

Morgan Keegan & Company, Inc.  
Member FINRA

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

**Account Description:**

<input type="checkbox"/> SIMPLE IRA	<input type="checkbox"/> INHERITED IRA	<input type="checkbox"/> JTWROS	<input type="checkbox"/> CUSTODIAL
<input type="checkbox"/> SEP IRA	<input type="checkbox"/> INHERITED ROTH IRA	<input type="checkbox"/> TIC/TENCOM	<input type="checkbox"/> 529 PLAN
<input type="checkbox"/> MINOR IRA	<input type="checkbox"/> INHERITED SIMPLE IRA	<input type="checkbox"/> JT ENT	
<input type="checkbox"/> INDIVIDUAL IRA	<input type="checkbox"/> MINOR INHERITED IRA	<input type="checkbox"/> TOD	
<input type="checkbox"/> MINOR SIMPLE IRA	<input type="checkbox"/> CARRIER CUSTODIAN	<input type="checkbox"/> Coverdell Education Savings Account (ESA)	
<input type="checkbox"/> MINOR ROTH IRA			FA Number _____

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

Is this a Variable Annuity?  Yes  No **Are joint applicants married to each other?**  Yes  No

**ACCOUNT**

<b>Primary Owner Name</b>		Sex	TIC %
		<input type="checkbox"/> M <input type="checkbox"/> F	
<b>Secondary Owner Name</b>		Sex	TIC %
		<input type="checkbox"/> M <input type="checkbox"/> F	
For Inherited IRAs only:	Decedent's Date of Birth	Decedent's Date of Death	Is Beneficiary Surviving Spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No
<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 Name	<input type="checkbox"/> Confirmation <input type="checkbox"/> Statement <input type="checkbox"/> Both Address	City	State Zip

**PRIMARY OWNER**

<b>Legal Name (First, Middle Initial, Last)</b>	<b>Date of Birth</b>	<b>Social Security Number (TIN/Green Card Number)</b>
<b>Legal Address (Cannot be PO Box)</b>	City	State Zip Country
Citizenship: <input type="checkbox"/> USA <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien	If <b>Non-Resident Alien</b> , what country?	
Country of Tax Residence:	Was the account solicited by the client? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<b>Number of Dependents</b>	Is Client a Morgan Keegan Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Client a Regions Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Client 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> .	Living In Household? <input type="checkbox"/> Yes <input type="checkbox"/> No Support at least 50%? <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 Country
<b>Nature of Business</b>	<b>Home Phone</b>	<b>Work Phone</b> Mobile Phone
Email Address	Fax	
Does Client have other Accounts at Morgan Keegan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Client 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 Client 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:

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

Is Client affiliated with or employed by a Financial Institution, FINRA Member Firm or a securities exchange (excluding Morgan Keegan and Regions)?  Yes  No

If **Yes**, select one:  Broker-Dealer or Municipal Securities Dealer  FINRA  Investment Adviser  State or Federal Regulator  
 AMEX  NYSE

If **Yes**, list **Name** and **Address for Duplicate Confirmation/ Statement Delivery**.

If Financial Institution, does Client have investment policy decision making authority?  Yes  No

Name Address City State Zip

Is anyone in Client's immediate family affiliated with or employed by a Financial Institution or a FINRA Member Firm (excluding Morgan Keegan and Regions)?  Yes  No

AMEX  NYSE

If **Yes**, list **Name**, **Relationship** and **Address for Duplicate Confirmation/ Statement Delivery**.

If Financial Institution, does individual have investment policy decision making authority?  Yes  No

Name/Relationship Address City State Zip

Is Client 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?  Yes  No

If **Yes**, list name associated with and country:

**SECONDARY OWNER (Custodial Information in Custodial Account)**

Use the same contact information listed for the primary applicant.

<b>Legal Name (First, Middle Initial, Last)</b>	<b>Date of Birth</b>	<b>Social Security Number (TIN/Green Card Number)</b>
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<b>Legal Address (Cannot be PO Box)</b>	City	State	Zip	Country
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Citizenship: <input type="checkbox"/> USA <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien	If <b>Non-Resident Alien</b> , what country?
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Country of Tax Residence:	Was the account solicited by the client? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<b>Number of Dependents</b>	Is Client a Morgan Keegan Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Client a Regions Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Is Client 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> .	Living In Household? <input type="checkbox"/> Yes <input type="checkbox"/> No Support at least 50%? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<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>
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<b>Employer Address</b>	City	State	Zip	Country
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<b>Nature of Business</b>	<b>Home Phone</b>	<b>Work Phone</b>	Mobile Phone
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Email Address	Fax
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Does Client have other Accounts at Morgan Keegan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does Client 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).
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Is Client or Immediate Family Member a Director, a 10% or greater shareholder, or a policy-making executive officer of a **publicly traded** company?  Yes  No

If **Yes**, list **Company Name**, **Trading Symbol** and **Relationship to Issuer**.

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)?  Yes  No

If **Yes**, select one:  Broker-Dealer or Municipal Securities Dealer  FINRA  Investment Adviser  State or Federal Regulator  
 AMEX  NYSE

If **Yes**, list **Name** and **Address for Duplicate Confirmation/ Statement Delivery**.

If Financial Institution, does Client have investment policy decision making authority?  Yes  No

Name Address City State Zip

Is anyone in Client's immediate family affiliated with or employed by a Financial Institution or a FINRA Member Firm (excluding Morgan Keegan and Regions)?  Yes  No

AMEX  NYSE

If **Yes**, list **Name, Relationship** and **Address for Duplicate Confirmation/ Statement Delivery**.

If Financial Institution, does individual have investment policy decision making authority?  Yes  No

Name/Relationship Address City State Zip

Is Client 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?  Yes  No

If **Yes**, list name associated with and country:

**HOUSEHOLD FINANCIAL BACKGROUND**

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

Annual Income <sup>1</sup>	
Net Worth <sup>2</sup> (Excluding Primary Residence)	
Liquid Net Worth <sup>3</sup> (Excluding Primary Residence)	
Combined Investable Assets <sup>4</sup>	
Tax Bracket (Highest Marginal)	<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> **Annual Income** includes income from sources such as employment, alimony, social security, investment income, etc.

<sup>2</sup> **Net Worth** 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. Do not include your mortgage.

<sup>3</sup> **Liquid Net Worth** is your net worth minus assets that cannot be converted quickly and easily into cash, such as real estate, business equity, person property and automobiles, expected inheritances, assets earmarked for other purposes, and investment or accounts subject to substantial penalties if they were sold or if assets were withdrawn from them.

<sup>4</sup> **Combined Investable Assets** 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

**Investment Experience**

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

**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

**Time Horizon**

When is the earliest you expect to need funds from this account?

- 1 Year or less  1 – 4 Years  5 – 9 Years
- 10 – 14 Years  15 Years or Longer

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**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.

**SOURCE OF FUNDS**

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

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

**BENEFICIAL OWNERS**

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

**TRADING AUTHORITY**

Would Client 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

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

**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

**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
- Tax Deferral
- Annuitization
- Income
- Death Benefit

Have you exchanged another variable annuity in the previous 36 months?  Yes  No If **Yes**, please explain:

**BACK-UP CONTACT INFORMATION (Optional)**

In the event we are unable to reach you for a period of time as stated in the Terms and Conditions, you authorize Morgan Keegan & Company, Inc. to contact the person listed below and to disclose information about you in order to confirm the specifics of your contact information, health status, and the identity of any legal guardian, executor, trustee, or holder or a power or attorney. This person should not be a co-applicant.

Legal Name (First, Middle Initial, Last)		Relationship to Primary Applicant/Co-Applicant			
Legal Address (Cannot be PO Box)		City	State	Zip	Country
Work Phone	Home Phone	Mobile Phone		Email Address	

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**IRA or TOD BENEFICIARY DESIGNATION INFORMATION** (If TOD, only primary beneficiary will be recognized.)

Primary or Secondary	Name and Address	Relationship	Date of Birth	Share (%)
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary				%
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary				%
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary				%
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary				%

**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 \_\_\_\_\_

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

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**Additional Owners**

<b>Legal Name (First, Middle Initial, Last)</b>		<b>Date of Birth</b>	<b>Social Security Number (TIN/Green Card Number)</b>	
<b>Legal Address (Cannot be PO Box)</b>		City	State	Zip
Citizenship: <input type="checkbox"/> USA <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien		If <b>Non-Resident Alien</b> , what country?		
Country of Tax Residence:		Was the account solicited by the client? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		<b>Number of Dependents</b>	Is Client a Morgan Keegan Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Client a Regions Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employment Status: <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>Nature of Business</b>	<b>Home Phone</b>	<b>Work Phone</b>	Mobile Phone	
Email Address		Fax		
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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 Client's immediate family affiliated with or employed by a Financial Institution or a FINRA Member Firm (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 _____				
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