

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

Account Description:

- | | | |
|---|--|---|
| <input type="checkbox"/> LIVING TRUST | <input type="checkbox"/> 401K PLAN | <input type="checkbox"/> SELF DIRECTED 401K PLAN |
| <input type="checkbox"/> TESTAMENTARY TRUST | <input type="checkbox"/> PROFIT SHARING PLAN | <input type="checkbox"/> SELF DIRECTED PROFIT SHARING |
| <input type="checkbox"/> ESTATE TESTATE | <input type="checkbox"/> PENSION PLAN | <input type="checkbox"/> SELF DIRECTED PENSION PLAN |
| <input type="checkbox"/> ESTATE INTESTATE | <input type="checkbox"/> SUCCESSION | |

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

FA Number _____

Is this a Variable Annuity? Yes No

ENTITY INFORMATION

Name of Trust/Plan	Trust/Plan Tax ID <input type="checkbox"/> Check here if this is a Social Security Number (Applies to Trusts Only)
Trust/Plan Date	FBO (if listed)
Under the will of (Testamentary Trust Only)	
Entity Phone	Alternate Phone
Trustee Name	2nd Trustee Name
3rd Trustee Name	4th Trustee Name

ACCOUNT

Legal Address (Cannot be PO Box)	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

TRUSTEE INFORMATION

Legal Name (First, Middle Initial, Last)	Date of Birth	Social Security Number (TIN/Green Card Number)
Legal Address (Cannot be PO Box)	City	State Zip Country
Citizenship: <input type="checkbox"/> USA <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien	If Non-Resident Alien, what country?	
Country of Tax Residence:	Was the account solicited by the client? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Number of Dependents	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 Yes , list Employee and Relationship .		Living In Household? <input type="checkbox"/> Yes <input type="checkbox"/> No Support at least 50%? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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) _____		Employer Name (If Retired, List Former Employer Name)	
Employer Address		City	State Zip Country
Nature of Business	Home Phone	Work Phone	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 Yes , 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 publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , 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 Yes , list Name and Address for Duplicate Confirmation/ Statement Delivery . 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 Yes , list Name , Relationship and Address for Duplicate Confirmation/ Statement Delivery . 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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes , list name associated with and country:			

ADDITIONAL TRUSTEE INFORMATION

Legal Name (First, Middle Initial, Last)		Date of Birth	Social Security Number (TIN/Green Card Number)
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Citizenship: <input type="checkbox"/> USA <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien		If Non-Resident Alien, what country?	
Country of Tax Residence:		Was the account solicited by the client? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Number of Dependents	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 Yes , list Employee and Relationship .		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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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) _____		Employer Name (If Retired, List Former Employer Name)	
Employer Address		City	State Zip Country
Nature of Business	Home Phone	Work Phone	Mobile Phone
Email Address		Fax	
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If more than two trustees, please complete the information at the end of this form for all other trustees.			

FINANCIAL BACKGROUND

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

Entity Net Worth¹	
Entity Investable Assets²	
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%
¹ 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.	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
² 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.	

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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

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 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 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 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

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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:

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	

MOR ACCOUNT

If opening a MOR Account with checking or debit card, complete the following: *(Debit and Checking are available on Trusts only)*

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 _____

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