

Please use this form to communicate to First Southwest Company any information you wish to have updated for your account. Please ensure that this information is correct on subsequent statements.

Account Name _____ Account Number _____ Office Code _____

You are not required to fill out the entire form. You should only enter information in the section(s) to be updated.

Personal Information

First Name: _____ Middle Name: _____ Last Name: _____

Joint Account Holder's Name: _____

Country of citizenship: _____ Date of Birth: _____ Driver's License #: _____

Passport/CEDULA/Green Card Number (If non-U.S. and no SS# specified): _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Marital Status: Single Married Divorced Widowed

Addresses

Physical Address (Cannot be a P.O. Box):

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (leave blank if same as Physical Address):

Street Address / P.O.Box: _____

City: _____ State: _____ Zip Code: _____



Copies of Duplicate Statements and/or Confirmations (i.e. for your CPA)

Check all that apply: Trade Confirmations Account Statements

Name of Recipient: _____

Mailing Street Address / P.O. Box: _____

City: _____ State: _____ Zip: _____ Country: _____

Employment

Is the account holder(s) or any immediate family member(s) affiliated with any securities firm, subsidiary of a financial institution, securities or commodities exchange, or self regulatory organization (e.g. FINRA, SEC, etc.)?

No Yes, specify: _____

Is the account holder an employee or related to an employee of First Southwest Company, its affiliates, or subsidiaries

No Yes, specify name of employee: _____

Relationship to employee: _____

Current Employment status: Employed Self-supported Volunteer

Retired Student Work in the home

Self-Employed Unemployed: Source of Income: _____

Occupation: _____ Industry (i.e. Construction, Sales, etc.): _____

Employer Name: _____

Employer Street Address: _____

City: _____ State: _____ Zip Code: _____

Business Phone: _____ My Federal Income Tax Bracket is: % _____

Is the account holder or any of his/her immediate family members a control person (policy making officers, directors, or 10% shareholders) of any publicly traded companies?

No Yes, specify company and % of ownership:

Name of Company: _____

% of ownership: _____

Financial Information

FSC and/or the Broker require the following financial information pursuant to regulatory directives and to assist FSC and/or the Broker in determining your investment needs. Your financial information is kept in the strictest confidence. For Joint Accounts please use combined amounts.

Approximate Annual Income (Select One)

\$0 - 24,999 \$25,000 - 49,999 \$50,000 - 99,999 \$100,000 + (List if over \$100,000, \$ _____)

Net Worth (Assets minus Liabilities, not including Primary Residence) (Select One)

\$0 - 29,999 \$30,000 - 49,999 \$50,000 - 99,999 \$100,000 - 500,000 \$500,000 + (List if over \$500,000), \$ _____)

Liquid Net Worth (Cash, Stocks, etc. - Net Worth assets easily converted to cash) (Select One)

\$0 - 29,999 \$30,000 - 49,999 \$50,000 - 99,999 \$100,000 - 500,000 \$500,000 + (List if over \$500,000), \$ _____)

Investment Time Horizon (Select One)

Less than 1 year 1 - 5 yrs 5 - 10 yrs 10 - 15 yrs 15 + yrs

Investment Experience (Select Letter Indicating Years of Experience A = 0 years B = 1-5 years C = More than 5 years)

Stocks _____ Bonds _____ Options _____ Mutual Funds _____

Liquidity Needs (When is the earliest you expect to need funds from this account)

Less than 1 year 1 - 5 yrs 5 - 10 yrs 10 - 15 yrs 15 + yrs

Regarding your Liquidity Needs; Approximately, how much of the account do you expect to need?

10% 25% 50% 75% 100%

Investment Risk Tolerance (Select One)

_____ Conservative _____ Moderate _____ Aggressive _____ Day Trading

Investment Objectives

Investing involves risk. Different investment products and strategies involve different degrees of risk. The higher the expected return of a product or strategy, the greater the risk that you could lose most of your investment. Investments should be chosen based on your objectives, timeframe, and tolerance for market fluctuations.

Rank the investment objectives for this account 1-5 in order of importance, 1 being highest priority.

- A. Speculation** _____ I am willing to accept maximum risk to my initial principal to aggressively seek maximum returns, and I understand I could lose most, or all, of the money invested.
- B. Growth/Capital Appreciation** _____ I am willing to accept high risk to my principal, including high volatility, to seek high returns over time, and I understand I could lose a substantial amount of the money invested.
- C. Aggressive Income** _____ I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and I understand I could lose a portion of the money invested.
- D. Income** _____ I am willing to accept low risk to my initial principal, including low volatility, to seek a modest level of portfolio returns.
- E. Preservation of Capital** _____ I want to preserve my initial principal in this account, with minimal risk, even if that means this account does not generate significant income or returns and may not keep pace with inflation.

Authorization

By signing below, I acknowledge and declare that the information provided on this form is true and accurate. This information is not effective until accepted and processed by First Southwest Company. First Southwest Company may require additional information prior to accepting and processing this form.

RR Signature

RR#

Date

Principal Signature

RR#

Date