Royal Alliance

Account Application – Natural Person

► Indicates a required field

Advisor Number: ____________________

1. Client Name

Insert ► Name of Client: ____

2. Account Type Use one form for each account

► Clearing Type: ☐ Pershing Brokerage ☐ Non-Brokerage

► Check One: ☐ Commission ☐ Fee ► Program Name: ______________________________

► Institutional Classification:

☐ A bank, savings and loan association, insurance company, trust, or registered investment company

☐ Other entity – natural person, corporation, partnership, trust, or otherwise with total assets of at least $50 million

☐ An account managed by an RIA registered with the Securities and Exchange Commission under Section 203 of the Investment Advisers Act of 1940 or with a state securities commission or any agency or office performing like functions

☐ None of the above

Individual Accounts

☐ Individual

☐ Estate Appointee Type: ☐ Person ☐ Entity Title: ____________________ Known Rep Since *(YYYY)*: ________

Insert First Name: ________________ Middle Name: ________________ Last Name: ________________

Entity Name: ____

Tax ID: ________________ Date of Birth: ________________

Address

Line 1: ________________________________

Line 2: ________________________________

Line 3: ________________________________

City: ____________________ State: ____________________ Zip Code: __________

Verification Elements? (Select one or more and provide to the Home Office)

☐ Death Certificate ☐ Court Appointment (cannot be older than 90 days) ☐ Affidavit of Domicile

☐ Sole Proprietor DBA Name: ______________________________ Business Tax ID: ________________

☐ Health Savings Account* *Only available through HSA Bank

Joint Accounts

- A separate ***VISION*2020** Client must be established for each joint account owner. Please complete a separate application for each joint owner.
- Certain tenancy clauses are only available in certain states.

☐ Joint Tenants With Rights of Survivorship (JTWROS)	☐ Community Property
☐ Tenants in Common (TIC)	☐ Tenants in Entirety (TIE)
☐ USUFRUCT	☐ Community Property With Rights of Survivorship (WROS)

☐ Trust Tenants in Common *(Please complete the trust names in the Trust section of this form)*

Please indicate the other joint parties below:

Insert **#1** First Name: ________________ Middle Name: ________________ Last Name: ________________

Tax ID: ________________

Insert **#2** First Name: ________________ Middle Name: ________________ Last Name: ________________

Tax ID: ________________

Account Application – Natural Person

Custodial Accounts

Insert ☐ Guardian Ward Name: ____________________

Insert ☐ Conservator Ward Name: ____________________

☐ Minor (Select One): ☐ UGMA ☐ UTMA

Insert Minor Name: ____________________ Date of Birth: ____________

Resident State: ________ Social Security Number/Tax ID: ____________

Age of Termination: ________ State in which Gift was Given: ____________

Please indicate the type of custodian and provide the required information below:

☐ Guardian ☐ Conservator ☐ Custodian

Custodian #1

Insert First Name: ____________ Middle Name: ____________ Last Name: ____________

Tax ID: ____________ Date of Birth: ____________

Address

Line 1: ____________________

Line 2: ____________________

Line 3: ____________________

City: ____________ State: ____________ Zip Code: ____________

Custodian #2

Insert First Name: ____________ Middle Name: ____________ Last Name: ____________

Tax ID: ____________ Date of Birth: ____________

Address

Line 1: ____________________

Line 2: ____________________

Line 3: ____________________

City: ____________ State: ____________ Zip Code: ____________

Verification Elements? – *for Guardian and Conservator accounts* (Provide to the Home Office)

☐ Court Document

Retirement Accounts

☐ IRA

▶ Type of IRA:

☐ Traditional ☐ Roth ☐ Roth Conversion ☐ SEP IRA ☐ Simple IRA

▶ Type: ☐ Participant ☐ Rollover ☐ Spousal

☐ Inherited* ☐ Guardian ☐ Inherited Guardian*

Insert *For Inherited Accounts, indicate the name of the deceased: ____________________

▶ Custodian of Choice for Brokerage Accounts Only:

☐ SunAmerica Trust Company ☐ Pershing LLC ☐ Third Party Custodian

☐ Mutual Fund Only IRA* *Only available for Pershing LLC accounts, not available for SEP IRA or Simple IRA

☐ Retirement Account

▶ Type of Retirement Plan:

☐ Individual 401(k) ☐ Profit Sharing ☐ 401(k)

☐ Simple 401(k)* ☐ Defined Benefit* ☐ Money Purchase Pension

☐ Prototype SEP ☐ SAR SEP ☐ 403(b)(7)

☐ Target Benefit ☐ Qualified Deferred Compensation* ☐ Non-Qualified Deferred Compensation*

*Pershing LLC does not offer Defined Benefit, Simple 401(k), Qualified Deferred Compensation, or Non-Qualified Deferred Compensation plans.

Account Application – Natural Person

Retirement Accounts, *cont.*

▶ Custodian of Choice for Brokerage Accounts Only:

☐ Third Party Custodian ☐ Third Party Administrator ☐ Pershing LLC

▶ Plan Name for Brokerage Account: ____________________

Plan Date: ____________________

▶ Plan Tax ID: ____________________

Insert Third Party Administrator for Brokerage Account with TPA as Custodian: ____________________

Insert ▶ Plan Trustee(s): ____________________ Insert

Trustee #1

Insert First Name: __________ Middle Name: __________ Last Name: __________

Tax ID: __________ Date of Birth: __________

Address

Line 1: ____________________

Line 2: ____________________

Line 3: ____________________

City: __________ State: __________ Zip Code: __________

Trustee #2

Insert First Name: __________ Middle Name: __________ Last Name: __________

Tax ID: __________ Date of Birth: __________

Address

Line 1: ____________________

Line 2: ____________________

Line 3: ____________________

City: __________ State: __________ Zip Code: __________

Education Accounts

☐ 529 Plan *(Non-Brokerage accounts only)* FBO: ____________________ Insert

☐ Education Savings Account

Insert ▶ Minor/Ward Name: ____________________

▶ Date of Birth: ____________________

▶ Resident State ____________________ ▶ Tax ID: ____________________

▶ Custodian Choice for Brokerage Accounts Only: ☐ Pershing LLC ☐ Third Party Custodian

Trust Accounts

☐ Revocable

☐ Irrevocable

Trust Date *(MM/DD/YYYY)*: __________ Short Name: __________ State of Domicile: __________

Trust Tax ID: __________ Trust Name: __________

Insert Trustee Name(s): ____________________ Insert

Trustee #1

Insert First Name: __________ Middle Name: __________ Last Name: __________

Tax ID: __________ Date of Birth: __________

Address

Line 1: ____________________

Line 2: ____________________

Line 3: ____________________

City: __________ State: __________ Zip Code: __________

Account Application – Natural Person

Trust Accounts, *cont.*

Trustee #2

Insert

First Name: ____________ Middle Name: ____________ Last Name: ____________

Tax ID: ____________ Date of Birth: ____________

Address

Line 1: ____________

Line 2: ____________

Line 3: ____________

City: ____________ State: ____________ Zip Code: ____________

Verification Elements? (Select one and provide to the Home Office)

☐ Trust Document (**Note:** Pershing does not accept this document. Please complete the Trustee Certification and forward to the Home Office)

☐ Trustee Certification of Investment Powers

3. Account Suitability

▶ **Time Horizon:** 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

▶ **Liquidity Needs:** 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)

☐ Very Important ☐ Important ☐ Somewhat Important ☐ Does not matter

▶ **Risk Tolerance**

☐ Conservative ☐ Moderately Aggressive

☐ Moderately Conservative ☐ Aggressive

☐ Moderate

▶ **Investment Objectives** (Number 1 – 6 in order of priority)

_____ Capital Preservation _____ Capital Appreciation

_____ Growth _____ Speculation

_____ Income _____ Tax Advantage

4. Additional Information

▶ Source of Funds (Check One) ☐ Income from Earnings ☐ Gift ☐ Investment Proceeds

☐ Sale of Business ☐ Inheritance ☐ Legal Settlement ☐ Pension/IRA/Retirement Savings

☐ Spouse/Parent ☐ Lottery/Gaming Proceeds ☐ Insurance Proceeds ☐ Other

▶ Tax Exempt Status: ☐ Exempt from reporting ☐ Non-Exempt – reporting required

5. Instructions for Brokerage Account

▶ Standing Instructions

Payment: ☐ Hold ☐ Remit

Dividends/Interest: ☐ Credit Account ☐ Send to Customer

Securities Received: ☐ Hold in Street Name ☐ Transfer to Customer and Ship

Margin/Option: ☐ (Margin/Option Agreement required)

▶ Specified Money Market Fund: ____________

Interested Party Insert ☐ Statements ☐ Confirms

Name: ____________

Address: ____________

____

Interested Party Insert ☐ Statements ☐ Confirms

Name: ____________

Address: ____________

____