



BROKERAGE ACCOUNT APPLICATION FORM
INDIVIDUAL

INTERNAL USE ONLY

ACCT.#: _____

PRIMARY ACCOUNT HOLDER:

Client's Name: First _____ Middle _____ Last _____

Street Address: _____

Postal Address: _____ **City/Island:** _____

Employer: _____ **Position:** _____ **NIB #:** _____

Telephone #1: (Home) _____ **Telephone #2:** (Work) _____

Fax #: _____ **Email:** _____

D.O.B: MM ____ DD ____ YY ____ **Place of Birth:** _____ **Citizenship:** _____

Passport/ID #: _____ **Expiry Date:** MM ____ DD ____ YY ____ **Gender:** Male Female

Marital Status: Single Married Common Law Widowed Divorced Separated

Is any member of your household a control person (*Example: A person who can exercise power or has a controlling interest in a company*) in a publicly traded corporation?

Yes No *If YES, please specify the corporation:* _____

JOINT ACCOUNT HOLDER:

Client's Name: First _____ Middle _____ Last _____

Street Address: _____

Postal Address: _____ **City/Island:** _____

Employer: _____ **Position:** _____ **NIB #:** _____

Telephone #1: (Home) _____ **Telephone #2:** (Work) _____

Fax #: _____ **Email:** _____

D.O.B: MM ____ DD ____ YY ____ **Place of Birth:** _____ **Citizenship:** _____

Passport/ID #: _____ **Expiry Date:** MM ____ DD ____ YY ____ **Gender:** Male Female

Marital Status: Single Married Common Law Widowed Divorced Separated

Is any member of your household a control person (*Example: A person who can exercise power or has a controlling interest in a company*) in a publicly traded corporation?

Yes No *If YES, please specify the corporation:* _____

ADDITIONAL INFORMATION:**Purpose of Investment:** Retirement Educational Fund Personal Savings Other*

* Explain: _____

Initial Value of Portfolio: Less than \$50,000 \$51,000–\$250,000 \$250,000–\$500,000 \$500,000+**Source of Funds Deposited:** Salary Gift Accumulated Savings Inheritance Other*

* Explain: _____

Expected Level of Account Activity: 1-25 Transactions per yr 25-50 Transactions per yr 50+ Transactions per yr**Mail to be:** Sent via Email Retained by FG Capital Markets Ltd.**ACCOUNT IDENTIFICATION:**

Please provide us with a password, a question and an answer. This will be your identification as the account holder and allow us to execute transactions on your behalf. *(Please note that this password should not be given to anyone at any time.)*

Password: _____**Question:** _____

Answer: _____

SIGNATURES *(This allows any person below to give instructions without restrictions)*1. **Name:** _____ **Signature:** _____ Individually Jointly2. **Name:** _____ **Signature:** _____ Individually Jointly**REQUIRED ACCOUNT OPENING DOCUMENTATION**

- Application Form
- Photocopy of NIB Card (per signatory)
- Photocopy of valid passport per signatory — First 4 pages
- Photocopy of voters card or utility bill showing current address per signatory
- For non-residents, documents showing permanent residency with the unrestricted right to work

FOR OFFICAL USE ONLY**Approved by:** _____ **Date:** _____ **Acct #:** _____ **Cust. ID Verified:** Yes No



FG CAPITAL MARKETS
BROKERAGE & ADVISORY SERVICES

ACCOUNT INSTRUCTION AGREEMENT

I/We the undersigned agree to provide instructions as an authorized signatory to FG Capital Markets Limited via telephone, fax, e-mail or any other method deemed appropriate by FG Capital Markets Limited, without instructions being duly confirmed in writing. Therefore, this signed document allows FG Capital Markets Limited to process transactions sent via any of the above mentioned mediums without liability in any form to FG Capital Markets Limited or its employees.

I/We the undersigned confirm that the above information is true and that all transactions via the above mentioned mediums are authorized to be processed by FG Capital Markets Limited on my behalf. I/We agree and acknowledge receipt of the terms and agreements of the brokerage account and fees governing this said account.

SIGNATURES

Primary Signature

Date

Joint Signature

Date

Witness

Date



VERIFICATION OF IDENTITY FORM
INDIVIDUAL

INTERNAL USE ONLY

ACCT.#: _____

KNOW YOUR CUSTOMER — KYC DETAILS:

Existing Business (Policy #s): _____

Purpose of Contract: Individual Life Insurance Annuity Deposits Other: _____

Client's Name: First _____ Middle _____ Last _____

Street Address: _____

Postal Address: _____ **City/Island:** _____

Employer: _____ **Position:** _____ **NIB #:** _____

Telephone #1: (Home) _____ **Telephone #2:** (Work) _____

Fax #: _____ **Email:** _____

D.O.B: MM _____ DD _____ YY _____ **Place of Birth:** _____ **Citizenship:** _____

IDENTIFICATION PROVIDED:

Passport #: _____ **Voter's Card #:** _____

Photo Driver's License #: _____ **NIB #:** _____

SOURCE OF FUNDS:

Salary **Pension** **Savings Accumulation** **Sale of Assets (describe):** _____

Business Profits (describe): _____

Other (describe): _____

Expected Dollar Value of Annual Transactions with the Company:

For Annuities, Annual Contributions: \$1,000–\$20,000 \$20,001–\$100,000 \$100,000+

For Life Insurance Policies indicate annual premium: _____

The undersigned declares to the best of his/her knowledge and belief that the above statements are complete and true. The undersigned grants FG Capital Markets Limited the authority to obtain independent verification of any information provided herein. The undersigned confirms that all credits to this plan are and will be beneficially owned by the company and or the pensioners. The undersigned confirms that he/she has produced valid verification of identity as prescribed by the Financial Transactions Reporting Act, 2000.

Signature: _____ **Date:** _____

Witness: _____ **Date:** _____

Agent's Name: _____ **Agent's #:** _____ **Office:** _____