



OPTIMUM INVEST

Account opening form

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1	Account Type		
<input type="checkbox"/> Individual <input type="checkbox"/> Joint-Rights of survivorship <input type="checkbox"/> Custodian * <input type="checkbox"/> Investment Club* <input type="checkbox"/> Corporate*		For official use only	
* additional documents must be completed and signed			

2	Account Holder or Minor if Custodial Account		
Name (First, Middle, Last)		Date of birth (mm/dd/yyyy)	
Address		Home Phone	Mobile Phone
Citizenship	National ID	Email	

3	Co-account Holder (for joint account or Custodial account)		
Name (First, Middle, Last)		Date of birth (mm/dd/yyyy)	
Address		Home Phone	Mobile Phone
Citizenship	National ID	Email	

4	Account Information Profile		
Investment Objectives <input type="checkbox"/> Aggressive Growth <input type="checkbox"/> Growth <input type="checkbox"/> Income <input type="checkbox"/> Capital Preservation			
Investment Experience <input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Excellent			
Would you like to trade options? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If you answered yes to the preceding question, please fill section 5)</small>			

5	Options Trading Application and Agreement *		
Options Activity Requested		Options Investment Knowledge & Experience	
<input type="checkbox"/> Level One <small>Covered Calls</small>		<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Excellent	
<input type="checkbox"/> Level Two <small>Level one + Purchases/Covered Puts</small>		Options Trading Experience	
<input type="checkbox"/> Level Three <small>Level two + Spreads/Uncovered Puts</small>		<input type="checkbox"/> None <input type="checkbox"/> Covered Calls Writing	
* Options trading can be extremely risky, please refer to OI's Risk Concern brochure		<input type="checkbox"/> Selling Puts <input type="checkbox"/> Spreads	

6	Please Read and Sign below to complete your application		
I am of legal age to contract. I acknowledge that I have received, read and agreed to be bound by the terms and conditions set forth in the OI Customer Agreement			
I understand that you will supply my name to issuers of any securities held in my account so that I might receive any important information, unless I notify you in writing not to do so.			
I acknowledge as well that I have read and understood the risk concerns detailed in OI's Risk Concerns for Private Banking Clients (Document A).			
Signature of Account Holder		Printed Name	
Date		Date	
Signature of Co-account Holder		Printed Name	

