

Member NYSE & SIPC • Established 1967

Offices located in:

Beverly Hills, CA
1-800-995-7880

Ft. Lauderdale, FL
1-888-401-5486

New York, NY
1-800-USA-0711

Boca Raton, FL
1-800-SAVE-FLA

Jersey City, NJ
1-800-559-9193

Palm Beach, FL
1-800-909-4503

Fremont, CA
1-888-366-6630

Naples, FL
1-800-293-3891

Surfside, FL
1-800-773-2980

ACCOUNT APPLICATION

Please complete the form below and sign on the back. If you have any questions, please call **1-800-872-0711**

1. ACCOUNT REGISTRATION

- Joint/WROS Individual Estate* Corporate* Other (please specify)
 Joint Ten In Common Custodian Partnership* Trust *

*Additional documents required - Please call if you have any questions or need additional forms

Account Title:

Mr. Mrs. Ms. _____ SS# or TIN _____

Mr. Mrs. Ms. _____ SS# or TIN _____

Mr. Mrs. Ms. _____ E-Mail Address: _____

Account Holder Name: (Primary Applicant)		Joint Account Holder Name: (If Applicable)	
Your Mailing Address:		Your Mailing Address:	
City/State:	Zip:	City/State:	Zip:
Your Legal Address: (If Mailing Address is Different, or if Mailing Address is a P.O. Box)		Your Legal Address: (If Mailing Address is Different, or if Mailing Address is a P.O. Box)	
City/State:	Zip:	City/State:	Zip:

2. APPLICANT INFORMATION

(All Information Kept In Strict Confidence)

PRIMARY APPLICANT

JOINT APPLICANT

TELEPHONE NUMBER	Day:	Evening:	Day:	Evening:	
	Month:	Day:	Year:	Month:	Day:
DATE OF BIRTH	<input type="checkbox"/> USA <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien* <small>*If Non-Resident, Indicate Country: _____ *W-8 Certification Needed</small>		<input type="checkbox"/> USA <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien* <small>*If Non-Resident, Indicate Country: _____ *W-8 Certification Needed</small>		
CITIZENSHIP					
NAME OF EMPLOYER					
TYPE OF BUSINESS					
OCCUPATION/TITLE					
EMPLOYER ADDRESS					
NAME OF BANK					
CITY AND STATE					
ACCOUNT NUMBER					

3. PLEASE ANSWER THE FOLLOWING:

- | | | | | |
|---|--------------------------------------|------------------------------------|--|--|
| OVERALL INVESTMENT OBJECTIVE: | FED. INCOME TAX BRACKET: | INVESTMENT EXPERIENCE: | ANNUAL INCOME: | LIQUID NET WORTH: |
| <input type="checkbox"/> Capital Preservation | <input type="checkbox"/> 15% | <input type="checkbox"/> None | <input type="checkbox"/> Under \$15,000 | <input type="checkbox"/> Under \$15,000 |
| <input type="checkbox"/> Income | <input type="checkbox"/> 28% | <input type="checkbox"/> Limited | <input type="checkbox"/> \$15,000-\$34,999 | <input type="checkbox"/> \$15,000-\$34,000 |
| <input type="checkbox"/> Growth | <input type="checkbox"/> 36% | <input type="checkbox"/> Good | <input type="checkbox"/> \$35,000-\$49,999 | <input type="checkbox"/> \$35,000-\$49,999 |
| <input type="checkbox"/> Speculation | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Extensive | <input type="checkbox"/> \$50,000-\$99,999 | <input type="checkbox"/> \$50,000-\$99,000 |
| | | | <input type="checkbox"/> \$100,000+ | <input type="checkbox"/> \$100,000+ |

Number of Dependents: _____

Do you maintain any accounts at any other Brokerage Firms? Yes* No

*If yes, Brokerage Firm Name: _____ IRA Custodian Name: _____

Do you work for a Member Firm or Exchange? No Yes name of company _____

Are you a Director or 10% Shareholder or Policy-making Officer of a Publicly Traded Company? No Yes name of company _____

FOR OFFICE USE ONLY

Account Number: _____

Principal Approval Cash: _____ Date: _____ Margin: _____ Date: _____

- Cash MGN FIA REF

4. ACCOUNT HANDLING INSTRUCTIONS:

Muriel Siebert & Co Inc will automatically hold all securities, dividends and interest unless otherwise indicated below.

- Send my certificates Send my sales proceeds Send my dividends and interest

If applicable please sweep my cash balance into one of the following Capital Reserve Money Market Fund: (Prospectus to follow)

- Money Market Portfolio U. S. Government Portfolio Municipal Money Market Portfolio

State tax-free portfolios are also available for residents of selected states. Please ask a Siebert representative if you need more information.

5. ADDITIONAL INFORMATION:

I prefer to work with the Siebert office in:

- Beverly Hills Boca Raton Fremont Ft. Lauderdale Jersey City Naples New York Palm Beach Surfside

Commission Schedule:

Please choose a commission schedule that will apply to all trades in your account. Each schedule is explained in detail in our brochure, or you can call the New Accounts Department for assistance in determining which is best for you.

- Share Rates Value Rates Internet Rates

Please send me the following additional forms:

- Account Transfer Form IRA Application Option Agreement Other _____

I/we heard about Muriel Siebert & Co., Inc. from:

- CNBC Kiplingers SmartMoney For my financial information, I rely mostly on:
 CNNfn Investor s Business Daily Other: (describe) _____
 WFNInvest.com Barron's _____

Please send me information on the following products:

- Mutual Funds Municipal Bonds Other: (specify) _____
 Government Securities New Issue Securities _____

6. OPTIONAL SERVICES:

PLEASE COMPLETE THIS SECTION IF YOU WOULD LIKE THESE OPTIONAL SERVICES:

***FREE CHECKING:**
NO PER CHECK MINIMUM
NO PER CHECK FEE

- Yes, I would like checking privileges with my name(s) as indicated on my Account Registration in section I above.
 Please require one signature. Please require two signatures.
 Please include my/our address as indicated on my Account Registration in section I above.

All account holders authorized to write checks must sign the signature card attached below.

***VISA DEBIT CARD**

- Yes, I would like to order a VISA debit card. I have indicated the account holder(s) to whom a debit card should be issued (names will appear as written on my Account Registration). Cards will be mailed to my legal address. This service carries an annual fee of \$60.00
 Account Holder Joint Account Holder

Note: Only individual and joint registrations are eligible for the debit card feature.

*Free Checking Account and VISA Debit Card Require a Minimum "Initial" Deposit of \$5,000.

7. PLEASE READ AND SIGN BELOW:

This account is subject to the arbitration rules of the New York Stock Exchange, Inc. or National Association of Securities Dealers, Inc. Arbitration is used to resolve a dispute between two parties. Because controversies involving brokerage firms often involve complicated issues, arbitration forums were conceived by the Securities and Exchange Commission, the New York Stock Exchange, Inc. and the National Association of Securities Dealers, Inc. to provide an alternative dispute resolution mechanism for investors which is usually more efficient and less costly than court litigation. I am aware of the following:

Arbitration is final and binding on the parties. The parties are waiving their right to seek remedies in court, including the right to jury trial. Pre-arbitration discovery is generally more limited than and different from court proceedings. The arbitrators' award is not required to include factual findings or legal reasoning and any party's right to appeal or to seek modification of rulings by the arbitrators is strictly limited. The panel of arbitrators will typically include a minority of arbitrators who were or are affiliate with the securities industry. No person shall bring a putative or certified class action to arbitration, nor seek to enforce any pre-dispute arbitration agreement against any person who has initiated in court a putative class action; who is a member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative class action until:

- (I) the class certification is denied;
 (II) the class is decertified; or
 (III) the customer is excluded from the class by court

Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this agreement except to the extent stated herein.

I AGREE THAT ALL CONTROVERSIES THAT MAY ARISE BETWEEN US CONCERNING ANY ORDER OR TRANSACTION OR THE CONTINUATIONS, PERFORMANCE OR BREACH OF THIS OR ANY OTHER AGREE-

- CHECK HERE IF YOU WOULD LIKE TO BE APPROVED OR ELIGIBLE FOR MARGIN TRANSACTIONS.**

YOU ARE HEREBY AUTHORIZED TO LEND SEPARATELY, OR WITH THE PROPERTY OF OTHERS, EITHER TO YOURSELVES OR TO OTHERS, ANY PROPERTY YOU MAY BE CARRYING FOR ME ON MARGIN. THIS AUTHORIZATION APPLIES TO ALL MY ACCOUNTS YOU CARRY AND SHALL REMAIN IN FORCE UNTIL YOU RECEIVE WRITTEN NOTICE OF REVOCATION AT MURIEL SIEBERT & CO., INC.

I REPRESENT THAT I HAVE READ THE TERMS AND CONDITIONS OF THE CUSTOMER AGREEMENT AND ANY ELECTRONIC SERVICE AGREEMENT IF APPLICABLE, AS CURRENTLY IN EFFECT AND AGREE TO BE BOUND BY SUCH TERMS AND CONDITIONS AS CURRENTLY IN EFFECT AND AS MAY BE AMENDED FROM TIME TO TIME. THIS ACCOUNT IS GOVERNED BY A PRE-DISPUTE ARBITRATION CLAUSE WHICH IS ENCLOSED. I ACKNOWLEDGE THAT I HAVE READ THE ABOVE PRE-ARBITRATION CLAUSE.

 X
Your Signature

Date

 X
Joint Signature (if applicable)

Date

Complete *only* if you are requesting checkwriting privileges.



CHECKWRITING SIGNATURE CARD

Please use only blue or black ink when completing the signature card

NAME AND ADDRESS

(as they appear on your application)

AUTHORIZED SIGNATURES

1 _____

Please indicate the number of signatures required on all (checks If neither box is checked only one signature will be required

One must sign Two must sign

Please indicate if this is a:

New Account
 Change to existing account (please complete sections 1, 6 and 7)

3 _____

2 _____

4 _____

ALL ACCOUNT HOLDERS AUTHORIZED TO WRITE CHECKS MUST SIGN THIS SIGNATURE CARD.

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