



# Partnership Agreement for Brokerage Accounts

## IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money-laundering activities, Federal law and contractual obligations to National Financial Services ("NFS") require that your Broker/Dealer verify your identity by obtaining your name, date of birth, address, and a government-issued identification number before opening your account. In certain circumstances, your Broker/Dealer may obtain and verify this information with respect to any person(s) authorized to effect transactions in an account. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is also required.

Your account may be restricted and/or closed if your Broker/Dealer cannot verify this information. Neither your Broker/Dealer nor NFS will be responsible for any losses or damages (including but not limited to lost opportunities) resulting from any failure to provide this information, or from any restriction placed upon, or closing of, your account.

**Please complete all sections.**

**Section 2** identifies those individuals authorized by your Partnership Agreement to transact business with National Financial Services LLC ("NFS").

## 1 Account Information

Official Full Name of Partnership

Taxpayer ID Number           Line of Business

**Account Level Legal Address – (Required Information – No P.O. Boxes) Account information will be mailed to the legal address (or mailing address if different) listed below.**

Address

City  State  Zip/Postal Code   -

Province (If applicable)  Country

**Account Level Mailing Address – (If different than Legal Address)**

Address

City  State  Zip/Postal Code   -

Province (If applicable)  Country

**Government ID – Foreign Entities Only** (Please attach a copy)

Type of Document

Government Issued Identification Number  Country of Issuance

## 2 Authorized Individuals

**Please provide copies of those pages of the Partnership agreement which provide the official name of the Partnership and all signatures.**

The undersigned jointly and severally agree that each of the persons named in this Section 2 shall have authority on behalf of the Partnership account to buy, sell, trade and otherwise deal in, through your Broker/Dealer and National Financial Services, stocks, bonds, options and any other securities, listed or unlisted on margin or otherwise (including short sales); to receive on behalf of the Partnership account demands, notices, confirmations, reports, statements of account, and communications of every kind; to receive on behalf of the Partnership account money, securities and property of every kind, and to dispose of same; to make on behalf of the Partnership account agreements relating to any of the foregoing matters and to terminate or modify same or waive any of the provisions thereof; and generally to deal with you on behalf of the Partnership account as fully and completely as if he alone were interested in said account, all without notice to the other or others interested in said account.

The undersigned further authorize you, in the event of death or retirement of any of the members of said Partnership to take such proceedings, require such papers, retain such portion of or restrict transactions in said account as you may deem advisable to protect you against any liability, penalty or loss under any present or future law or otherwise. It is further agreed that in the event of the death or retirement of any member of the said Partnership, the remaining members will immediately cause you to be notified of such fact.

Each of the undersigned has signed a Supplemental Application for NFS Margin Account Privileges (if the Partnership wishes to use margin account privileges) and completed the respective Account Application which are intended to cover, in addition to the provisions hereof, the terms upon which the Partnership account is to be carried.

This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which you may have under any other agreement or agreements between you and the undersigned, or any of them, now existing or hereafter entered into, and is binding on the undersigned and their legal representatives, successors, and assigns. This authorization and indemnity is also a continuing one and shall remain in full force and effect until revoked by a written notice, addressed to National Financial Services LLC ("you") and delivered to your main office, signed by any \_\_\_\_\_ (indicate the number of partners required) partners.



Account Number    -

### Authorized Individual Information (Continued)

Authorized Individual Name

Social Security Number or Taxpayer ID Number           Date of Birth   -   -

U.S. Driver's License Number  State of Issuance

**Countries of Citizenship**  U.S.  Other (Indicate Countries)

**Legal Address - (Required Information - No P.O. Boxes)**

Address

City  State  Zip/Postal Code     -

Province (If applicable)  Country

**Mailing Address - (If different than Legal Address)**

Address

City  State  Zip/Postal Code     -

Province (If applicable)  Country

Home Phone    -    -     Work Phone    -     Ext

**Government ID - Foreign Citizens Only** (Identification document must carry reference number and photograph.) Please attach a copy.

**Immigration Status**  Permanent Resident  Non-Permanent Resident  Non-Resident

**Place of Birth** City  State/Province  Country

U.S. Driver's License (Provided Above)  INS Permanent Resident Alien Card  Passport with U.S. Visa  Passport without U.S. Visa\*

Foreign National Identity Document\* Document Number  Country of Issuance

**\*Information Required** Bank Name  Account Number  Phone Number

Bank Address

**Employment Status**  Employed  Not Employed  Retired Occupation (List source of income if retired or not employed)

Name of Employer

Employer's Address

City  State  Zip/Postal Code     -

Province (If applicable)  Country

Account Number    -

## Second Authorized Individual Information

Authorized Individual Name

Social Security Number or Taxpayer ID Number           Date of Birth   -   -

U.S. Driver's License Number  State of Issuance

**Countries of Citizenship**  U.S.  Other (Indicate Countries)

### Legal Address - (Required Information - No P.O. Boxes)

Address

City  State  Zip/Postal Code   -

Province (If applicable)  Country

### Mailing Address - (If different than Legal Address)

Address

City  State  Zip/Postal Code   -

Province (If applicable)  Country

Home Phone    -    -     Work Phone    -     Ext

### Government ID - Foreign Citizens Only (Identification document must carry reference number and photograph.) Please attach a copy.

**Immigration Status**  Permanent Resident  Non-Permanent Resident  Non-Resident

**Place of Birth** City  State/Province  Country

U.S. Driver's License (Provided Above)  INS Permanent Resident Alien Card  Passport with U.S. Visa  Passport without U.S. Visa\*

Foreign National Identity Document\* Document Number  Country of Issuance

**\*Information Required** Bank Name  Account Number  Phone Number

Bank Address

**Employment Status**  Employed  Not Employed  Retired Occupation (List source of income if retired or not employed)

Name of Employer

Employer's Address

City  State  Zip/Postal Code   -

Province (If applicable)  Country

Account Number    -

### Third Authorized Individual Information

Authorized Individual Name

Social Security Number or Taxpayer ID Number           Date of Birth   -   -

U.S. Driver's License Number  State of Issuance

**Countries of Citizenship**  U.S.  Other (Indicate Countries)

**Legal Address - (Required Information - No P.O. Boxes)**

Address

City  State  Zip/Postal Code     -

Province (If applicable)  Country

**Mailing Address - (If different than Legal Address)**

Address

City  State  Zip/Postal Code     -

Province (If applicable)  Country

Home Phone    -    -     Work Phone    -     Ext

**Government ID - Foreign Citizens Only** (Identification document must carry reference number and photograph.) Please attach a copy.

**Immigration Status**  Permanent Resident  Non-Permanent Resident  Non-Resident

**Place of Birth** City  State/Province  Country

U.S. Driver's License (Provided Above)  INS Permanent Resident Alien Card  Passport with U.S. Visa  Passport without U.S. Visa\*

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**\*Information Required** Bank Name  Account Number  Phone Number

Bank Address

**Employment Status**  Employed  Not Employed  Retired Occupation (List source of income if retired or not employed)

Name of Employer

Employer's Address

City  State  Zip/Postal Code     -

Province (If applicable)  Country

Account Number  -

### 3 Signature(s)

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All General Partners, or all partners authorized to establish the account, must sign below. Any information I (we) give to NFS or my Broker/Dealer on this account agreement will be subject to verification, and I (we) authorize you to obtain a credit report or other financial responsibility report about me (us) at any time. Upon written request, National Financial Services LLC will provide the name and address of the credit reporting agency used.

Partner	<input type="text"/>	Date	<input type="text"/>
Partner	<input type="text"/>	Date	<input type="text"/>
Partner	<input type="text"/>	Date	<input type="text"/>