



NEW ACCOUNT APPLICATION

For Office Use Only	
Rep ID: _____	Date Opened: _____
Referring Office/Employee: _____	
Is Employee Licensed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ACCOUNT TYPE: <i>(*Additional documentation may be required)</i>	
<input type="checkbox"/> Cash	<input type="checkbox"/> IRA *
<input type="checkbox"/> Margin *	<input type="checkbox"/> 401(k) *
<input type="checkbox"/> Roth IRA *	<input type="checkbox"/> 529 Plan
<input type="checkbox"/> SEP *	<input type="checkbox"/> UTMA/UGMA
<input type="checkbox"/> Simple *	

ACCOUNT REGISTRATION: <i>(*Additional documentation may be required)</i>	
<input type="checkbox"/> Individual	<input type="checkbox"/> Joint – Rights of Survivorship
<input type="checkbox"/> Guardianship *	<input type="checkbox"/> Estate *
<input type="checkbox"/> Trust *	<input type="checkbox"/> POA *
If Trust, select type: <input type="checkbox"/> Living <input type="checkbox"/> Family	
<input type="checkbox"/> Joint – Tenants in Common	<input type="checkbox"/> Partnership *
<input type="checkbox"/> Custodial *	<input type="checkbox"/> Corporation *
<input type="checkbox"/> Nonprofit *	<input type="checkbox"/> Testamentary
<input type="checkbox"/> Irrevocable	<input type="checkbox"/> Revocable

ACCOUNT TITLE AND ADDRESS:	
Account Title	
Mailing Address Line 1	Mailing Address Line 2
City	State Zip

PRIMARY ACCOUNT HOLDER:
<i>(Attach supplemental sheet if more than two participants)</i>

SECONDARY ACCOUNT HOLDER:
<i>(Attach supplemental sheet if more than two participants)</i>

Name
Social Security Number
Date of Birth
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced

Name
Social Security Number
Date of Birth
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced

Relationship to Secondary Holder	Email Address
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Relationship to Primary Holder	Email Address
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Legal Address Line 1

Legal Address Line 1

Legal Address Line 2

Legal Address Line 2

City	State	Zip
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City	State	Zip
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Telephone (Home)	Telephone (Business)
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Telephone (Home)	Telephone (Business)
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EMPLOYMENT INFORMATION:		
<input type="checkbox"/> Employed	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Retired
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Student

EMPLOYMENT INFORMATION:		
<input type="checkbox"/> Employed	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Retired
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Student

Employer Name	Occupation
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Employer Name	Occupation
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Employer Address

Employer Address

PRIMARY ACCOUNT HOLDER (continued):		SECONDARY ACCOUNT HOLDER (continued):	
IDENTIFICATION – USA PATRIOT ACT:		IDENTIFICATION – USA PATRIOT ACT:	
Government Photo ID Number	Type of ID	Government Photo ID Number	Type of ID
ID Issuance Date	ID Expiration Date	ID Issuance Date	ID Expiration Date
OTHER INFORMATION:		OTHER INFORMATION:	
Current customer of Uninvest?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Current customer of Uninvest?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Associated with FINRA Firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Associated with FINRA Firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, duplicate confirms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, duplicate confirms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Director, 10% shareholder or policy-making officer of a publicly traded company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Director, 10% shareholder or policy-making officer of a publicly traded company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
United States Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	United States Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
FINANCIAL INFORMATION:			
Annual Income:	From: _____	To: _____	
Net Worth (excluding residence):	From: _____	To: _____	
Investment Objective:	Tax Bracket:		
Risk Exposure:	Investment Experience:		
Source of Funds For This Account:			
<input type="checkbox"/> Current Income	<input type="checkbox"/> Savings	<input type="checkbox"/> Investment Proceeds	<input type="checkbox"/> Inheritance
<input type="checkbox"/> Rollover/Transfer	<input type="checkbox"/> Gift	<input type="checkbox"/> Insurance Proceeds	<input type="checkbox"/> Sale of Business
<input type="checkbox"/> Sale of Business	<input type="checkbox"/> Legal Settlement	<input type="checkbox"/> Lottery	<input type="checkbox"/> Other
Do you have an account with another brokerage firm? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, name of firm: _____			
ADDITIONAL INFORMATION:			
Please provide name and address of your primary bank: _____			
Is this account a private banking account as defined by the USA Patriot Act? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this an account for a foreign bank as defined by the USA Patriot Act? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will you be giving discretion over this account to another? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, please provide that individual's name and relationship to you: _____			
Would you like an interested party to receive statements or confirmations for this account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, please provide name and address of that party: <input type="checkbox"/> Statements <input type="checkbox"/> Confirms			
Name of Interested Party			
Address Line 1		Address Line 2	
City	State	Zip	

TRANSACTION PROCESSING (for Pershing brokerage account only):

Dividends/Interest: Hold Remit *(Indicate below frequency/start date/method)*
 Frequency: Semimonthly Monthly Bimonthly Quarterly Semiannually Annually
 First Payment Date: _____ Method: First Party Check ACH *(requires authorization form)*

Periodic Principal Distribution: Amount: _____ *(Indicate below frequency/start date/method)*
 Frequency: Semimonthly Monthly Bimonthly Quarterly Semiannually Annually
 First Payment Date: _____ Method: First Party Check ACH *(requires authorization form)*

TAXPAYER CERTIFICATION (W-9):

Under penalties of perjury I certify that:

1. The number shown on this application is my correct Taxpayer Identification Number:
2. 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 all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am an U.S. person (including a U.S. resident alien).

Note: You must cross out (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. Cross out item 3 and complete a W-8 BEN if you are not an U.S. person. Your signature below attests to this certification.

SIGNATURES:

Primary Account Holder's Signature

Date

Secondary Account Holder's Signature

Date

BROKER-DEALER USE ONLY:

Financial Advisor is Registered in the State of the Client's Residence

Financial Advisor's Signature

Date

Sales Manager's Signature

Date

Principal's Signature

Date

How Acquired: Walk-In Know Solicited Referral Advertisement Other

Amount of Initial Transaction: _____

Date Pershing Account Fee Schedule Was Given to Client: _____

** Application not valid without attached signed disclosure agreement

NOT FDIC INSURED

Non-deposit investments offered by Univest Investments, Inc. are:

- ◆ *Not insured by the Federal Deposit Insurance Corporation (FDIC)*
- ◆ *Not deposits or any other obligations of, guaranteed by or endorsed by a depository institution or affiliate*
- ◆ *Subject to investment risk, including possible loss of principal invested*