

# A & F FINANCIAL SECURITIES INC

NEW ACCOUNT APPLICATION

IE: NF

Account \_\_\_\_\_

**1. ACCOUNT TYPE: Please check one box only.**

- Individual                       Joint (right of survivorship)                       Joint (tenancy in common)                       Joint (community property) \*  
 IRA                                       Personal Trust                                       Pension, Retirement Fund, Trusts                       Foreign Individual

\* For AZ, CA, ID, LA, NV, NM, TX, WA and WI only.

**2. ACCOUNT TITLE: This section must be complete for all account types.**

Account Title (Please Print)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Street Address (Cannot be P.O. Box)

\_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip code \_\_\_\_\_

Where would you like your mail sent?  Street Address  Mailing Address

Business Address     Other: \_\_\_\_\_  
 E Mail Address \_\_\_\_\_  
 Home Telephone # \_\_\_\_\_  
 Fax # \_\_\_\_\_

Mailing Address

\_\_\_\_\_  
 (Street)  
 \_\_\_\_\_  
 (City) (State) (Zip code)

**3. EMPLOYMENT INFORMATION. This section must be completed for all account types.**

Employer's Name \_\_\_\_\_  
 Employer's Address \_\_\_\_\_  
 (City) (State) (Zip code)

Occupation \_\_\_\_\_  
 (If self-employed, please describe. If retired, former occupation)  
 Type of Business \_\_\_\_\_  
 Employer's Telephone # \_\_\_\_\_

- Check here if you or a joint account holder are employed by or affiliated with a Register Broker/Dealer. (If checked, include compliance letter.)  
 Check here if you or a member of your immediate family is employed by or affiliated with A & F FINANCIAL SECURITIES INC  
 Check here if you are a director, 10% shareholder, or policy maker of a publicly owned company. Specify: \_\_\_\_\_  
 Check here if your spouse is an employee of a publicly owned company. Specify: \_\_\_\_\_

Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	Date of Birth _____	Number of Dependents (excluding self) _____	Taxpayer I.D. # _____ <input type="checkbox"/> SSN <input type="checkbox"/> TIN <input type="checkbox"/> None
---	---------------------	---	--

Government I.D. # \_\_\_\_\_ Expires \_\_\_\_\_  
 Driver License  Passport  Other \_\_\_\_\_  
 Country of citizenship  U.S.  Other \_\_\_\_\_  
 Country of legal residence  U.S.  Other \_\_\_\_\_

**4. CREDITPLUS ACCOUNT - WEDBUSH GOLD CARD AND CHECKWRITING**

All sections (except the Option Section must be completed Minimum \$5,000 equity required to qualify.)

- Applicant requests CHECK WRITING ACCOUNT (check one)  YES  NO  
 Applicant requests WEDBUSH GOLD CARD (check one)  YES  NO - (Not available for retirement accounts)

By signing below, I acknowledge I have received, read and understand the Creditplus Agreement, the Margin Agreement, and the Disclosure Statement-Facts About Your Borrowing Costs and Other Matters. If I request a Debit Card, I agree that I may be required to maintain a Margin Account. I agree that a Special Financial Services account will be arranged by your clearing firm (Wedbush Morgan Securities Inc. or "WMS") through a processing service. I understand and agree that Creditplus Check and Card transactions will be paid by the Clearing Firm to the Processor and will be charged (debited) to my account with the provisions of the Creditplus Agreement. I AGREE TO BE LEGALLY BOUND BY THIS AGREEMENT AND THE TERMS OF THE SPECIAL FINANCIAL SERVICES ACCOUNT AGREEMENT OF THE PROCESSOR.

For Joint Accounts: The Applicants agree that this Creditplus Application is made by both Applicants, and if approved, the terms apply to both Applicants. Each Applicant will be jointly and individually liable for all amounts due. The Applicants understand that both Applicants will be liable for Creditplus Check and Card transactions made by either Applicant. The Applicant requests that any Creditplus Cards issued to the Applicant(s) are validated so that the Applicants can use them to make financial transactions electronically.

The Applicant authorizes the Processor or its agent(s) to make the credit inquiries considered necessary to process the Creditplus Application, to conduct a credit review, and to collect any amounts due in connection with the Creditplus Card and Check transactions.

**Complete the following information for security purposes**

Maiden Name of Applicant's Mother: \_\_\_\_\_  
 Names of Applicant's Children: \_\_\_\_\_

Applicant signature: (X) \_\_\_\_\_ Date: \_\_\_\_\_  
 Joint Applicant signature: (X) \_\_\_\_\_ Date: \_\_\_\_\_

5. JOINT OR CUSTODIAL ACCOUNT HOLDER: Complete for Joint or Custodial Accounts and for Individual Accounts if your spouse is by a publicly held company.

Joint/Custodial Name Social Security Number Employer (If unemployed, self-employed, a student, specify)
Country of citizenship U.S. Other
Country of legal residence U.S. Other
Date of Birth Occupation
Employer Address (street, city, state and zip code)

6. INVESTMENT PROFILE: This section must be completed for all account types.

(Please check appropriate boxes)
Investment experience and knowledge
Number of years:
None Good Limited Excellent
Estimate annual income
A D Z
B E
C F
Estimate net worth (excluding home)
A D Z
B E
C F

(Optional)
Bank Name (required for direct deposit)
ABA Routing #
Account Number(s) (required for direct deposit)
Checking Savings Loan
Tax Bracket %

What is your investment objective?
A C E
B D F
FOR OFFICE USE ONLY
I/O code Here:
Handling Instructions: Securities, cash, and dividends will be held in your account unless you indicate otherwise.
Securities: Send Cash: Send Dividends: Send

7. OPTIONS TRADING QUESTIONNAIRE - Fill out this section only if you want to trade options. The entire application (except Creditplus) must be completed.

Please select the anticipated type(s) of option transactions
1. COVERED CALL WRITING YES NO
2. PURCHASING CALLS AND PUTS YES NO
3. \* SPREADS (PUTS AND CALLS) YES NO
\* Margin account must be chosen in box #8
4. \* UNCOVERED PUT WRITING YES NO
5. \* UNCOVERED CALL WRITING YES NO
OFFICE USE ONLY
Approval Level:

Investment Experience
Options knowledge/experience: None Limited Good Excellent Years of experience:
Options trading experience: None Covered Calls Purchases Spreads Uncovered Puts Uncovered Calls

By signing below, I acknowledge that I have received, read and understand the characteristics and Risks of Standardized Options published by the Options Clearing Corporation and am aware of and accept the nature and extent of the obligations and risk factors of options trading. I believe the options transactions indicated in this application are suitable investments for my account. I have received, read, understood and agree to all the terms and conditions in the Options Agreement ("Form O").

Applicant signature: (X) Date:
Joint Applicant signature: (X) Date:

8. MUST BE SIGNED BY ALL APPLICANTS

I affirm that I wish to open (please check one): CASH ACCOUNT MARGIN ACCOUNT AND CASH ACCOUNT
By my signature below, I agree to advise you promptly in writing of any material changes to the information provided.
By signing below, I affirm I have received The Letter of Understanding (Letter A) and the Disclosure Statement-Facts About Your Borrowing Costs and Other Matters. I also acknowledge that I have read, understand, and agree to all the terms and conditions in the Letter of Understanding and the Disclosure Statement-Facts About Your Borrowing Costs and Other Matters.

I ACKNOWLEDGE THAT THIS AGREEMENT ALSO CONTAINS A PREDISPUTE ARBITRATION PROVISION UNDER PARAGRAPH 9 OF THE DISCLOSURE STATEMENT-FACTS ABOUT YOUR BORROWING COSTS AND OTHER MATTERS.
You may You may not disclose my name, address, and security position to requesting companies in which I hold securities, under rule 14b-1(c) of the Securities and Exchange Commission. Does account allow for illiquid investments? YES NO
Applicant signature: (X) Date:
Joint Applicant signature: (X) Date:

APPROVALS - FOR OFFICE USE ONLY
Office Manager: Investment Executive:
OPENING TRANSACTION: BUY SELL DEPOSIT FUNDS TRANSFER/ROLLOVER DEPOSIT SECURITIES
OPTION BOM/ROP Date: Government ID verified by: Date Combined Client Agreements Furnished
SIGNATURE: Date: Date of First Option Transaction:
CROP SIGNATURE: Date: Office Managers Initials:
SR. ROP SIGNATURE: Date: