## **Client Information Update**



	ate will apply to all of your TradeS						
Account Number(s)						Date	
	This update will apply to all of you						
If any of y	our infomation has	s changed ema	ail cor	npleted form	o <u>clie</u>	ntexperience@tradesta	tion.com
FINANCIAL INFOR	RMATION						
Annual net income in USD:		nual net assets in U	d-b4 d ('-b-')'4'	Liquid net assets in USD:  This includes cash and marketable securities, minus all obligations, debts and liab			
☐ If under \$50,000, specify		includes all assets, minus a		· · · · · · · · · · · · · · · · · · ·			
		lf under \$75,000, spe \$75,000 - \$99,999		☐ If under \$75,000, specify			
□ \$100,000 - \$249,999		\$100,000 - \$199,999		☐ \$100,000 - \$99,999 ☐ \$100,000 - \$199,999			
□ \$250,000 - \$999,999		\$200,000 - \$499,999		\$200,000 - \$199,999 \$200,000 - \$499,999			
☐ Over \$1 million					☐ \$500,000 - \$499,999 ☐ \$500,000 - \$999,999		
Over \$1 million		□ \$500,000 - \$999,999			☐ 1,000,000 - \$4,999,999		
		□ 1,000,000 - \$4,999,999 □ 5,000,000 - \$49,999,999					
		☐ \$50 million or more			□ 5,000,000 - \$49,999,999 □ \$50 million or more		
		• /	he acco	unt. If the source i	s a tran	sfer from another firm, please	indicate the source of
☐ Salary, wages, savings ☐ World		ing capital		Investment capital	gains	☐ Family, relative	es, inheritance
		=		Other (specify):			
TRADING EXPERI	ENCE						
EQUITIES		OPTIONS			FUTURES		
No. of years trading		No. of years tradi		No. of years			
□ None		□ None			□ None		
☐ If under 1, specify months		☐ If under 1, specify months					
□ 1-5		□ 1-5			□ 1-5		
Over 5		Over 5			Over 5		
EMPLOYMENT INF	FORMATION						
Are you or your spous	se employed by or asso	ciated with an NY	SE. FIN	RA and/or NFA re	aistere	ed brokerage firm or an exc	hange?
□ No □ Yes	If yes, please prov Letter should be c confirms and state	vide an authorizatio en corporate letterhe ements are required	n letter ead and d, an e-i	from the member t I signed by a Princ mail address to wh	irm with ipal or ( ich they	n whom you or your spouse is Compliance Officer of the firm vare to be sent must be provi	associated. . If duplicate
	% shareholder or policy es, please list trading sym	=			any ? 		
<b>Employment Status</b>	□ Employed	□ Retired I	□ Stude	nt 🗆 Unem	ployed	☐ Self-Employed	□ Homemaker
<b>Current Occupation</b>				Type of Busines	s/Indus	stry	
Name of Employer			Employer's Address				
City	State/Province	Zip		Country			
Source of income	□ Salary	□ Inheritance	_	surance Proceeds		□ Legal Settlement	
	☐ Savings / Investme	nts / Real Estate	□ G	iπ		☐ Other (specify)	
Form completed by:							
							SIGN HERE
Print Name			S	Signature			THEIRE