

Business Account Application



Return Options:

Electronically via Message Center:

Log in and go to Client Services > Message Center to attach the file

Regular Mail:

PO Box 2760, Omaha, NE 68103-2760

Overnight Mail:

200 South 108th Avenue
Omaha, NE 68154-2631

Fax: 866-468-6268

Questions? Call a New Accounts representative at 800-276-8746.

Please visit us at www.tdameritrade.com for more information about opening an account.

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Type of Account

Please select only one. Additional paperwork may be required.

- ☐ C Corporation ☐ Foreign Corporation ☐ Sole Proprietorship (*proof of filing of assumed name is required*)
☒ S Corporation ☐ Non-Incorporated Organization ☐ Nonprofit/Charitable Organization

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Funding Your Account

Please consult the TD Ameritrade Account Handbook for funding guidelines.

I will be funding with

- ☐ A check. **Please make check payable to TD Ameritrade Clearing, Inc.**
☒ A wire transfer to be initiated after account opening. Please contact TD Ameritrade prior to initiating the wire transfer.
☐ A transfer of assets from an existing account. Please complete and include an Account Transfer Form and a copy of your most recent statement.
☐ A transfer from an existing TD Ameritrade account. Please complete and include an Internal Transfer Form.
☐ Stock certificates. Please contact TD Ameritrade prior to submitting certificates. **We will require a completed Entity Authorized Agent Form if you are funding this account with physical stock certificates.**

3

Entity Information

Title of Entity:

Veratex, Inc.

Tax ID Number:

U.S. Social Security Number:

Date of Formation:

1 3 - 2 8 0 4 1 4 8 OR 0 1 0 1 1 9 7 6

Name Prefix (*optional*): ☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Please provide a contact name (this is for mailing purposes only)

First Name:

Middle Name:

Last Name:

Claude

Simon



Section 3, Entity Information Continued

*Business Address: (no PO box or mail drop)

71 Tonjes Road

City:	State:	Zip Code:	Country:
Callicoon	NY	1 2 7 2 3	USA

*Mailing Address: (if different from above)

City:	State:	Zip Code:	Country:

Primary Phone number:

☐ Check here if this is not a U.S. phone number

2 1 2 6 8 3 9 3 0 0

Secondary Phone number:

☐ Check here if this is not a U.S. phone number

9 1 2 4 4 1 0 0 6 2

Fax number:

2 1 2 8 8 9 5 5 3 7

Email (required for electronic delivery of your account statement and trade confirmations):

csimon@fairlane.biz

☒ U.S. Entity

☐ * Foreign Entity - Country of Formation:
(complete appropriate Form W-8)

State/Province of Formation: Meeting/Resolution Date:

New York

Type of Business: (Please choose from the list provided on Page 15 the industry of occupation code that most accurately describes your situation.)

M11

In the space provided, please describe how your entity generates income:

Manufacture and sale of textiles.

Is this a Pooled Asset Vehicle?

☐ Yes ☒ No

If this entity is a publicly traded company,
please specify the stock symbol:

*If a U.S. address is listed for a Foreign Entity, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library: <https://www.tdameritrade.com/form-library>.

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Affiliations

☐ Check here if any Officer, their spouse, any member of their immediate family living in the same household, including parents, in-laws, siblings, and dependents is a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company. Specify the name of the affiliated person/Officer, the company name, ticker symbol, address, city, and state:

☐ Check here if any Officer, their spouse, any member of their immediate family living in the same household, including parents, in-laws, siblings, and dependents is licensed, employed by or associated with a broker-dealer firm, a financial services regulator, securities exchange, or member of a securities exchange. If this affiliated entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this application). Specify the name of the affiliated person/Officer:

☐ Check here if any Officer, their spouse, any member of their immediate family, including parents, in-laws, siblings, and dependents is, or is employed by, a federal or state registered Investment Advisor. Specify the name of the affiliated person/Officer and Investment Advisor company name:

☐ Check here if any Officer, their spouse, any member of their immediate family, including parents, in-laws, siblings, and dependents is using a license in a professional sale or trading capacity. Specify the name of the affiliated person/Officer:

5

Authorized Agent Compensation

☐ Check here if any Authorized Agent (unaffiliated with the entity) is being compensated for providing investment advice, placing trades, or otherwise managing the account.

6

President or Sole Proprietor Information

☒ Check here if this is a domestic entity and this person owns 25% or more.

☐ Check here if this is a foreign entity and this person owns 10% or more.

☐ I am the sole officer.

Name Prefix (optional): ☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Please provide
your full legal
name

First Name:

Claude

Middle Name:

Last Name:

Simon

Date of Birth:

0 3 - 0 5 - 1 9 5 6

Number of Dependents:

0 3

U.S. Social Security Number:

1 0 6 - 5 0 - 1 1 5 8

Home Address: (no PO box or mail drop)

71 Tonjes Road

City:

Callicoon

State:

NY

Zip Code:

1 2 7 2 3

Country:

US

Please specify if you are:

☐ Employed ☐ Unemployed ☐ Retired ☐ Homemaker ☐ Student ☐ Self-Employed

Employer Name (If Self-Employed, provide the name of your business):

Veratex, Inc.

Please choose from the list provided on page 15 the occupation code and industry of occupation code that most accurately describes your situation.

Occupation Code: B51

Industry of Occupation Code: M11

Employer Address:

71 Tonjes Road

City:

Callicoon

State:

NY

Zip Code:

1 2 7 2 3

Country:

US

☐ Check here if you are **NOT** a U.S. citizen.

Country of Citizenship:

Country of Dual/Secondary Citizenship (if applicable):

Country of Birth:

USA

Non-U.S. citizens*: Do you hold a current U.S. immigration visa? ☐ Yes ☐ No

Specify visa type:

Visa Number:

Expiration:

*Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement.

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Vice President Information

☐ Check here if this is a domestic entity and this person owns 25% or more.

☐ Check here if this is a foreign entity and this person owns 10% or more.

Name Prefix (optional): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Please
provide your
full legal
name

First Name:

Middle Name:

Last Name:

Date of Birth:

Number of Dependents:

U.S. Social Security Number:

_____|_____|_____|_____|_____|_____|

_____|_____|

_____|_____|_____|-_____|_____|_____|

Home Address: (no PO box or mail drop)

City:

State:

Zip Code:

Country:

Please specify if you are:

☐ Employed ☐ Unemployed ☐ Retired ☐ Homemaker ☐ Student ☐ Self-Employed

Employer Name (If Self-Employed, provide the name of your business):

Please choose from the list provided on page 15 the occupation code and industry of occupation code that most accurately describes your situation.

Occupation Code:

Industry of Occupation Code:

Employer Address:

City:

State:

Zip Code:

Country:

☐ Check here if you are **NOT** a U.S. citizen.

Country of Citizenship:

Country of Dual/Secondary Citizenship (if applicable):

Country of Birth:

Non-U.S. citizens*: Do you hold a current U.S. immigration visa? ☐ Yes ☐ No

Specify visa type:

Visa Number:

Expiration:

_____|_____|_____|_____|_____|_____|

_____|_____|_____|_____|_____|_____|

_____|_____|_____|_____|_____|_____|

*Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement.

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Treasurer Information

- ☐ Check here if this is a domestic entity and this person owns 25% or more.
☐ Check here if this is a foreign entity and this person owns 10% or more.

Name Prefix (optional): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Please
provide your
full legal
name

First Name: Middle Name: Last Name:

Date of Birth: Number of Dependents: U.S. Social Security Number:

Home Address: (no PO box or mail drop)

City: State: Zip Code: Country:

Please specify if you are:

- ☐ Employed ☐ Unemployed ☐ Retired ☐ Homemaker ☐ Student ☐ Self-Employed

Employer Name (If Self-Employed, provide the name of your business):

Please choose from the list provided on page 15 the occupation code and industry of occupation code that most accurately describes your situation.

Occupation Code: Industry of Occupation Code:

Employer Address:

City: State: Zip Code: Country:

☐ Check here if you are **NOT** a U.S. citizen. Country of Citizenship:

Country of Dual/Secondary Citizenship (if applicable): Country of Birth:

Non-U.S. citizens*: Do you hold a current U.S. immigration visa? ☐ Yes ☐ No

Specify visa type: Visa Number: Expiration:

*Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement.

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Control Person (Required)

Control Person means a single individual with significant responsibility to control, manage, or direct a legal entity customer, including an executive officer or senior manager (for example, a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer); or any other individual who regularly performs similar functions.

☒ Check here if this is a domestic entity and this person owns 25% or more.

☐ Check here if this is a foreign entity and this person owns 10% or more.

*The Control Person will not be an authorized agent on this account unless they fill out Section 6, 7 or 8 and sign in Section 19.

Name Prefix (optional): ☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Please
provide your
full legal
name

First Name: **Claude** Middle Name: Last Name: **Simon**

☒ Check here if you have already provided your contact information above in sections 6, 7, and 8.

Home Address: (no PO box or mail drop)

City: State: Zip Code: Country:

Date of Birth: U.S. Social Security Number:

☐ Check here if you are **NOT** a U.S. citizen.

Country of Citizenship:

Country of Dual/Secondary Citizenship (if applicable):

Country of Birth:

Non-U.S. citizens*: Do you hold a current U.S. immigration visa? ☐ Yes ☐ No

Specify visa type:

Visa Number:

Expiration:

*Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement.

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Beneficial Owners

This section should be completed by only beneficial owners that are not already listed in section 6, 7, and 8.

Beneficial Owner means each individual, if any, who, directly or indirectly, owns 25% or more of the equity interest of a legal entity customer (10% or more if the legal entity customer is foreign).

Beneficial Owner #1

Name Prefix (optional): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Please
provide your
full legal
name

First Name: Middle Name: Last Name:

Home Address: (no PO box or mail drop)

City: State: Zip Code: Country:

Section 10, Beneficial Owners Continued

Date of Birth:

U.S. Social Security Number:

☐ Check here if you are **NOT** a U.S. citizen.

Country of Citizenship:

Country of Dual/Secondary Citizenship (if applicable):

Country of Birth:

Non-U.S. citizens*: Do you hold a current U.S. immigration visa? ☐ Yes ☐ No

Specify visa type:

Visa Number:

Expiration:

*Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement.

Beneficial Owner #2

Name Prefix (optional): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Please
provide your
full legal
name

First Name:

Middle Name:

Last Name:

Home Address: (no PO box or mail drop)

City:

State:

Zip Code:

Country:

Date of Birth:

U.S. Social Security Number:

☐ Check here if you are **NOT** a U.S. citizen.

Country of Citizenship:

Country of Dual/Secondary Citizenship (if applicable):

Country of Birth:

Non-U.S. citizens*: Do you hold a current U.S. immigration visa? ☐ Yes ☐ No

Specify visa type:

Visa Number:

Expiration:

*Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement.

Section 10, Beneficial Owners Continued

Beneficial Owner #3

Name Prefix (optional): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Please
provide your
full legal
name

First Name:

Middle Name:

Last Name:

Home Address: (no PO box or mail drop)

City:

State:

Zip Code:

Country:

Date of Birth:

U.S. Social Security Number:

☐ Check here if you are **NOT** a U.S. citizen.

Country of Citizenship:

Country of Dual/Secondary Citizenship (if applicable):

Country of Birth:

Non-U.S. citizens²: Do you hold a current U.S. immigration visa? ☐ Yes ☐ No

Specify visa type:

Visa Number:

Expiration:

²Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement.

Beneficial Owner #4

Name Prefix (optional): ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Rev.

Please
provide your
full legal
name

First Name:

Middle Name:

Last Name:

Home Address: (no PO box or mail drop)

City:

State:

Zip Code:

Country:

Date of Birth:

U.S. Social Security Number:

☐ Check here if you are **NOT** a U.S. citizen.

Country of Citizenship:

Country of Dual/Secondary Citizenship (if applicable):

Country of Birth:

Non-U.S. citizens²: Do you hold a current U.S. immigration visa? ☐ Yes ☐ No

Specify visa type:

Visa Number:

Expiration:

²Nonresident aliens must submit a copy of a current passport, and a copy of a bank or brokerage statement.

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Trade Confirmations and Account Statements

I understand that I will receive monthly account statements and trade confirmations electronically, unless I make a selection below. If I do not provide a valid email address, I will receive a quarterly paper statement or a monthly paper statement. Certain types of accounts or activity (such as options trading) require a monthly statement, either electronically or via U.S. mail. I will be responsible for any fees that apply. Accounts with a total liquidation value of \$10,000 or an average of five trades per month over a three-month period are eligible to receive free paper statement and confirmation delivery.

If I elect to receive either electronic statements or electronic confirmations, I will receive shareholder information electronically when available.

Account statement:

☒ Electronic Monthly ☐ Paper Monthly (\$2 fee may apply each month) ☐ Paper Quarterly (\$2 fee may apply each quarter)

Trade Confirmation:

☒ Electronic ☐ Paper

☐ Unless I have checked this box, TD Ameritrade will provide my name to corporations whose securities I hold in my account for the purpose of additional corporate communications.

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Offer Code (Optional)

By entering an offer code in this field, you represent and warrant that you have read and agree to the applicable Offer Terms & Conditions. If the offer code you enter is invalid, no offer will be applied to your account. If you have questions regarding offer codes, please call 1-800-454-9272.

Offer Code: _____

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Trusted Contact (Optional)

By completing this section, you authorize TD Ameritrade to contact the person(s) named below for the following reasons: if there are questions or concerns about my whereabouts or health status; if TD Ameritrade suspects that I may be a victim of fraud or financial exploitation; if TD Ameritrade suspects that I might no longer be able to handle my financial affairs; to confirm the identity of any legal guardian, executor, trustee, authorized trader, or holder of a power of attorney; or if TD Ameritrade has any other concerns or is unable to contact me about my account(s) held at TD Ameritrade. **Please review the Client Agreement for the full terms and conditions regarding how TD Ameritrade uses this information.**

NOTE: Your Trusted Contact must be someone other than an account owner. You may provide more than two Trusted Contact Persons by completing and signing additional Authorization Forms.

First Name: _____ Middle Initial: _____ Last Name: _____

Relationship: _____

Phone number: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Section 13, Trusted Contacts Continued

First Name:

Middle Initial:

Last Name:

Relationship:

Phone number:

Email:

Mailing Address:

City:

State:

Zip Code:

Country:

14

Investment Objectives

For definitions regarding investment objectives, please see page 14 of the application.

Select the degree of risk you are willing to take with the assets in this account:

☒ Conservative ☐ Moderate ☐ Aggressive ☐ Speculative

Select the primary investment objective for this account:

☒ Conservation ☐ Moderate ☐ Moderate Growth ☐ Growth ☐ Aggressive Growth

Select the secondary investment objectives for this account: (Check at least one or all that apply)

☒ Conservation ☐ Moderate ☐ Moderate Growth ☐ Growth ☐ Aggressive Growth ☐ None

Select the liquidity needs for this account: (Check only one that applies)

☒ Within 3 months ☐ 4 - 6 months ☐ 7 - 9 months ☐ 10 - 12 months ☐ More than 1 year

Select the investment time horizon for this account:

☒ Less than 1 year ☐ 1 - 3 years ☐ 4 - 6 years ☐ 7 - 9 years ☐ 10-12 years ☐ 13 years or more

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Financial Information

Please provide all of the requested financial information based on the entity.

Annual Net Profit:

☐ \$0-\$24,999 ☒ \$25,000-\$49,999 ☐ \$50,000-\$99,999 ☐ \$100,000-\$249,999 ☐ \$250,000+

Approximate Net Worth: (not including place of business)

☐ \$0-\$14,999 ☐ \$15,000-\$49,999 ☐ \$50,000-\$99,999 ☐ \$100,000-\$249,999
☐ \$250,000-\$499,999 ☒ \$500,000-\$999,999 ☐ \$1,000,000-\$1,999,999 ☐ \$2,000,000+

Approximate Liquid Net Worth: (cash, stocks, etc.)

☐ \$0-\$14,999 ☒ \$15,000-\$49,999 ☐ \$50,000-\$99,999 ☐ \$100,000-\$249,999
☐ \$250,000-\$499,999 ☐ \$500,000-\$999,999 ☐ \$1,000,000-\$1,999,999 ☐ \$2,000,000+

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Margin Privileges

All qualified accounts are opened as margin accounts. A margin account allows you to borrow from TD Ameritrade against certain securities as your collateral. A decline in the value of your securities may require you to provide additional funds, or force the sale of securities in your account. Selling short can expose you to potentially unlimited risk. To learn more about the potential benefits of margin borrowing and the associated risks involved, read the Margin Account Handbook. You must decline margin privileges if the governing documents of the Business do not authorize margin borrowing.

☒ Check this box to decline margin privileges and open the account as cash-only.

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Options Account

Due to the risks involved in options, I understand you are required to obtain the following information. The Financial Information section must be completed to be considered for options. You must decline options privileges if the governing documents of the Business do not authorize options trading.

☒ Check this box to decline options privileges.

Options Objectives (Only required if applying for options.)

Please provide all of the requested information based on the entity.

Types of Transactions: (Check all that apply)

☒ Stocks ☒ Bonds ☐ Options

What Are Your Options Investment Objectives: (Check all that apply)

☐ Growth ☐ Speculation ☐ Income ☒ Conservation of Capital

For definitions regarding options objectives, please see page 14 of the application.

What Type of Activity Do You Plan to Conduct in Your Options Account?

☐ Tier 1 - Covered

Write covered calls

Write cash-secured puts

☒ Tier 2 - Standard Cash

Purchase options

+ Tier 1 - Covered

☐ Tier 2 - Standard Margin

Create spreads

Write covered puts

+ Tier 2 - Standard Cash

☐ Tier 3 - Advanced

Write uncovered options

+ Tier 2 - Standard Margin

MARGIN REQUIRED

Tier 2 - Standard Margin and Tier 3 - Advanced require a margin account. If you select either of these tiers, you will automatically be applying for options and margin approval.

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Cash Sweep Vehicle Choices

You offer me choices in managing all aspects of my portfolio. This includes offering different programs to earn interest on the cash in my account through your Cash Balance programs. See the Client Agreement for a complete description of the Cash Sweep program. **If I do not make a selection, my cash balances will be swept to the TD Ameritrade FDIC Insured Deposit Account. Other sweep choices are available for clients with household values greater than \$500,000 and cash balances of more than \$100,000.** I understand my account statement will include sweep transactions involving money market funds in lieu of immediate trade confirmations.

Please select only one.

☒ TD Ameritrade FDIC Insured Deposit Account (IDA)

☐ TD Ameritrade Cash (Protected by the Securities Investor Protection Corporation (SIPC))

Account Agreement

I have received and read the Client Agreement, which is incorporated by this reference, that will govern my account.

In this agreement, "Account Owner," "I," and "my" refer to the entity for which this account is established and/or the natural person(s) authorized to represent and act on behalf of the entity. I release and agree to indemnify and hold harmless TD Ameritrade, Inc., its divisions and affiliates thereof ("TD Ameritrade") from any and all liability and claims for damages resulting from any action taken pursuant to this Agreement. By my signature below, I attest that I am of legal age to contract and that the information contained in this application is true and correct. I hereby request, subject to acceptance by TD Ameritrade, an account be opened in the name(s) set forth above. All securities, dividends, and proceeds will be held at TD Ameritrade Clearing, Inc. unless otherwise instructed. I understand that TD Ameritrade may obtain a current consumer or credit report to determine my eligibility, or continuing eligibility, for credit or for other legitimate business purposes. Any decision by TD Ameritrade to extend credit may be based on information contained in a consumer or credit report, as well as the policies of TD Ameritrade Clearing, Inc. I understand that TD Ameritrade may relate information regarding this account, including account delinquency and voluntary closures, to consumer or credit reporting agencies. Upon my request, TD Ameritrade shall inform me of each consumer or credit reporting agency from which they have obtained and/or reported my consumer or credit report. TD Ameritrade agrees to notify the consumer or credit reporting agencies if I dispute the completeness or accuracy of the information furnished by TD Ameritrade. By my signature below, I authorize TD Ameritrade to obtain consumer or credit reports for the name(s) set forth below. I understand that nondeposit investments purchased through TD Ameritrade are not insured by the Federal Deposit Insurance Corporation (FDIC), are not obligations of or guaranteed by any financial institution, and are subject to investment risk and loss that may exceed the principal invested. Unless I have declined the margin feature, I acknowledge that securities securing loans from TD Ameritrade may be lent to TD Ameritrade and lent by TD Ameritrade to others. I also acknowledge that if I trade "on margin," I am borrowing money from TD Ameritrade and that I understand the requirements and risks associated with margin as summarized in the Margin Handbook and Margin Disclosure Document.

Important information about procedures for opening a new account:

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents. By my signature below, I attest that I am of legal age to contract, and I certify, to the best of my knowledge that the information provided on this application is complete and correct.

All Authorized Agents and Officers must provide their signatures below.

If an options account has been requested, we (Authorized Agents) agree to abide by the rules of the listed options exchanges and the Options Clearing Corporation, and will not violate current position and exercise limits. We are aware of the risks involved in options trading and represent the fact that the Entity is financially able to bear such risks and withstand options-trading losses. If I have applied for margin and/or option privileges, I represent, warrant, and certify that all documents, agreements and applicable laws governing the Business permit the establishment and maintenance of a margin account and options trading, as applicable.

If this is a Sole Proprietorship account, I certify that I am engaged in business under the assumed name, tax ID, and address listed in Section 3 of this application. I am the sole proprietor of the business so conducted, and no other person, partnership, or corporation has any ownership interest therein. All securities and other property in the name of the sole proprietorship are owned solely by me.

If I am a U.S. person for tax purposes:

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; (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 Services (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; (3) I am a U.S. citizen or other U.S. person; and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

If I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, I must cross out (2) in this certification.

If I am not a U.S. Person for tax purposes:

I am submitting the applicable Form W-8 with this form to certify my foreign status.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

The Client Agreement applicable to this brokerage account contains a predispute arbitration clause. By signing this agreement, the parties agree to be bound by the terms of the Client Agreement, including the arbitration agreement located in Section 12 of the Client Agreement on page 8.

Sign Here

President's Signature:

X 

Date:

0 3 / 2 6 / 2 0 2 0

Treasurer's Signature:

X

Date:



Vice President's Signature:

X

Date:



Sign Here

Original signatures are required; electronic signatures and/or signature fonts are not authorized.

I hereby certify I am the Secretary of the above-named corporation (or nonincorporated association) duly organized and existing under the laws of the above-named state, and that the following is a true copy of a resolution duly adopted by the board of directors of said corporation (or nonincorporated association) at a meeting held on the date stated in Section 3, at which meeting a quorum was present and acting throughout, or by unanimous consent of the board of directors, and that such resolution has not been rescinded or modified and is in full force and effect.

RESOLVED, that the President, Vice President, and the Treasurer of this corporation (or nonincorporated association), or any one of such officers, are hereby fully authorized and empowered to open a brokerage account, transfer, endorse, sell, assign, set over, and deliver any and all shares of stock, bonds, debentures, notes, evidences of indebtedness, or other securities (including short sales) now or hereafter standing in the name of or owned by this corporation (or nonincorporated association), to purchase stocks, bonds, debentures, notes, evidences of indebtedness, and other securities (on margin or otherwise), and to make, execute, and deliver, under the corporate seal of this corporation, any and all written instruments necessary or proper to effectuate the authority hereby conferred.

I further certify that the authority hereby conferred is consistent with the charter or bylaws of this corporation (or nonincorporated association). Unless indicated above that I am a sole officer, the previous is a true and correct list of the officers of this corporation (or nonincorporated association) as of the present date and a record of the officers' signatures:

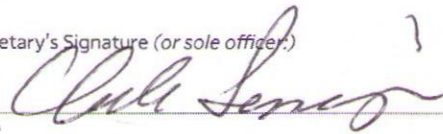
IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said corporation (or nonincorporated association) this date:

Sign Here

Original signatures
are required;
electronic
signatures and/or
signature fonts are
not authorized

Secretary's Signature (or sole officer):

X



Date

03 - 26 - 2020

Printed Name:

Claude Simon

Investment Objectives Definitions

Conservation: Reflects your desire to seek very low risk and minimize potential loss of principal. You may seek income from your investments while understanding that returns may not keep pace with inflation. You may also intend to invest over a short period of time.

Moderate: Reflects your desire to seek lower risk and fluctuation in your portfolio, while striving to achieve more stable returns on your investments. It may also mean that you plan to invest over a short period of time.

Moderate growth: Reflects your desire to seek growth in your portfolio by typically using a balance of growth and conservative investment types. It may also mean that you are moderately tolerant of risk and plan to invest for a medium to long period of time.

Growth: Reflects your desire to seek the potential for investment growth, as well as your tolerance for more significant market fluctuations and risk of loss. It may also mean that you plan to invest over a long period of time.

Aggressive Growth: Reflects your desire for potentially substantial investment growth, as well as your tolerance for large market fluctuations and increased risk of loss. It may also mean that you plan to invest over a long period of time.

Options Objectives Definitions

Growth: Investors are seeking the potential for investment growth and have a tolerance for more significant market fluctuations and risk of loss.

Speculation: Investors are seeking short-term market gains that generally have above average, maximum risk, but offer the potential for short-term, maximum gains. These strategies also have the potential for significant losses and investors understand they could lose most, or all, of the money they have invested.

Income: Investors are seeking income with a modest degree of risk. These investors are typically willing to accept lower potential returns in exchange for lower risk and volatility, and understand their returns may not keep pace with inflation.

Conservation of Capital: Investors are seeking to avoid risk and minimize potential loss of principal.

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

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Occupation Codes

A42 Accountant/Auditor/Bookkeeper	C82 Compliance/Regulatory Professional	N21 Nurse
A62 Adjuster	C92 Consultant	O11 Office Associate
A82 Advertiser/Marketer/PR Professional	C43 Counselor/Therapist	O21 Other; If Other, include a description in the Occupation box.
A33 Air Traffic Controller	C53 Customer Service Representative	P81 Pharmacist
A43 Ambassador/Consulate Professional	D11 Dealer	P91 Physical Therapist
A53 Analyst	D61 Dentist	P22 Pilot
A63 Appraiser	D31 Distributor	P32 Police Officer/Firefighter/Law Enforcement Professional
A73 Architect/Designer	D41 Doctor/Surgeon/Physician	P42 Politician
A83 Artist/Performer/Actor/Dancer	D51 Driver	P52 Project Manager
A93 Assistant/Executive Assistant	E51 Engineer	R81 Real Estate Professional
A44 Athlete	E71 Exterminator	R71 Researcher
A64 Attorney/Judge/Legal Professional	F71 Factory/Warehouse Worker	S41 Salesperson
A74 Auctioneer	F81 Farmer/Rancher	S51 Scientist
L51 Banker/Lending Professional	F91 Financial Planner/Advisor	S61 Seamstress/Tailor
B21 Barber/Beautician/Hairstylist	F22 Flight Attendant	S71 Security Guard
B31 Broker/Registered Rep	F32 Human Resources Professional	S81 Social Worker
B41 Business Executive (VP, Director, etc.)	I41 Importer/Exporter	T41 Teacher/Professor
B51 Business Owner	I51 Inspector/Investigator	T51 Technician
C81 Caregiver	I81 Investor	T61 Teller
C91 Carpenter/Construction Worker/Contractor	I91 IT Professional/IT Associate	T71 Tradesperson/Craftsperson
C22 Cashier	J31 Janitor	T81 Trainer/Instructor
C32 Chef/Cook	J41 Jeweler	U21 Underwriter
C42 Chiropractor	L31 Laborer	V11 Veterinarian
C52 Civil Servant	L41 Landscaper	W21 Writer/Journalist/Editor
C62 Clergy	M91 Mechanic	
C72 Clerk	M22 Military, Officer or Associated	
	M32 Mortician/Funeral Director	

Industry of Occupation Codes

A11 Accounting	F11 Fashion/Clothing	O31 Other; If Other, include a description in the Industry of Occupation box
A21 Advertising/Marketing	F21 Financial Services	P11 Parking and Car Washes
A31 Aerospace/Defense	F51 Firearms and Explosives	P21 Pawn Shops/Brokers
A41 Agriculture/Forestry	G11 Gaming/Casino/Card Club	P31 Personal Care/Hygiene (Beauty, Salon, Cosmetics, Massage, etc.)
A51 Amusement and Recreation	G21 Government/Public Administration	P41 Pharmaceuticals
A61 Animal Services and Veterinary	G31 Grocery/Supermarket	P51 Printing/Publishing
A71 Architecture/Design	H11 Healthcare/Medical Services	P71 Professional/Civic Organizations (Non-Retail)
A81 Arts/Antiques	H21 Hotel/Hospitality	R11 Real Estate
A91 Athletics/Fitness	I11 Import/Export	R21 Religious Organization
A32 Automotive	I21 Information Technology (IT)	R31 Repair Services - Home, Auto, and Other
B11 Aviation	I31 Insurance	R41 Restaurant/Food Service
C11 Bar/Nightclub/Adult Entertainment Club	J11 Jewelry, Gems, and Precious Metals	R51 Retail Sales/Retail Trade
C21 Childcare	L11 Legal Services/Public Safety	S11 Science and Biotechnology
C31 Cleaning/Janitorial/Housekeeping	L21 Logistics/Supply Chain	S21 Security
C41 Communications/Telecommunications	M11 Manufacturing	T11 Transportation
C51 Construction/Carpentry/Landscaping	M21 Maritime	T31 Travel
C61 Convenience Store/Liquor Store/Gas Station	M31 Media/Entertainment	U11 Utilities (Public)
C71 Customer Service and Support	M41 Mining, Oil, and Gas	W11 Wholesale Sales/Trade
E11 Education	M51 Money Services Businesses (Check Cashing, Money Transmitting, Payday Loans, Currency Exchange)	
E21 Embassy/Consulate	N11 Non-Profit/NGO (Non-Government Agency)/Charity	
E31 Energy		
E41 Engineering		