

“邮件寄至”选择一项: 家庭住址, 公司地址, 邮政信箱

NEW ACCOUNT APPLICATION

I (We) would like to open a brokerage account with you ("my broker"). I understand that you have designated Ridge Clearing & Outsourcing Solutions, Inc. ("Clearing Firm") as your clearing firm.

ACCOUNT INFORMATION (NOTE: ALL INFORMATION MUST BE COMPLETED.) PLEASE TYPE OR PRINT

Account Information	ACCOUNT NAME Qiang Li 姓名	DATE OF BIRTH 1/31/1960 出生日期	SOCIAL SECURITY/TAX ID NUMBER	
	JOINT APPLICANT NAME MINOR IF CUSTODIAL ACCOUNT	DATE OF BIRTH	SOCIAL SECURITY/TAX ID NUMBER	
HOME ADDRESS 600 Huai Hai Xi Road, Apt. 205A 家庭住址		E-MAIL ADDRESS qiangli@buckmanbuckman.com 电子邮箱		
MAILING ADDRESS (if P.O. Box, customer's home address must also be provided)		MAIL TO <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> P.O. Box	<input type="checkbox"/> Joint <input type="checkbox"/> Minor 是否已婚	MARRIED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
JOINT APPLICANT'S ADDRESS (if different than primary account holder's address)		<input type="checkbox"/> U.S. Citizen <input checked="" type="checkbox"/> No	IF NO, WHAT COUNTRY? P.R.China	
HOME TELEPHONE 862188886666 家庭电话	BUSINESS TELEPHONE 雇主电话			
EMPLOYER Fudan University 雇主名称	YEARS EMPLOYED 10 受雇年数	POSITION Educator 职业类型		
BUSINESS ADDRESS 220 Han Dan Road, 雇主地址	CITY Shanghai 雇主所在城市	STATE	ZIP CODE 200493 邮政编码	
JOINT APPLICANT EMPLOYED BY:	POSITION	BUSINESS ADDRESS		

此3项请按次序参考开户指南详解第9-11页

HAVE YOU GRANTED TRADING AUTHORIZATION TO ANOTHER PARTY?
 Yes No If yes, request Trading Authorization Form and provide name of agent:

ARE YOU A DIRECTOR, A 10% SHAREHOLDER OR A POLICY-MAKING EXECUTIVE OFFICER OF A PUBLICLY TRADED COMPANY?
 Yes No If yes, name company: _____ I (We) promise to notify you of any change.

ARE YOU OR ANYONE AUTHORIZED TO TRADE IN YOUR ACCOUNT, AFFILIATED WITH OR WORK WITH OR WORK FOR A MEMBER FIRM OF A STOCK EXCHANGE OR FINRA?
 Yes No If yes, name of firm: _____

Bank Reference	NAME Bank of China 您开有银行账户的银行	TYPE OF ACCOUNT 流动资产	BRANCH AND ACCOUNT NUMBER
	NAME	TYPE OF ACCOUNT	BRANCH AND ACCOUNT NUMBER
Brokerage Reference	<input type="checkbox"/> Please send form to transfer my account from my current broker.		
Account Type	NAME OF FIRM 年收入: 参考开户指南详解第8页	BRANCH	总资产: 参考开户指南详解第8页
	<input checked="" type="checkbox"/> CASH (Customer Account Agreement on reverse side) <input type="checkbox"/> MARGIN (Request Margin Agreement) <input type="checkbox"/> Joint (Request Joint Account Agreement) <input type="checkbox"/> IRA/KEOGH <input type="checkbox"/> Estate (Furnish Court Appointment) <input type="checkbox"/> Trust (Trustee Certification Required) <input type="checkbox"/> Sole Proprietorship (Request Form) <input type="checkbox"/> Corporation (Request Form)		

此项请按次序参考开户指南详解的第12页

INVESTMENT OBJECTIVE	INVESTMENT EXPERIENCE	ANNUAL INCOME	LIQUID NET WORTH	TOTAL NET WORTH	RISK TOLERANCE
<input type="checkbox"/> Capital Preservation (05) <input type="checkbox"/> Income (04) <input type="checkbox"/> Growth (03) <input type="checkbox"/> Speculation (06) <input type="checkbox"/> Other (08)	<input type="checkbox"/> None (00) <input type="checkbox"/> Limited (01) <input type="checkbox"/> Good (02) <input type="checkbox"/> Extensive (03)	(from all sources) <input type="checkbox"/> Under \$25,000 (01) <input type="checkbox"/> \$25,000 to \$50,000 (02) <input type="checkbox"/> \$50,000 to \$100,000 (03) <input type="checkbox"/> Over \$100,000 (04)	(cash & liquid investments only) <input type="checkbox"/> Under \$50,000 (01) <input type="checkbox"/> \$50,000 to \$100,000 (02) <input type="checkbox"/> \$100,000 to \$500,000 (03) <input type="checkbox"/> Over \$500,000 (04)	(excluding residence) <input type="checkbox"/> Under \$50,000 (01) <input type="checkbox"/> \$50,000 to \$100,000 (02) <input type="checkbox"/> \$100,000 to \$500,000 (03) <input type="checkbox"/> Over \$500,000 (04)	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High TAX BRACKET %

Free Household Service
The householding service combines mailings of account statements, tax-related statements, proxies, prospectuses, annual reports, and other eligible documents for accounts within your household into one envelope.
Please select one of the following options:
 I want to utilize the householding service. (This option requires a Householding Authorization form to be completed.)
 I do not want to household this new account with any of my other accounts.

Free Dividend Reinvestment
Select whether or not you would like to have your dividends reinvested on all eligible securities. You can always change your selection later by calling your investment representative.
Please select one of the following options:
 Reinvest dividends on ALL eligible securities.
 Please do not reinvest any dividends. Pay dividends in cash to my money market account.

Service Instructions	SWEEP: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Margin	WHEN SECURITIES ARE SOLD: <input checked="" type="checkbox"/> Hold Proceeds (7) <input type="checkbox"/> Send Proceeds (8)	DIVIDENDS: <input checked="" type="checkbox"/> Hold (2) <input type="checkbox"/> Send (1)
	Specify, if other than Capital Assets Funds Portfolio (191)	WHEN SECURITIES ARE PURCHASED, THEY WILL BE HELD IN FIRM NAME	Contact your broker for frequency of "Send."

*In conjunction with "Hold Dividends," by selecting "Sweep" your credit balances will automatically be money market swept. Other alternatives for dividend distribution or requests for physical certificate delivery may be available. Contact your investment representative.

Direct Communication Rule 14b-1(c)
Rule 14b-1(c) of the Securities Exchange Act, unless you object, requires us to disclose to an issuer, upon its request, the names, addresses, and securities positions of our customers who are beneficial owners of the issuer's securities held by us in nominee name. The issuer would be permitted to use your name and other related information for corporation communication only. If you object to this disclosure check the box below.
 Yes, I do object to the disclosure of such information.

W-9 Certification
Under penalties of perjury, I certify that (1) The number shown on this form is my correct taxpayer identification number 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 (defined below). 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.
Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are: An individual who is a U.S. citizen or U.S. resident alien, A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, An estate (other than a foreign estate), or A domestic trust (as defined in Regulations section 301.7701-7).
The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withholding.

Signatures
I authorize my broker and/or Clearing Firm to obtain a consumer report at the time of application to verify my creditworthiness and to obtain a consumer report from time to time for updates, renewals, extensions, and collection activity on any approved account. Upon my written request, my broker and/or Clearing Firm will disclose to me whether it obtained a report, and if so, the name and address of the consumer-reporting agency that provided it. In the event that my account is denied by Clearing Firm, as a result of the consumer report verification, I authorize Clearing Firm to provide to my broker the reason(s) for such denial.
BY SIGNING THIS APPLICATION, I (WE) ACKNOWLEDGE THE FOLLOWING: (1) THAT, IN ACCORDANCE WITH PARAGRAPH #3 OF THE CUSTOMER ACCOUNT AGREEMENT, I (WE) AGREE IN ADVANCE TO ARBITRATE ANY CONTROVERSIES WHICH MAY ARISE BETWEEN OR AMONG ME (US), MY BROKER, AND/OR CLEARING FIRM, (2) RECEIPT OF A COPY OF THE CUSTOMER ACCOUNT AGREEMENT ON THE REVERSE SIDE OF THIS APPLICATION AND (3) THE INFORMATION PROVIDED ABOVE IS ACCURATE.

SIGNATURE	DATE	SIGNATURE OF JOINT APPLICANT	DATE
FOR JOINT ACCOUNTS BOTH PARTIES MUST SIGN FORM			
FOR OFFICE USE ONLY	FIRST TRADE DATE	DATE OPENED	MGR APPROVAL
	ACCOUNT NUMBER	CUSTOMER ID VERIFIED <input type="checkbox"/> Yes <input type="checkbox"/> No	(IB) REP. SIGNATURE