

Sanderson International

Corporate Advisory & Wealth Management

ACCOUNT APPLICATION FORM

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help fight the funding of terrorism and money laundering activities, the USA PATRIOT Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

1. ENTER YOUR ACCOUNT HOLDER INFORMATION (PLEASE PRINT)

SECURITIES INDUSTRY REGULATIONS REQUIRE THAT WE COLLECT ALL OF THE FOLLOWING INFORMATION.

Mr.	Mrs.	Ms.	Dr.	Name (first, middle initial, last)	Jr.	Sr.	Esq.	Other
Home Street Address (cannot be a P.O. box)					City, State, ZIP			
Mailing Address (if different from above; P.O. box may be used)					City, State, Zip			
Home Phone			Business Phone		E-mail Address (required for account updates)			
Date of Birth (mm/dd/yyyy)			Social Security Number/Tax ID Number		Employer		Specific Occupation	
Employment Status Employed Self - employed* Retired Student Not Employed					Line of Business *(this box must be filled in for self-employed persons)			
Business Street Address					City, State, ZIP			
Marital Status <input type="checkbox"/> Single Married Divorced Widowed					Number of Dependents (Including self) 1 <input type="checkbox"/> 2 3 4 Other:			
Are employed by a registered broker-dealer, a securities exchange, or FINRA? No Yes (if yes, you must submit a compliance letter with this application)					Are you an officer, director, 10% shareholder, or policymaker of a publicly held company? <input type="checkbox"/> No Yes (specify companies)			

IF YOU ARE NOT A U.S. RESIDENT, PLEASE PROVIDE THE FOLLOWING INFORMATION.

Passport Number	Passport Country of Issuance	Country of Legal Residence (please attach Form W-8BEN)
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NOTE: If you are a non-U.S. resident, please attach a photocopy of your passport or government-issued identification. We cannot open your account without this documentation.

IF YOU ARE NOT A U.S. CITIZEN, PLEASE PROVIDE THE FOLLOWING INFORMATION.

Country of Citizenship

IF YOU HAVE BEEN AT YOUR CURRENT ADDRESS FOR LESS THAN SIX MONTHS, PLEASE PROVIDE YOUR PREVIOUS ADDRESS.

Street Address	City, State, ZIP
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2. BENEFICIARIES

Designate beneficiaries to the value of your account upon your death. The sum of all primary designations must total 100% and the sum of all contingent designations must total 100%. If primary or contingent is not marked, then the beneficiary(ies) will be deemed primary. If only one beneficiary is indicated, and a share percentage is not indicated, then it will be deemed 100% primary. If you list more than one beneficiary without type and/or share percentage, a new form may be required. If no primary beneficiary survives you, the balance of your account will be distributed to any contingent beneficiaries named below.

TYPE OF BENEFICIARY	SHARE %*	NAME	BIRTH DATE	PASSPORT OR ID NUMBER	RELATIONSHIP
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%				
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%				

* Enter whole % amounts only. Total must add up to 100% per beneficiary type (e.g. allocation for three primary beneficiaries could be 34%, 33%, and 33%). If you wish to designate more than four primary or contingent beneficiaries, attach a separate sheet and include all the information as indicated above.

Spousal Consent (needed only if you live in a community property state and are not naming your spouse as the primary beneficiary)

I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations.

X
Signature of Spouse

Date

3. CREATE YOUR INVESTMENT PROFILE

SECURITIES INDUSTRY REGULATIONS REQUIRE THAT WE COLLECT ALL OF THE FOLLOWING INFORMATION.

Overall Investment Objective for This Account (choose only one)	Investment Experience	Annual Income	Approximate Net Worth (excluding primary residence)	Approximate Liquid Net Worth (cash, stocks, etc.)
<input type="checkbox"/> Capital preservation Minimize the potential for any loss of principal.	<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> \$0-\$14,999 <input type="checkbox"/> \$15,000-\$24,999 <input type="checkbox"/> \$25,000-\$49,999 <input type="checkbox"/> \$50,000-\$99,999 <input type="checkbox"/> \$100,000-\$199,999 <input type="checkbox"/> \$200,000+	<input type="checkbox"/> \$0-\$24,999 <input type="checkbox"/> \$25,000-\$49,999 <input type="checkbox"/> \$50,000-\$99,999 <input type="checkbox"/> \$100,000-\$499,999 <input type="checkbox"/> \$500,000-\$999,999 <input type="checkbox"/> \$1,000,000+	<input type="checkbox"/> \$0-\$14,999 <input type="checkbox"/> \$15,000-\$24,999 <input type="checkbox"/> \$25,000-\$49,999 <input type="checkbox"/> \$50,000-\$99,999 <input type="checkbox"/> \$100,000-\$199,999 <input type="checkbox"/> \$200,000-\$499,999 <input type="checkbox"/> \$500,000-\$999,999 <input type="checkbox"/> \$1,000,000+
<input type="checkbox"/> Income Provide current income rather than growth of principal.				
<input type="checkbox"/> Growth Increase investment value over time while accepting price fluctuations.				
<input type="checkbox"/> Speculation Assume the highest degree of risk for potentially higher returns.				
How often do you trade?	Does anyone other than the account holder have trading authorization over the account?			
<input type="checkbox"/> 0-3 trades per month <input type="checkbox"/> 4-9 trades per month <input type="checkbox"/> 10+ trades per month	Yes <input type="checkbox"/> No			

4. SIGN AND DATE YOUR APPLICATION

I have read and understand the terms and conditions that apply to this account application as contained in this document and agree to be bound by those terms and conditions. I take complete responsibility for the type of investment instruments I choose in my account, and I release SANDERSON INTERNATIONAL from any liability regarding the performance of any investment I make. I consent to the beneficiaries designated in section 2.

I am of legal age to enter into this contract. I acknowledge that I have received, read, and agree to be bound by the terms and conditions as currently set forth in the SANDERSON INTERNATIONAL Customer Agreement and as amended from time to time. I ACKNOWLEDGE THAT SANDERSON INTERNATIONAL DOES NOT PROVIDE TAX, OR LEGAL ADVICE. I understand that you will supply my name to issuers of any securities held in this account so that I might receive any important information regarding them, unless I notify you in writing not to do so. I also understand that any share certificates that I own will be held in safe-keeping with the company until such time that I request delivery. I hereby authorize SANDERSON INTERNATIONAL to also deliver my share certificates at their own discretion.

I acknowledge I have been informed by SANDERSON INTERNATIONAL, and that I understand that securities products, such as stocks, bonds, options, mutual funds, and exchange-traded funds and other securities products and services offered by SANDERSON INTERNATIONAL are not deposits or other obligations of, and are not guaranteed by either SANDERSON INTERNATIONAL or any other bank, and are subject to investment risks, including the possible loss of the principal amount invested.

I UNDERSTAND THAT THIS ACCOUNT IS GOVERNED BY A PREDISPUTE ARBITRATION CLAUSE. I acknowledge that I, the undersigned agree(s) that all controversies, which may arise between us, including but not limited to those involving any transactions or the construction, performance or breach of this or any other agreement between us, whether entered into prior, on or subsequent to the date hereof, shall be determined by arbitration. Any arbitration under this agreement shall be conducted before arbitration facilities provided by any exchange or the National Association of Securities Dealers Inc. The undersigned may elect in the first instance the arbitration forum, but if the undersigned fails to make such an election by registered letter or telegram addressed to Preferred at the office where the customer maintains their account(s), before the expirations of five (5) days after receipt of a written request from Preferred to make such election, then Preferred may make such election. Judgment upon the award of arbitrators may be entered in any court, state or federal, having jurisdiction. No person shall bring a (punitive) or certified class action to arbitration, nor seek to enforce any pre-dispute arbitration agreement against any person who has initiated in court a putative class action; or who is a member of a putative class action who has not opted out of the class with respect to any claims encompassed by the putative class action until: (i) the class certification is denied; or (ii) the class is decertified; or (iii) the customer is excluded from the class by the court. Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this agreement except to the extent stated herein.

I hereby request that SANDERSON INTERNATIONAL to open an account in the name(s) listed as account holder(s) on this Customer Account Form. I agree to read and be bound by the terms of the Account Agreement both verbal (via telephonic agreement) and any other written agreements between SANDERSON INTERNATIONAL & myself that apply to my brokerage account, as currently in effect and as amended from time to time. If, in the future, I add features to this account governed by the foregoing agreements I agree to be bound by their terms and conditions. If I do not receive or understand the Account agreement, I will notify Personnel

I am not a U.S. person and have attached Form W-8BEN to this application. I have also included a copy of my passport or government-issued ID.

Under penalty of perjury, I certify (1) that my Social Security or taxpayer ID number shown on this form is my correct number, (2) that I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report interest or dividends, or (c) I have been notified by the IRS that I am no longer subject to backup withholding [cross out this item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax returns], and (3) I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

X

Signature of Account Holder

Date

Printed Name