



INSTITUTIONAL & INTERNATIONAL OPTIONS APPLICATION

DATE DISCLOSURE FURNISHED TO CLIENT

Due to the risks associated with options, the National Association of Securities Dealers (N.A.S.D.) requires that I provide the information requested below. This information will be used by Scottrade to assess my eligibility to open and maintain this options account and will be treated confidentially.

ALL INFORMATION MUST BE COMPLETE AND ACCURATE

ACCOUNT HOLDER			CO-ACCOUNT HOLDER		
<input type="checkbox"/> MR.	NAME		<input type="checkbox"/> MR.	NAME	
<input type="checkbox"/> MRS.			<input type="checkbox"/> MRS.		
<input type="checkbox"/> MS.			<input type="checkbox"/> MS.		
AGE	MARITAL STATUS	NO. OF DEPENDENTS	AGE	MARITAL STATUS	NO. OF DEPENDENTS
EMPLOYMENT INFORMATION			EMPLOYMENT INFORMATION		
OCCUPATION AND POSITION <input type="checkbox"/> EMPLOYED <input type="checkbox"/> HOMEMAKER <input type="checkbox"/> RETIRED <input type="checkbox"/> STUDENT <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> OTHER			OCCUPATION AND POSITION <input type="checkbox"/> EMPLOYED <input type="checkbox"/> HOMEMAKER <input type="checkbox"/> RETIRED <input type="checkbox"/> STUDENT <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> OTHER		
POSITION / TITLE			POSITION / TITLE		
EMPLOYER NAME			EMPLOYER NAME		
FINANCIAL INFORMATION			FINANCIAL INFORMATION		
ANNUAL INCOME (USD\$)		LIQUID ASSETS (USD\$)	ANNUAL INCOME (USD\$)		LIQUID ASSETS (USD\$)
NET WORTH (USD\$)			NET WORTH (USD\$)		
INVESTMENT EXPERIENCE			INVESTMENT EXPERIENCE		
	YEARS	NO. OF TRANSACTIONS		YEARS	NO. OF TRANSACTIONS
<input type="checkbox"/> STOCKS			<input type="checkbox"/> STOCKS		
<input type="checkbox"/> OPTIONS			<input type="checkbox"/> OPTIONS		
<input type="checkbox"/> BONDS			<input type="checkbox"/> BONDS		
<input type="checkbox"/> COMMODITIES			<input type="checkbox"/> COMMODITIES		
INVESTMENT & OPTIONS KNOWLEDGE			INVESTMENT & OPTIONS KNOWLEDGE		
<input type="checkbox"/> NEW	<input type="checkbox"/> LIMITED	<input type="checkbox"/> GOOD	<input type="checkbox"/> EXTENSIVE	<input type="checkbox"/> PROFESSIONAL	<input type="checkbox"/> NEW
					<input type="checkbox"/> LIMITED
					<input type="checkbox"/> GOOD
					<input type="checkbox"/> EXTENSIVE
					<input type="checkbox"/> PROFESSIONAL

THIRD PARTY TRADING AUTHORIZATION	
1. HAVE YOU GRANTED TRADING AUTHORIZATION TO ANOTHER PARTY?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. IF "YES", PLEASE INDICATE THE RELATIONSHIP BETWEEN YOU AND YOUR AUTHORIZED TRADING AGENT (E.Q., INVESTMENT ADVISOR, FAMILY MEMBER, TRUSTEE, ETC.)	_____
3. IF THE AUTHORIZED AGENT IS AN INVESTMENT ADVISOR, PLEASE PROVIDE NAME OF THE ADVISOR OR THE ADVISORY FIRM	_____

INVESTMENT OBJECTIVES AND LEVEL OF OPTIONS APPROVAL REQUESTED	
ACCOUNT NUMBER	INVESTMENT OBJECTIVES (PLEASE MARK ALL THAT APPLY) <input type="checkbox"/> INCOME <input type="checkbox"/> GROWTH <input type="checkbox"/> TRADING <input type="checkbox"/> SPECULATION
REQUESTED LEVEL OF APPROVAL <input type="checkbox"/> COVERED CALL WRITING ONLY	<input type="checkbox"/> PURCHASE CALLS / PUTS AND COVERED CALL WRITING
ACCOUNT NUMBER	INVESTMENT OBJECTIVES (PLEASE MARK ALL THAT APPLY) <input type="checkbox"/> INCOME <input type="checkbox"/> GROWTH <input type="checkbox"/> TRADING <input type="checkbox"/> SPECULATION
REQUESTED LEVEL OF APPROVAL <input type="checkbox"/> COVERED CALL WRITING ONLY	<input type="checkbox"/> PURCHASE CALLS / PUTS AND COVERED CALL WRITING
ACCOUNT NUMBER	INVESTMENT OBJECTIVES (PLEASE MARK ALL THAT APPLY) <input type="checkbox"/> INCOME <input type="checkbox"/> GROWTH <input type="checkbox"/> TRADING <input type="checkbox"/> SPECULATION
REQUESTED LEVEL OF APPROVAL <input type="checkbox"/> COVERED CALL WRITING ONLY	<input type="checkbox"/> PURCHASE CALLS / PUTS AND COVERED CALL WRITING



FOR SCOTTRADE USE ONLY
If the Authorized Agent is an advisor, please indicate master account number below
MASTER ACCOUNT NUMBER

