

# New Account Form Questionnaire for Business Organizations

(Please be advised that your identity will be verified upon account opening)

Type of Account:  Cash  Margin  MOR, If MOR **Account**, choose one:  Checking  Debit  Both  Insurance Only

Account Description:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> SOLE PROPRIETORSHIP        | <input type="checkbox"/> LIMITED LIABILITY CORPORATION | <input type="checkbox"/> EDUCATION INSTITUTION |
| <input type="checkbox"/> NON-PROFIT                 | <input type="checkbox"/> GOVERNMENT AGENCY             | <input type="checkbox"/> CORPORATION           |
| <input type="checkbox"/> CHARITABLE ORGANIZATION    | <input type="checkbox"/> INVESTMENT CLUB               | <input type="checkbox"/> FOUNDATION            |
| <input type="checkbox"/> UNINCORPORATED ASSOCIATION | <input type="checkbox"/> SCHOLARSHIP/ENDOWMENT FUND    | <input type="checkbox"/> CHURCH                |
| <input type="checkbox"/> PARTNERSHIP                |  |  |

Is this a Variable Annuity?  Yes  No

FA Number \_\_\_\_\_

**ACCOUNT**

<b>Legal Address (Cannot be PO Box)</b>	City	State	Zip	Country
Mailing Address (If different from Legal Address)	City	State	Zip	Country
Duplicate Mailing Address for <input type="checkbox"/> Confirmation <input type="checkbox"/> Statement <input type="checkbox"/> Both Name Address	City	State	Zip	
Duplicate Mailing Address for <input type="checkbox"/> Confirmation <input type="checkbox"/> Statement <input type="checkbox"/> Both Name Address	City	State	Zip	

**ENTITY INFORMATION**

<b>Name of Entity</b>	<b>Entity Tax ID</b>
ATTENTION:	<input type="checkbox"/> Check here if this is a Social Security Number (Applies to Sole Proprietorships Only)
<b>Nature of Business (please be specific)</b>	<b>Location of Incorporation</b>
<b>Authorized Person Name</b>	<b>2<sup>nd</sup> Authorized Person Name</b>
<b>3<sup>rd</sup> Authorized Person Name</b>	<b>4<sup>th</sup> Authorized Person Name</b>
<b>Entity Phone</b>	<b>Alternate Phone</b>

(Please be advised that your identity will be verified upon account opening)

CONTROL PERSON INFORMATION

<b>Legal Name (First, Middle Initial, Last)</b>		<b>Date of Birth</b>	<b>Social Security Number</b> (TIN/Green Card Number)		
<b>Official Title (General Officer's Only)</b>					
<b>Legal Address (Cannot be PO Box)</b>		City	State	Zip	Country
<b>Home Phone</b>			Mobile Phone		
<b>Citizenship:</b> <input type="checkbox"/> USA <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien		<b>If Non-Resident Alien, what country?</b>			
Country of Tax Residence:		Was the account solicited by the client? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Employment Status:</b> <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Employed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify) _____		<b>Employer Name (If Retired, List Former Employer Name)</b>			
<b>Employer Address</b>		City	State	Zip	
<b>Position Title</b>	<b>Work Phone</b>	<b>Nature of Business (please be specific)</b>			
Is Control Person a Morgan Keegan Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Control Person related to a Morgan Keegan Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , list <b>Employee</b> and <b>Relationship</b> .	Is Control Person a Regions Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does Control Person have other Accounts at Morgan Keegan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Control Person have Accounts at other firms? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , list firm names and approximate balance (approximate balance optional).				
Is Control Person or immediate family member a Director, a 10% or greater shareholder, or a policy-making executive officer of a <b>publicly traded</b> company? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , list <b>Company Name</b> , <b>Trading Symbol</b> and <b>Relationship to Issuer</b> . Company Name: _____ Trading Symbol: _____ Relationship to Issuer: _____					
Is Control Person affiliated with or employed by a Financial Institution, FINRA Member Firm or a securities exchange (excluding Morgan Keegan and Regions)? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , select one: <input type="checkbox"/> Broker-Dealer or Municipal Securities Dealer <input type="checkbox"/> FINRA <input type="checkbox"/> Investment Adviser <input type="checkbox"/> State or Federal Regulator <input type="checkbox"/> AMEX <input type="checkbox"/> NYSE If <b>Yes</b> , list <b>Name</b> and <b>Address for Duplicate Confirmation/ Statement Delivery</b> . If Financial Institution, does Client have investment policy decision making authority? <input type="checkbox"/> Yes <input type="checkbox"/> No Name _____ Address _____ City _____ State _____ Zip _____					
Is anyone in Control Person's immediate family affiliated with or employed by a Financial Institution, FINRA Member Firm or a securities exchange (excluding Morgan Keegan and Regions)? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , select one: <input type="checkbox"/> Broker-Dealer or Municipal Securities Dealer <input type="checkbox"/> FINRA <input type="checkbox"/> Investment Adviser <input type="checkbox"/> State or Federal Regulator <input type="checkbox"/> AMEX <input type="checkbox"/> NYSE If <b>Yes</b> , list <b>Name</b> , <b>Relationship</b> and <b>Address for Duplicate Confirmation/ Statement Delivery</b> . If Financial Institution, does individual have investment policy decision making authority? <input type="checkbox"/> Yes <input type="checkbox"/> No Name/Relationship _____ Address _____ City _____ State _____ Zip _____					
Is Control Person or immediate family member a current or previous senior military officer, governmental or political official or senior executive of a government created entity in a non-US country? Is Client or immediate family member closely associated with such an individual or official? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , list name associated with and country:					

(Please be advised that your identity will be verified upon account opening)

**AUTHORIZED PERSON OR GENERAL OFFICERS OF AUTHORIZED ENTITY**

<b>Legal Name (First, Middle Initial, Last)</b>		<b>Date of Birth</b>	<b>Social Security Number (TIN/Green Card Number)</b>		
<b>Official Title (General Officer's Only)</b>					
<b>Legal Address (Cannot be PO Box)</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Country</b>
<b>Home Phone</b>			<b>Mobile Phone</b>		
<b>Citizenship:</b> <input type="checkbox"/> USA <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien		<b>If Non-Resident Alien, what country?</b>			
Country of Tax Residence:		Was the account solicited by the client? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Employment Status:</b> <input type="checkbox"/> Employed <input type="checkbox"/> Business Owner <input type="checkbox"/> Homemaker <input type="checkbox"/> Not Employed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Other (please specify) _____		Employer Name (If Retired, List Former Employer Name)			
<b>Employer Address</b>		<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Position Title</b>	<b>Work Phone</b>	<b>Nature of Business (please be specific)</b>			
Is Authorized Person or Officer a Morgan Keegan Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Authorized Person or Officer related to a Morgan Keegan Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , list <b>Employee</b> and <b>Relationship</b> .	Is Authorized Person or Officer a Regions Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does Authorized Person or Officer have other Accounts at Morgan Keegan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Authorized Person or Officer have Accounts at other firms? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , list firm names and approximate balance (approximate balance optional).				
Is Authorized Person, Officer or immediate family member a Director, a 10% or greater shareholder, or a policy-making executive officer of a <b>publicly traded</b> company? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , list <b>Company Name</b> , <b>Trading Symbol</b> and <b>Relationship to Issuer</b> . Company Name: _____ Trading Symbol: _____ Relationship to Issuer: _____					
Is Client affiliated with or employed by a Financial Institution, FINRA Member Firm or a securities exchange (excluding Morgan Keegan and Regions)? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , select one: <input type="checkbox"/> Broker-Dealer or Municipal Securities Dealer <input type="checkbox"/> FINRA <input type="checkbox"/> Investment Adviser <input type="checkbox"/> State or Federal Regulator <input type="checkbox"/> AMEX <input type="checkbox"/> NYSE If <b>Yes</b> , list <b>Name</b> and <b>Address for Duplicate Confirmation/ Statement Delivery</b> . If Financial Institution, does Client have investment policy decision making authority? <input type="checkbox"/> Yes <input type="checkbox"/> No Name _____ Address _____ City _____ State _____ Zip _____					
Is anyone in the Authorized Person or Officer's immediate family affiliated with or employed by a Financial Institution, FINRA Member Firm or a securities exchange (excluding Morgan Keegan and Regions)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> AMEX <input type="checkbox"/> NYSE If <b>Yes</b> , list <b>Name</b> , <b>Relationship</b> and <b>Address for Duplicate Confirmation/ Statement Delivery</b> . If Financial Institution, does individual have investment policy decision making authority? <input type="checkbox"/> Yes <input type="checkbox"/> No Name/Relationship _____ Address _____ City _____ State _____ Zip _____					
Is Authorized Person, Officer or immediate family member a current or previous senior military officer, governmental or political official or senior executive of a government created entity in a non-US country? Is Client or immediate family member closely associated with such an individual or official? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , list name associated with and country:					

(Please be advised that your identity will be verified upon account opening)

**FINANCIAL BACKGROUND**

Using the table and definitions below, please provide the approximate answers to the following questions.

<b>Entity Net Worth<sup>1</sup></b>	
<b>Entity Investable Assets<sup>2</sup></b>	
<b>Tax Bracket (Highest Marginal)</b>	<input type="checkbox"/> 0-15% <input type="checkbox"/> 15.1-32% <input type="checkbox"/> 32.1-50% <input type="checkbox"/> Over 50%
<sup>1</sup> <b>Net Worth</b> is the value of your assets minus your liabilities. For purposes of this application, assets include stocks, bonds, mutual funds, other securities, bank accounts, and other real personal property. Do not include your primary residence among your assets. For liabilities, include any outstanding loans, credit card balances, taxes, etc. <sup>2</sup> <b>Investable Assets</b> are the sum of cash and liquid investments generating returns such as assets held in real estate investments, stocks, bonds, promissory notes and bank accounts. These positions, exclusive of residence and daily living expenses, may be readily available for investment in the market.	A: less than \$25,000 B: \$25,000 - \$50,000 C: \$50,001 - \$75,000 D: \$75,001 - \$100,000 E: \$100,001 - \$150,000 F: \$150,001 - \$200,000 G: \$200,001 - \$250,000 H: \$250,001 - \$500,000 I: \$500,001 - \$750,000 J: \$750,001 - \$1,000,000 K: \$1,000,001 - \$2,500,000 L: \$2,500,001 - \$5,000,000 M: Greater than \$5,000,000

**RISK TOLERANCE**

- Conservative** – Primarily concerned with protecting investment value and prefer to avoid potential losses.
- Moderate** – Willing to accept some risk, but prefer to keep most investments in less volatile assets.
- Aggressive** – Achieving return and minimizing risks are equally important. I will accept moderate fluctuations in my portfolio to achieve my long term goals.
- Very Aggressive** – Seeking higher returns: therefore I will accept the potential for larger fluctuations.

**Investment Objectives** (Number in order of priority only those that apply-Minimum of one must be selected)

- \_\_\_\_\_ **Growth** – Seeks capital appreciation primarily with equity oriented investments that have potential for significant growth.
- \_\_\_\_\_ **Income** – Seeks income via fixed-income or equity investments.
- \_\_\_\_\_ **Tax Advantage** – Preference for investments which offer tax-free income or tax-deferred advantages.
- \_\_\_\_\_ **Speculation** – Seeks to maximize returns using investment strategies that involve a high degree of risk, volatility, and/or trading activity

**INVESTMENT EXPERIENCE**

- Stocks     Bonds     Mutual Funds     Options
- Annuities     ETFs     Limited Partnerships     None
- Other \_\_\_\_\_

**TIME HORIZON**

- When is the earliest the entity would expect to need funds from this account?
- 1 Year or less     1 – 4 Years     5 – 9 Years
  - 10 – 14 Years     15 Years or Longer

**SOURCE OF FUNDS**

What is the anticipated source of funds for the initial deposit to open account?

- Income     Sale of business/property     Annuity     Matured/Redeemed Investments
- Inheritance/Gift     Insurance Payout     Pension/Retirement Savings     Accumulation over time
- Funds from another account/ACAT     Home Equity Line of Credit/Reverse Mortgage
- Other: (Please Explain): \_\_\_\_\_

**BENEFICIAL OWNERS**

Are there any additional beneficial owners on this account?  Yes     No  
If **Yes**, list name of person and relationship: \_\_\_\_\_

**TRADING AUTHORITY**

Would Entity like to add trading authority?  Yes     No    If **Yes**,  Full Trading Authority     Limited Trading Authority    List name of person and relationship: \_\_\_\_\_

Is this an outside Money Manger?  Yes     No

**(Please be advised that your identity will be verified upon account opening)**

**FOR VARIABLE ANNUITIES ONLY**

**LIQUIDITY NEEDS**

Does the client have adequate liquidity in the event of an emergency, after making this annuity investment?  Yes  No

**INTENDED USE OF VA**

- Estate Planning  Annuitization  
 Tax Deferral  Income  
 Death Benefit

Has the Entity exchanged another variable annuity in the previous 36 months?  Yes  No If Yes, please explain:

**MOR ACCOUNT**

**If opening a MOR Account with checking or debit card, complete the following:**

**Check Writing** Print address on checks Yes No

Additional authorized signatory (give name)

Number of persons with check signing privileges (MAX 6) \_\_\_\_\_ (Additional signature card required if more than 2)

Type of checkbook Wallet (with Duplicates) Computer (1 per page) Executive (3 per page) Other (Contact MOR Operations Dept)

Other printing details for checks: (Only complete to have information in addition to the name and

address in Account Registration Section printed on checks: i.e. \_\_\_\_\_

phone #. Provide all numbers, letters and symbols exactly as

they should appear on checks.) \_\_\_\_\_

If you would like your checks mailed to a different address, please provide it below:

**Platinum Visa Checkcard** Account Holders Name \_\_\_\_\_ PIN \_\_\_\_\_

Joint Account Holders Name \_\_\_\_\_ PIN \_\_\_\_\_

**FOR OFFICE USE ONLY**

**CASH OPTION**

Select one:  Regions FDIC (20)  Credit Interest  Dreyfus General (71)  Dreyfus Muni (72)  Dreyfus Govt (73)  
 Dreyfus (77 – Only for accounts greater than or equal to \$250,000)

**HOW WAS THE ACCOUNT OBTAINED?**

- Call In  Walk In  Personal Acquaintance  Other (Please Explain)  
 Client Referral (List Client Name)  
 Regions Referral (List Cost Center and Employee ID)

**Deliver:**

- (S) Hold street name  
 (D) Reg & Ship  
 (I) Instructions to follow  
 (R) Bearer as available  
 (H) Cust name safekeeping

**Payment:**

- (H) Hold Proceeds  
 (D) Pay diff  
 (I) Instructions to follow  
 (M) Transfer to Margin

**Dividend:**

- (C) Credit Account  
 (D) Transfer to Margin  
 (M) Auto check pay  
 (E) ACH

**Principal:**

- (C) Credit Account  
 (D) Transfer to Margin  
 (M) Auto check pay  
 (E) ACH

**Maturity:**

- (C) Credit Account  
 (D) Transfer to Margin  
 (M) Auto check pay  
 (E) ACH