

NEW ACCOUNT APPLICATION

Location	RR & Account Numbers	Branch	Account Type:	Date Opened
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Account Information

Account Name <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> MS <input type="checkbox"/> INSTITUTIONAL	Social Security or Tax I.D. number
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Joint Account Name or Name of Minor if Custodial Account (Please indicate <input type="checkbox"/> Joint Account or <input type="checkbox"/> Minor) <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> MS	Joint Holder's or Minor's Relationship to Primary Account Holder?	Joint Account Holder Social Security # or Minor's Social Security Number
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Primary's DOB	Primary's Citizenship	Non - Resident Alien for Primary? <input type="checkbox"/> Yes (W-8 Required)	Joint/Minor's DOB	Joint/Minor's Citizenship	Non -Resident Alien for Joint/Minor? <input type="checkbox"/> Yes (W-8 Required)
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Home Telephone Number	Business/Cell Phone Number	E-Mail Address	Are you affiliated with or work for a member firm of a stock exchange or the NASD, Inc., or are you a senior officer of a bank, S&L, insurance company, registered advisory firm or other like account or a person in the securities department of any of the above or an immediate family member of any such person? <input type="checkbox"/> Yes <input type="checkbox"/> No Position: _____
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Legal Address (P.O. Box not acceptable)			Are you a director, a 10% shareholder, or a policy-making executive officer of a publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No Company
City	State	Zip Code	

Mailing Address (if different from legal address):	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">INSTITUTIONAL ACCOUNTS</th> </tr> <tr> <td style="width: 50%;">Name(s) and Title(s) of Person(s) Authorized to Open Account:</td> <td style="width: 50%;"></td> </tr> <tr> <td>Name(s) and Title(s) of Person(s) Authorized to Enter Orders:</td> <td></td> </tr> </table>	INSTITUTIONAL ACCOUNTS		Name(s) and Title(s) of Person(s) Authorized to Open Account:		Name(s) and Title(s) of Person(s) Authorized to Enter Orders:	
INSTITUTIONAL ACCOUNTS							
Name(s) and Title(s) of Person(s) Authorized to Open Account:							
Name(s) and Title(s) of Person(s) Authorized to Enter Orders:							

Marital Status **Dependents**

<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Total Dependents: _____ Ages of Dependents: _____
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Employment Information *(For Personal Accounts only. If self-employed, state nature of business.)*

Employed By	Occupation (or Retired/Student)	Joint Account Holder Employed By	Occupation (or Retired/Student)
Business Address		Business Address	

Investment Profile *(This information is mandatory. Please use combined figures, if joint account)*

Investment Objectives (Check One) <i>(see page 3 for definitions of Investment Objectives and Risk Tolerance)</i> <input type="checkbox"/> Preservation of Capital <input type="checkbox"/> Income <input type="checkbox"/> Capital Appreciation/Growth <input type="checkbox"/> Speculation	Risk Tolerance (Check One) <input type="checkbox"/> Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Aggressive	Tax Bracket _____%	Knowledge & Experience	None	Limited	Average	Extensive	# of Years
<input type="checkbox"/> Internal Use Only Investment Code _____			Stocks/Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A Preservation of Capital + Conservative B Preservation of Capital + Moderate C Income + Conservative D Income + Moderate E Capital Appreciation/Growth + Conservative			Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F Capital Appreciation/Growth + Moderate G Capital Appreciation/Growth + Aggressive H Speculation + Aggressive			UIT's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Commodities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Check Appropriate Boxes	\$0 - \$49,999 (A)	\$50,000 - \$99,999 (B)	\$100,000 - \$199,999 (C)	\$200,000 - \$499,999 (D)	\$500,000 - 999,999 (E)	\$1,000,000 - \$2,499,999 (F)	\$2,500,000 or More (G)
Annual Income (all sources)							
Liquid Net Worth							
Net Worth (excluding residence)							

Do you have any accounts at other Brokerage Firms? Yes No (if yes, please indicate what firm or firms): _____

Please have the client(s) sign and date the following statement should any part of the Investment Profile be declined to be completed:

Client declines to provide financial data. Client acknowledges and accepts responsibility for the fact that failure to provide such data will impair broker dealer's ability to make recommendations that it believes are suitable for client based on client's financial situation and needs.

Primary Account Holder *(I decline to provide financial data)* _____ Date _____ Joint Account Holder *(I decline to provide financial data)* _____ Date _____

THE SECOND PAGE OF THIS APPLICATION MUST BE SIGNED BY ALL ACCOUNT HOLDERS

Margin

All qualified accounts are opened as margin accounts. Margin trading entails greater risk and is not suitable for all investors. If the market value of eligible securities in your account declines, you may be required to deposit more money or eligible securities in order to maintain your line of credit. By signing below, I acknowledge that I have received and read the General Account Agreement and Disclosure Document and Statement of Interest Charges and Margin Account Policy documents.

I/we decline margin privileges. Please open my account as a cash account only. I understand that I will not have overdraft protection.

Banking Reference
Bank/Branch _____ City _____ State _____ Account Number _____

Account Type
Type of Account to be Opened
 Cash Margin Option (Option Agreement required)

Type of Account Ownership:
 Individual Roth Contributory IRA Partnership (include partnership agreement) Trust (include copy of trust)
 Joint TWROS Roth Conversion IRA Investment Club (include inv club agreement) Advisor or Outside Managed (include inv. advisory letter)
 Joint TIC Educational IRA Association or Non-Corporate Organization Pension/Profit Sharing
 Individual IRA Keogh Corporation (Include Corporate Resolution) Other: _____
 SEP IRA Custodian ERISA
 Simple IRA Estate (include estate papers)

Householding (Statements and Online Accounts) **On Line Access**
Statement Householding? Yes No Online Householding? Yes No Is this account to be set up with Online Access? Yes No

Transfer On Death (TOD)
Is this account to be set up as a Transfer on Death (TOD)? Yes No IF yes, please provide the TOD Agreement

Service Instructions

When Buying Securities <input type="checkbox"/> Deliver in Client Name <input type="checkbox"/> Hold Certificates	When Selling Securities (choose one) <input type="checkbox"/> Issue Check on Settlement of Trade <input type="checkbox"/> Purchase/Redeem Reserve Fund _____ RID (Reserve Insured Deposit) _____ RTE (Tax Exempt) <input type="checkbox"/> Purchase/Redeem Cortland Money Market _____ COG _____ COM _____ COR <input type="checkbox"/> Purchase/Redeem Federated Money Market _____ PCS _____ MCS _____ GCS _____ TCS	Cash Dividends/Interest <input type="checkbox"/> Mail Check <input type="checkbox"/> Monthly <input type="checkbox"/> Semi - Monthly <input type="checkbox"/> Sweep to Money Market Fund
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Advisors Information

CPA's Information (please complete below)			Attorney's Information (please complete below)		
Name _____			Name _____		
Address _____			Address _____		
Phone _____	E-Mail _____	May I contact your CPA <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone _____	E-Mail _____	May I contact your Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No

Joint Account Ownership
It is the express intention of the undersigned that ownership of this account be vested in them as (check one):

Joint tenants with rights of survivorship and not as tenants in common or as tenants by the entirety. In the event of the death of either or any of the undersigned, the entire interest in the Joint Account shall be vested in the survivor or survivors on the same terms and conditions as theretofore held, without in any manner releasing the undersigned or their estates from the liability provided for in this Agreement.

Tenants in common. In the event of the death of either or any of the undersigned, the interests in the tenancy shall be equal unless otherwise specified immediately below.

If tenants in common, if interests are not to be equal, designate the percentage interest of each tenant.

Name _____	% _____	Name _____	% _____
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State Issued ID Information **Institutional Verification**

Type of Government Picture ID Enclosed <input type="checkbox"/> Driver's License License Number: _____ <input type="checkbox"/> Passport <input type="checkbox"/> Military ID State of Issue: _____ <input type="checkbox"/> Other: _____	Type of document provided <input type="checkbox"/> Registered Articles of Incorporation <input type="checkbox"/> Trust Instrument <input type="checkbox"/> Valid Business License <input type="checkbox"/> Certified Copy of Corporate Resolution <input type="checkbox"/> Partnership Agreement
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Certification

A. Under the penalties of perjury, I certify that (check all that apply):
 I am a U.S. Person (including a U.S. Resident Alien).
 The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding either because 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 the IRS has notified me that I am no longer subject to backup withholding.
 The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and I am subject to backup withholding.

B. No I do not want my name, address and securities positions disclosed to all the companies in which I own securities that are being held for me in this account.

C. If this account is being operated by a person other than the owner, a POWER of ATTORNEY giving authorization must be attached.

D. I have reviewed the information contained on this application and attest to the accuracy thereof.

E. THE PRODUCTS OFFERED INVOLVE INVESTMENT RISK INCLUDING THE POSSIBLE LOSS OF PRINCIPAL.

F. I have received a copy of the CLIENT ACCOUNT AGREEMENT and agree to the terms and conditions thereof. By signing below, the customer acknowledges receiving a copy of this agreement.

G. I have received a copy of the Schedule of Fees. I understand that the fee schedule may change from time to time and I agree to be bound by such changed fee schedule.

H. I/WE UNDERSTAND THAT THE CLIENT ACCOUNT AGREEMENT PROVIDED TO ME/US CONTAINS IN NUMBERED PARAGRAPH 22, A PRE-DISPUTE ARBITRATION CLAUSE REQUIRING ALL DISPUTES UNDER THIS AGREEMENT TO BE SETTLED BY BINDING ARBITRATION. BY SIGNING BELOW I/WE ACKNOWLEDGE THAT I/WE HAVE RECEIVED A COPY OF THIS AGREEMENT.

_____ Signature - Primary Account Holder	_____ Date	_____ Signature - Joint Account Holder	_____ Date
_____ Registered Representative	_____ Date	_____ Supervisory Principal	_____ Date