your investment professional or financial organization for additional documents that may be required. Certain restrictions may apply.



7. ACCOUNT AGREEMENT

To open a ProCash Plus account, please read the following section carefully and sign in section 8 to accept the terms.

I hereby request my introducing financial organization to open a brokerage account with Pershing LLC (“Pershing”) in the name(s) listed as account holder(s) on this application. I further request Bank One (the “Bank”) to issue checks and MasterCard® debit card(s) as indicated on this application. Prior to signing below, I have received and read the ProCash Plus Account Agreement, as currently in effect and as amended from time to time, which governs my ProCash Plus account, and I agree to be bound by such Account Agreement.

Interest on debit balances will be charged and compounded in accordance with the ProCash Plus Account Agreement.

New York Stock Exchange Rule 407 prohibits certain account holders from engaging in margin transactions without their employer’s prior written consent. Pershing may suspend execution of any trades in my account pending receipt of this consent.

I UNDERSTAND THAT PERSHING WILL GRANT ME MARGIN PRIVILEGES FOR MY PROCASH PLUS ACCOUNT UNLESS PROHIBITED BY LAW, OR BY MY REQUEST, INDICATED BY CHECKING THE BOX BELOW.

I do not want margin privileges.

This agreement, with respect to all portions of ProCash Plus, including interest charges on loans Pershing may make to me, will be governed by, and interpreted under, the laws of the State of New York. The terms of my agreement with Bank One are governed by Ohio law.

By signing this application, the undersigned acknowledges that securities not fully paid for by the undersigned may be loaned to Pershing or loaned out by Pershing to others.

By signing this application, you accept the terms of the enclosed Account Agreement. Please be sure that all account owners sign this application.

PLEASE NOTE THAT THE PROCASH PLUS ACCOUNT AGREEMENT CONTAINS A PRE-DISPUTE ARBITRATION AGREEMENT, WHICH IS SET FORTH IN PARAGRAPHS 30 AND 31. I ACKNOWLEDGE RECEIVING A COPY OF THIS AGREEMENT.

8. ACCOUNT OWNER(S) SIGNATURE(S) (please provide all account owners’ signatures)

SIGN HERE:
Primary Account Owner’s Signature _____ Date _____

SIGN HERE:
Joint Account Owner’s Signature (if applicable) _____ Date _____

SIGN HERE:
Additional Account Owner’s Signature (if applicable) _____ Date _____

SIGN HERE:
Additional Account Owner’s Signature (if applicable) _____ Date _____

9. ADDITIONAL SIGNATORIES (for check writing only)

If you have an individual or joint account and would like to add other signatories (for individuals who are not listed on the account registration), please have the additional signatories sign below.

1. _____
Date _____

2. _____
Date _____

The primary account owner authorizes the additional signatories on this application by signing below.

Date _____

INTRODUCING FINANCIAL ORGANIZATION ONLY:

To be approved by an authorized person at the introducing financial organization.

The undersigned organization guarantees that the signature(s) on this application is/are that of the account holder(s) or is/are authorized by the account holder(s). We have reviewed and approved the above listed account and determined, where applicable, that the account is suitable for margin trading.

Introducing Financial Organization

Name (please print) Title

Signature

Date

Account Number (for office use only)

Trademark(s) of Pershing Investments LLC.
MasterCard® belongs to its respective owner.