

# Customer Account Form

Rep Name: \_\_\_\_\_

Rep Number: \_\_\_\_\_

Acct Number: \_\_\_\_\_

☐ I have received and reviewed the PCS Best Interest Disclosure and Account Registration Definitions at [https://pcsb.net/Regulation\\_Best\\_Interest](https://pcsb.net/Regulation_Best_Interest) and discussed my investment needs with my Investment Professional prior to selecting the account type listed below.

Select One: ☐ New Account ☐ Update Account

Select One: ☐ Direct ☐ Brokerage ☐ Advisory

## Account Type (Select ONE)

- |   |  |   |  |  |
|---|--|---|--|--|
| <input type="checkbox"/> Individual           | <input type="checkbox"/> Inherited IRA       | <input type="checkbox"/> SIMPLE IRA     | <input type="checkbox"/> Trust             | <input type="checkbox"/> Coverdell / ESA         |
| <input type="checkbox"/> Joint WROS (default) | <input type="checkbox"/> IRA                 | <input type="checkbox"/> 401(k) / PSP   | <input type="checkbox"/> Estate            | <input type="checkbox"/> Corporation             |
| <input type="checkbox"/> Joint TIC            | <input type="checkbox"/> Rollover IRA        | <input type="checkbox"/> Individual (k) | <input type="checkbox"/> 529               | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> Joint Community Prop | <input type="checkbox"/> Roth IRA            | <input type="checkbox"/> SEP IRA        | <input type="checkbox"/> UTMA / UGMA _____ | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> TOD                  | <input type="checkbox"/> Roth Conversion IRA | <input type="checkbox"/> 403(b)         | (state of gift)                            |  |

## Account Registration

Name (Primary Owner / Trust Name / Entity Name)			Name (Joint Owner / Trustee / POA / Executor / Authorized Person)		
Social Security # or Tax ID#	Marital Status	Date of Birth/Trust	Social Security # or Tax ID#	Marital Status	Date of Birth/Trust
Legal Street Address (No P.O. Box)			Legal Street Address (No P.O. Box)		
City	State	Zip	City	State	Zip
Mailing Address (if different)			Mailing Address (if different)		
Email Address		Country of Citizenship	Email Address		Country of Citizenship
Home Phone Number	Business Phone Number	Cell Phone Number	Home Phone Number	Business Phone Number	Cell Phone Number

## Employment Data

<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Other _____	<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Other _____
Occupation _____ Years _____	Occupation _____ Years _____
Employer Name _____ Street Address _____ City _____ State _____	Employer Name _____ Street Address _____ City _____ State _____
Associated Person, or related to Associated Person, of PCS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of relative: _____	Associated Person, or related to Associated Person, of PCS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of relative: _____
Associated, or related to Associated Person, of a Broker/Dealer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of relative AND name of Broker/Dealer: _____	Associated, or related to Associated Person, of a Broker/Dealer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of relative AND name of Broker/Dealer: _____
Member/associate or related to member/associate of Stock Exchange/FINRA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of employee: _____ AND If yes, name of Broker/Dealer: _____	Member/associate or related to member/associate of Stock Exchange/FINRA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of employee: _____ AND If yes, name of Broker/Dealer: _____
Are you (or a member of your immediate family) a Director, 10% shareholder or policy-making officer of a publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of person & company: _____	Are you (or a member of your immediate family) a Director, 10% shareholder or policy-making officer of a publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name of person & company: _____
Is this account for a Politically Exposed Person (PEP)*? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, define the PEP position: _____	Is this account for a Politically Exposed Person (PEP)*? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, define the PEP position: _____

\*Definition of a PEP includes a current or former senior official in the executive, legislative, administrative, military or judicial branches of a foreign government (whether elected or not); a senior official of a major foreign political party, or a senior executive of a foreign government-owned commercial enterprise; any corporation, business, or other entity that has been formed by, or for the benefit of any such individual; an immediate family member of such an individual; or any individual publicly known.

Patriot Act Verification			
<input type="checkbox"/> State ID <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Military ID  <input type="checkbox"/> Other _____		<input type="checkbox"/> State ID <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> Military ID  <input type="checkbox"/> Other _____	
ID#	State Issued	ID#	State Issued
Issue Date	Expiration Date	Issue Date	Expiration Date
Institutional / Non Institutional Account (Must select one)			
<input type="checkbox"/> A bank, savings and loan association, insurance company or registered investment company. <input type="checkbox"/> An investment adviser registered either with the Securities and Exchange Commission under Section 203 of the Investment Advisers Act of 1940 or with a state securities commission (or any agency or office performing like functions). <input type="checkbox"/> Any other entity (whether a natural person, corporation, partnership, trust or otherwise) with total assets of at least \$50 million. <input type="checkbox"/> None of the above.			
Trusted Person / Back up Contact			
If we are unable to reach you for an extended time (not less than 60 days), you authorize Private Client Services to contact the person listed below and to disclose information about you in order to confirm the specifics of your current contact information, health status, and the identity of any legal guardian, executor, trustee, or holder of a power of attorney. <b>Note:</b> Your Trusted Person / Back-up Contact should not be a co-applicant. <input type="checkbox"/> <i>By checking this box, I acknowledge that I have declined to provide a Trusted Person / Back-up Contact for this account.</i>			
Contact Name	Home Phone	Mobile Phone	Work Phone
Contact Address		Relationship to Owner(s):	
Source of Funds for Account			
<input type="checkbox"/> Earned Income <input type="checkbox"/> Savings / MM / CD <input type="checkbox"/> Account Transfer	<input type="checkbox"/> Retirement Savings <input type="checkbox"/> Pension Distribution <input type="checkbox"/> Investment Proceeds	<input type="checkbox"/> Qualified Plan Distribution <input type="checkbox"/> 1035 Exchange <input type="checkbox"/> Insurance Proceeds	<input type="checkbox"/> Inheritance <input type="checkbox"/> Legal Settlement <input type="checkbox"/> Spouse / Parent / Gift <input type="checkbox"/> Other _____
Annual Income	Annual Expenses	Net Worth (excluding primary residence)	Liquid Net Worth
<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$200,000 <input type="checkbox"/> \$200,001 - \$400,000 <input type="checkbox"/> \$400,001 - \$1,000,000 <input type="checkbox"/> > \$1,000,000	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$200,000 <input type="checkbox"/> \$200,001 - \$400,000 <input type="checkbox"/> \$400,001 - \$1,000,000 <input type="checkbox"/> > \$1,000,000	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$250,000 <input type="checkbox"/> \$250,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$750,000 <input type="checkbox"/> \$750,001 - \$1,000,000 <input type="checkbox"/> \$1,000,001 - \$5,000,000 <input type="checkbox"/> > \$5,000,000	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$250,000 <input type="checkbox"/> \$250,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$750,000 <input type="checkbox"/> \$750,001 - \$1,000,000 <input type="checkbox"/> \$1,000,001 - \$5,000,000 <input type="checkbox"/> > \$5,000,000
Tax Bracket			
<input type="checkbox"/> 0 - 15% <input type="checkbox"/> 15.1 - 32% <input type="checkbox"/> 32.1 - 50% <input type="checkbox"/> Over 50%			
Investment Objective	Risk Tolerance	Liquidity Need	Investment Experience
<input type="checkbox"/> Preservation of Capital	<input type="checkbox"/> Low / Conservative	<input type="checkbox"/> Low (> 10 years)	<input type="checkbox"/> None
<input type="checkbox"/> Income	<input type="checkbox"/> Moderately Conservative	<input type="checkbox"/> Medium (5-10 years)	<input type="checkbox"/> Limited (1-5 years)
<input type="checkbox"/> Balanced Growth	<input type="checkbox"/> Moderate	<input type="checkbox"/> High (< 5 years)	<input type="checkbox"/> Moderate (5-10 years)
<input type="checkbox"/> Growth of Capital	<input type="checkbox"/> Moderately Aggressive		<input type="checkbox"/> Extensive (> 10 years)
<input type="checkbox"/> Aggressive Growth	<input type="checkbox"/> High Risk		
Time Horizon			
<input type="checkbox"/> 0 - 1 Year		<input type="checkbox"/> 1 - 5 Years	
<input type="checkbox"/> 5 - 10 Years		<input type="checkbox"/> 10 - 20 Years	
<input type="checkbox"/> > 20 Years			
Investments		Estimated Value	Dependents
Experience Level:	None	1-5 Yrs	5-10 yrs
1. Annuities ( <i>Fixed</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Annuities ( <i>Variable</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Equities ( <i>Individual stocks</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Exchange Traded Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Fixed Income ( <i>Bonds</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Unit Investment Trusts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1. \$ _____	<input type="checkbox"/> None
		2. \$ _____	<input type="checkbox"/> Self Only
		3. \$ _____	<input type="checkbox"/> Self + Spouse
		4. \$ _____	<input type="checkbox"/> Children _____
		5. \$ _____	<input type="checkbox"/> Other _____
		6. \$ _____	
		7. \$ _____	
		8. \$ _____	
		9. \$ _____	
Comments / Additional Information:			

## U.S. TAXPAYER NUMBER CERTIFICATION – W9

Taxpayer certification: Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct Social Security Number or Taxpayer Identification Number (or I am waiting for a number to be issued to me); and
- 2) I am not subject to backup withholding because a) I am exempt from backup withholding, or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3) I am a U.S. citizen or other U.S. person; and
- 4) I am not a specified U.S. person subject to Foreign Account Tax Compliance Act (FATCA) reporting; and
- 5) The account owner is classified as one of the following (**SELECT ONLY ONE**):
  - ☐ Individual / Sole Proprietor / Single Member LLC
  - ☐ Limited Liability Company (LLC) - Enter the tax classification type (C=C Corporation, S=S Corporation, P=Partnership): \_\_\_\_
  - ☐ C Corporation
  - ☐ S Corporation
  - ☐ Partnership
  - ☐ Trust or Estate

**\*\*Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN.

### **Owner Acknowledgements and Signatures**

Please review your information for accuracy. By signing below, I represent that the information provided is accurate to the best of my knowledge. The documentation used to verify my identity is true and accurate. I will promptly notify my registered representative in writing if there is any material change in the information I have provided and may update this information no less than every three (3) years. I have received a copy of PCS Privacy Policy, PCS Business Continuity Summary, PCS Account Agreement, and Customer Identification Program Notice. **I ACKNOWLEDGE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE IN PARAGRAPHS 13 & 14 OF THE PCS ACCOUNT AGREEMENT.** Please visit <https://pcsbd.net/disclosures/> to review the Customer Broker-Dealer Disclosure Packet and other important information about your account.

☐ I have received a copy of the PCS Client Relationship Summary (Form CRS) [https://pcsbd.net/Regulation\\_Best\\_Interest](https://pcsbd.net/Regulation_Best_Interest) Date: \_\_\_\_\_

**Brokerage Accounts** - By opening a brokerage account, I am consenting to cash balances in my account being swept into the default money market sweep fund or the sweep fund of my choice or an FDIC insured sweep account. For terms and conditions, consult the fund's prospectus. Money Market Sweep defaults and available products are subject to change.

Primary Account Owner Signature		Date	
Representative Name		RR#	
Joint Account Owner Signature		Date	
Representative Signature		Date	
OSJ Manager Name		OSJ Manager Signature	
Home Office Principal Name		Home Office Signature	
		Date	

**Brokerage accounts require the completion of the PCS Brokerage Account Addendum.**