

Please use this form to communicate to First Southwest Company any information you wish to have updated for your account. Please ensure that this information is correct on subsequent statements.

Account Name _____ Account Number _____ Office Code _____

You are not required to fill out the entire form. You should only enter information in the section(s) to be updated.

Personal Information

First Name: _____ Middle Name: _____ Last Name: _____

Joint Account Holder's Name: _____

Country of citizenship: _____ Date of Birth: _____ Driver's License #: _____

Passport/CEDULA/Green Card Number (If non-U.S. and no SS# specified): _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Marital Status: Single Married Divorced Widowed

Addresses

Physical Address (Cannot be a P.O. Box):

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (leave blank if same as Physical Address):

Street Address / P.O.Box: _____

City: _____ State: _____ Zip Code: _____



Copies of Duplicate Statements and/or Confirmations (i.e. for your CPA)

Check all that apply: Trade Confirmations Account Statements

Name of Recipient: _____

Mailing Street Address / P.O. Box: _____

City: _____ State: _____ Zip: _____ Country: _____

Employment

Is the account holder(s) or any immediate family member(s) affiliated with any securities firm, subsidiary of a financial institution, securities or commodities exchange, or self regulatory organization (e.g. FINRA, SEC, etc.)?

No Yes, specify: _____

Is the account holder an employee or related to an employee of First Southwest Company, its affiliates, or subsidiaries

No Yes, specify name of employee: _____

Relationship to employee: _____

Current Employment status: Employed Self-supported Volunteer

Retired Student Work in the home

Self-Employed Unemployed: Source of Income: _____

Occupation: _____ Industry (i.e. Construction, Sales, etc.): _____

Employer Name: _____

Employer Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____

Is the account holder or any of his/her immediate family members a control person (policy making officers, directors, or 10% shareholders) of any publicly traded companies?

No Yes, specify company and % of ownership:

Name of Company: _____

% of ownership: _____

Financial Information

Approximate Annual Income:

A. \$0-24,999 B. \$25,000-49,999 C. \$50,000-100,000 D. \$100,000 +

List if over \$100,000

Liquid Net Worth: (Cash, Stock, etc. – less residence)

A. \$0-29,999 B. \$30,000-49,999 C. \$50,000-99,999 D. \$100,000-500,000

E. \$500,000 + List if over \$500,000

Years of Investment Experience:

None 1-5 yrs 5-10 yrs 10 + yrs Professional Trader

Investment Objective(s): **Please rank your objectives by placing a “1” (most important), “2” (important), and 3 (next important) next to the categories below.** If you only have one objective, only a “1” should be placed next to the appropriate category.

A. Speculation – You seek a significant increase in the principal value of investments, and are willing to accept a corresponding greater degree of risk by investing in securities that have historically demonstrated a high degree of risk of loss of principal value.

B. Growth/Capital Appreciation – You seek significant growth in the principal value of investments, and are willing to invest in securities that have historically demonstrated an above-average to high-degree risk of loss of principal value.

C. Aggressive Income – You seek to grow the principal value of investments over time, and are willing to invest in securities that have historically demonstrated a moderate to above-average risk of loss of principal value.

D. Income – You seek to generate current income from investments, and are interested in investments that have historically demonstrated a low-degree of risk of loss of principal value.

E. Preservation of Capital – You seek to maintain the principal value of investments, and are interested in investments that have historically demonstrated a very low risk of loss of principal value.

Authorization

By signing below, I acknowledge and declare that the information provided on this form is true and accurate. This information is not effective until accepted and processed by First Southwest Company. First Southwest Company may require additional information prior to accepting and processing this form.

RR Signature

RR#

Date

Principal Signature

RR#

Date