

Account title: _____
This update will apply to all of your TradeStation accounts, even if separate account numbers are not provided

Account number(s): _____
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Date: _____

If any of your information has changed email completed form to clientservice@tradestation.com

FINANCIAL INFORMATION

Annual net income in USD:

- ☐ If under \$50,000 specify _____
- ☐ \$50,000 - \$99,999
- ☐ \$100,000 - \$249,999
- ☐ \$250,000 - \$999,999
- ☐ Over \$1 million

Total net assets in USD:

This includes all assets, minus all obligations, debts and liabilities.

- ☐ If under \$75,000 specify _____
- ☐ \$75,000 - \$ 99,999
- ☐ \$100,000 - \$199,999
- ☐ \$200,000 - \$499,999
- ☐ \$500,000 - \$999,999
- ☐ \$1,000,000 - \$4,999,999
- ☐ \$5,000,000 - \$49,999,999
- ☐ \$50 million or more

Liquid net assets in USD:

This includes all assets, minus all obligations, debts and liabilities.

- ☐ If under \$75,000 specify _____
- ☐ \$75,000 - \$ 99,999
- ☐ \$100,000 - \$199,999
- ☐ \$200,000 - \$499,999
- ☐ \$500,000 - \$999,999
- ☐ \$1,000,000 - \$4,999,999
- ☐ \$5,000,000 - \$49,999,999
- ☐ \$50 million or more

Source of fund in account (check all that apply).

Please provide the source of assets that will be deposited or held in the account. If the source is a transfer from another firm, please indicate the source of funds that were used to purchase the assets.

- ☐ Sales, wages, savings ☐ Working capital ☐ Sales, wages, savings ☐ Family, relatives, inheritance
- ☐ Sales of property / assets ☐ Business income ☐ Other (specify): _____

TRADING EXPERIENCE

Equities

Number of years trading

- ☐ None
- ☐ If under 1, specify months _____
- ☐ 1-5
- ☐ Over 5

Options

Number of years trading

- ☐ None
- ☐ If under 1, specify months _____
- ☐ 1-5
- ☐ Over 5

Futures

Number of years trading

- ☐ None
- ☐ If under 1, specify months _____
- ☐ 1-5
- ☐ Over 5

EMPLOYMENT INFORMATION

Are you or your spouse employed by or associated with an NYSE, FINRA and/or NFA registered brokerage firm or an exchange?

- ☐ No ☐ Yes

If yes, please provide an authorization letter from the member firm with whom you or your spouse is associated. The letter should be on corporate letterhead and signed by a Principal or Compliance Officer of the firm. If duplicate confirms and statements are required, an e-mail address to which they are to be sent must be provided in the letter.

Are you a director, 10% shareholder or policy-making officer of a publicly-owned company?

- ☐ No ☐ Yes

If yes, please list trading symbol(s): _____

Employment status: ☐ Employed ☐ Retired ☐ Student ☐ Unemployed ☐ Self-employed ☐ Homemaker

Current occupation: _____ Type of business/industry: _____

Name of employer: _____ Employer's address: _____

City: _____ State/province: _____ Zip: _____ Country: _____

Source of income: ☐ Salary ☐ Legal settlement ☐ Inheritance ☐ Insurance proceeds
☐ Savings / Investments / Real estate ☐ Gift ☐ Other (specify): _____

Form completed by Print name: _____ Signature: _____