CONGRESSIONAL EFFECT MANAGEMENT

New Account Form

SEE THE BACK OF THE OFFICE COPY OF THIS FORM FOR INFORMATION ON SETTING UP ACCOUNT TITLES AND CATEGORY CODES

Office	Account	RR #	Account Soc. Sec. No.	Soc Sec / T.P.I.D	Short Name

ZIP	Country/State	Pay Code	Auth	Emp/Rel	Trader #	Master Client Mnemonic	Account Category	Retail / Inst.

ACCOUNT INFORMATION

Account Title

Mailing Address

ACCOUNT INFORMATION

☐ Cash ☐ Margin ☐ Option ☐ COD

☐ ProCash Plus

PROCEEDS INSTRUCTIONS

☐ Hold ☐ Remit — to sweep, account must be coded HOLD

☐ Sweep Weekly ☐ Sweep Daily

Sweep to(Name of Money Fund)

☐ PERIODIC DISTRIBUTIONS:
If third party, LOA required

Amount | 1st Payment Date

Payment Frequency

☐ Monthly ☐ Semi-annually

☐ Quarterly ☐ Annually

☐ Specify Other:

TRANSFER INSTRUCTIONS

☐ Hold in Street Name

☐ Transfer into Customer Name and Ship

☐ Transfer into Customer Name and Hold

DIVIDEND/INTEREST INCOME INSTRUCTIONS

☐ Hold ☐ Remit to Client

☐ Other Remittance (LOA Req'd)

If Remit:

☐ Semimonthly ☐ Monthly ☐ Bi-Monthly

☐ Quarterly ☐ Semiannually ☐ Annually

INSTITUTIONAL INSTRUCTIONS

Inst ID #	Agent Bank #	DTC #

Internal Account #
* *

IP #1 ID #	Internal a/c #
IP #2 ID #	Internal a/c #

ABA Routing #

Prime Brokerage ☐ Yes ☐ No

ALERT Mnemonic

CUSTOMER INFORMATION

Date of Birth of Primary Account Owner	Annual Income $	Liquid Net Worth (excl. home) $	Home Telephone # ( )
# Dependents (incl. self)	Country of Citizenship		Spouse's Name
Legal Address if different from Mailing Address			
Employer and Address		Type of Business	Business Telephone # ( )
		Yrs Employed	Occupation

SPOUSE/JOINT TENANT INFORMATION

Date of Birth of Joint Account Owner	Annual Income $	Liquid Net Worth (excl. home) $	Home Telephone # ( )
# Dependents (incl. self)	Country of Citizenship		Spouse's Name
Legal Address if different from Mailing Address			
Employer and Address		Type of Business	Business Telephone # ( )
		Yrs Employed	Occupation

INVESTMENT OBJECTIVES ☐ Income ☐ Long-Term Growth ☐ Short-Term Trading — Yrs of Investment Experience

RISK EXPOSURE ☐ Low ☐ Moderate ☐ Speculation ☐ High Risk

DISCRETION ☐ RR ☐ Inv. Adviser ☐ 3rd Party — Party Exercising Discretion

CORPS. PTNRSHIPS & OTHER NON-IND A/C — Name(s) and Title(s) of Person(s) Authorized to Enter Orders

MISC. INFO

Is account employee of the firm? ☐ No ☐ Yes — RR is registered in State of customer's residence. ☐ Yes — Initials

Is account related to an employee of the firm? ☐ No ☐ Yes — If YES, Name of employee and relationship

Is account a senior officer, director or large shareholder of a public company? ☐ No ☐ Yes — If YES, Name of company

How was a/c acquired? ☐ Related ☐ Solicited ☐ Known Personally ☐ Referred By (specify) ☐ Other (specify) — Yrs known by RR

Initial Transaction ☐ Tfr from Broker ☐ Buy ☐ Sell — Security Name — Deposit

Is customer or any member of customer's immediate family affiliated with or employed by a member of a stock exchange or the National Association of Securities Dealers? ☐ Yes ☐ No — If YES, indicate the affiliation

OTHER BROKERAGE ACCOUNTS — Check if None ☐ — Brokerage Firm — Brokerage Firm

BANK INFO. — Bank Name — Address

DTC INELIGIBLE INSTR./IP#1 ☐ Confirms ☐ Statements

INTERESTED PARTY #2 ☐ Confirms ☐ Statements

Prepared by	Date	Print Name
RR Signature	Date	Print Name
Operations Manager	Date	Print Name
Branch Manager or Authorized Designee	Date	Print Name