

EMPLOYMENT INFORMATION		
Employment Status:	Annual Salary:	Occupation:
<input type="checkbox"/> Employed	<input type="checkbox"/> Less than \$25,000 (Sign "Additional Risk Disclosure")	Employer:
<input type="checkbox"/> Self-Employed	<input type="checkbox"/> \$25,000 to \$50,000	
<input type="checkbox"/> Retired	<input type="checkbox"/> \$50,000 to \$100,000	
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Over \$100,000	

TOTAL ASSETS			
Total Annual Income:	New Worth (Excluding Primary Residence):	Total Liquid Assets:	Total Outstanding Debt:
<input type="checkbox"/> Less than \$25,000 (Sign "Additional Risk Disclosure")	<input type="checkbox"/> Less than \$25,000 (Sign "Additional Risk Disclosure")	<input type="checkbox"/> Less than \$25,000 (Sign "Additional Risk Disclosure")	<input type="checkbox"/> Less than \$25,000
<input type="checkbox"/> \$25,000 to \$50,000	<input type="checkbox"/> \$25,000 to \$50,000	<input type="checkbox"/> \$25,000 to \$50,000	<input type="checkbox"/> \$25,000 to \$50,000
<input type="checkbox"/> \$50,000 to \$100,000	<input type="checkbox"/> \$50,000 to \$100,000	<input type="checkbox"/> \$50,000 to \$100,000	<input type="checkbox"/> \$50,000 to \$100,000
<input type="checkbox"/> Over \$100,000	<input type="checkbox"/> Over \$100,000	<input type="checkbox"/> Over \$100,000	<input type="checkbox"/> Over \$100,000
Have you ever defaulted on a financial obligation?		Have you ever declared Bankruptcy?	
<input type="checkbox"/> Yes (If yes, please provide details on separate sheet)		<input type="checkbox"/> Yes (If yes, please provide a copy of your Order of Discharge)	
<input type="checkbox"/> No		<input type="checkbox"/> No	
Will any portion of your investment be retirement income?			
<input type="checkbox"/> Yes (If yes, please see "Additional Risk Disclosure")			
<input type="checkbox"/> No			

INVESTING EXPERIENCE	
What is the highest level of education you have completed?	
<input type="checkbox"/> No degree	<input type="checkbox"/> Bachelors Degree
<input type="checkbox"/> High School or equivalent	<input type="checkbox"/> Graduate Degree
<input type="checkbox"/> Associates Degree	
Please list all professional licenses:	
License (Including ID Number)	Jurisdiction Active/Inactive
Are you or have you ever been a member of the National Futures Association (NFA) or the National Association of Securities Dealers (NASD) ?	
<input type="checkbox"/> Yes (If yes, please specify) _____	
<input type="checkbox"/> No	
Please check the following which best describe your investing experience:	
<input type="checkbox"/> Securities (Stocks and Bonds)	Years of experience _____
<input type="checkbox"/> Commodities (Excluding Over the Counter Foreign Exchange Trading)	_____
<input type="checkbox"/> Commodities (Including Over the Counter Foreign Exchange Trading)	_____
<input type="checkbox"/> Futures	_____

- Options _____
- Hedge Funds _____
- Mutual Funds _____

Do you understand the following?

- Foreign Exchange Trading Yes No
- Risk of Loss (Including the risk of total loss of investment) Yes No
- Margin and Margin Calls Yes No
- Advanced Markets Inc. Margin Policy Yes No

Have you ever been a party in an investigation, complaint, settlement, arbitration proceeding or reparations proceeding with the NASD, NFA, CFTC or FDIC?

- Yes (If yes, please describe) _____

- No

Have you ever filed a complaint against a Foreign Exchange Dealer, Securities Broker or Commodities Dealer?

- Yes (If yes, please describe) _____

- No

Do you have any other accounts with Advanced Markets Inc.

- Yes (If yes, please provide the following information)
- | Account Type | Account Number | Average amount on Deposit |
|--------------|----------------|---------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- No

Are you subject to backup withholding taxes?

- Yes
- No

Introduced by _____:

- Name of the introducing Broker: _____

The undersigned hereby attest(s) and agree(s) that the above information is complete and accurate. The undersigned hereby authorize(s) AMIFX to verify any or all of the foregoing information. The undersigned verifies that the above information was completed in Customer's own handwriting.

X

Customer Signature

Print Name

Date