



Submitting Printed New Account Documents

Instructions:

1. Obtain and fill in all required fields
2. Obtain client's signature
3. Advisor reviews, signs, dates and prints name on application
4. Add additional information into Fusion
5. Select 'Upload Signed Documents'
6. Upload each separate document as a separate PDF
7. Upload any auxiliary documents
8. Click 'Submit Application'

After submitting the application, it is routed to the Accounts Department for review. If everything is entered/uploaded correctly and the documents support the information entered into Fusion, the account will be opened within two business days.

The application, as with all service requests, can be tracked until completion. Additionally, an alert will be sent once the account is opened.

Thank you for using Fusion's new account opening system!

Mail: PO Box 358230, Gainesville FL 32635-8230
Packages: 2511 NW 41st Street, Gainesville FL 32606
(352) 332-8723 ◆ (888) 723-3767 ◆ Fax (352) 224-1341
www.TradePMR.com
Member FINRA/SIPC

TradePMR Use Only:

Sub Firm: 211

Account #:

Open Date:



New Account Application – Business/Estate/Trust

RIA Firm:

NARDENE WEALTH MANAGEMENT INC

Advisor Code:

HP2D

1 Registration Type

UPDATE

- Business (LLC) Business (C Corporation) Business (S Corporation)
- Estate Non-Profit Investment Club Partnership
- Trust (Provide date of formation):
- Pension/Profit Sharing (Provide date of formation):
- 401(k) (Provide date of formation):
- Defined Benefit Plan (Provide date of formation):
- Check here for Sundry accounts, in addition to making a selection above.

2 Entity Information

Name of Entity:

Tax ID Type: Social Security Number EIN Tax ID Number:

Phone Number: Email Address:

Legal Address (No PO Boxes):

City: State: Zip:

Mailing Address (If different from above):

City: State: Zip:

3 Primary Account Holder with Transaction Authority - REQUIRED

First Name: Middle Name/Initial: Last Name:

Social Security Number: Date of Birth:

Home Phone: Business/Cell Phone:

Email Address:

Legal Address (No PO Boxes):

City: State: Zip:

4 Client Verification - Primary Account Holder - REQUIRED

Gender: Male Female Marital Status: Married Single Widowed Divorced

Citizenship: U.S. Citizen or Resident Alien Other (W-8 and Photo ID Required)

Continued Client Verification - Primary Account Holder - *REQUIRED*

Government ID Type: Driver's License Passport Military ID State ID Card

ID Number: State: Expiration Date: MM/DD/YYYY

Occupation (*Select only one*):

<input type="checkbox"/> Administrative, Clerical	<input type="checkbox"/> Clergy	<input type="checkbox"/> Craftsman/Skilled Worker	<input type="checkbox"/> Education
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Information Tech	<input type="checkbox"/> Personal Service Provider	<input type="checkbox"/> Proprietor/Professional
<input type="checkbox"/> Public Services	<input type="checkbox"/> Retired	<input type="checkbox"/> Sales	<input type="checkbox"/> Student
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Unskilled Labor		

Business Nature (*Select only one. If retired, please choose previous business nature*):

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Business Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Energy	<input type="checkbox"/> Financial Services
<input type="checkbox"/> Government	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Industrial	<input type="checkbox"/> Media	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Personal Investment Company	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Retail	<input type="checkbox"/> Technology	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Transportation	<input type="checkbox"/> Wholesale			

Employer Name: (If retired, please list previous employer) Number of Years with Employer:

- Are you associated with, or employed by, a stock exchange, exchange member, FINRA, or municipal securities dealer?
 If yes, name of firm: Relationship/Position:
If yes, obtain and attach the compliance officer's letter of approval ("407 letter"). Failure to include an approval letter may delay account opening.
- Are you or an immediate family member a director, a 10% shareholder, or policy-making executive officer of a publicly traded company?
 If yes, name of firm:
- Are you or an immediate family member a senior foreign political official? Yes

5 Secondary Account Holder - *OPTIONAL*

Ownership Type: Legal Owner/Associated Person with Transaction Authority Legal Owner without Transaction Authority Non-Individual Owner

First Name/ Name of Entity : Middle Name/Initial : Last Name:

Social Security Number/EIN: Date of Birth:

Business/Cell Phone: Email Address:

Legal Address (*No PO Boxes*):

City: State: Zip:

6 Client Verification - Secondary Account Holder - *OPTIONAL*

Gender: Male Female Marital Status: Married Single Widowed Divorced

Citizenship: U.S. Citizen or Resident Alien Other (*W-8 and Photo ID Required*)

Continued Client Verification - Secondary Account Holder - *OPTIONAL*

Government ID Type: Driver's License Passport Military ID State ID Card

ID Number: State: Expiration Date: MM/DD/YYYY

Occupation (*Select only one*):

<input type="checkbox"/> Administrative, Clerical	<input type="checkbox"/> Clergy	<input type="checkbox"/> Craftsman/Skilled Worker	<input type="checkbox"/> Education
<input type="checkbox"/> Homemaker	<input type="checkbox"/> Information Tech	<input type="checkbox"/> Personal Service Provider	<input type="checkbox"/> Proprietor/Professional
<input type="checkbox"/> Public Services	<input type="checkbox"/> Retired	<input type="checkbox"/> Sales	<input type="checkbox"/> Student
<input type="checkbox"/> Unemployed	<input type="checkbox"/> Unskilled Labor		

Business Nature (*Select only one. If retired, please choose previous business nature*):

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Business Services	<input type="checkbox"/> Construction	<input type="checkbox"/> Energy	<input type="checkbox"/> Financial Services
<input type="checkbox"/> Government	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Industrial	<input type="checkbox"/> Media	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Personal Investment Company	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Retail	<input type="checkbox"/> Technology	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Transportation	<input type="checkbox"/> Wholesale			

Employer Name: (If retired, please list previous employer) Number of Years with Employer:

- Are you associated with, or employed by, a stock exchange, exchange member, FINRA, or municipal securities dealer?
 If yes, name of firm: Relationship/Position:
If yes, obtain and attach the compliance officer's letter of approval ("407 letter"). Failure to include an approval letter may delay account opening.
- Are you or an immediate family member a director, a 10% shareholder, or policy-making executive officer of a publicly traded company?
 If yes, name of firm:
- Are you or an immediate family member a senior foreign political official? Yes

7 Risk Tolerance/Investment Objectives

Please select only one:

<input type="checkbox"/> Conservative/Income	<input type="checkbox"/> Moderate/Income	<input type="checkbox"/> Aggressive/Income
<input type="checkbox"/> Conservative/Growth & Income	<input type="checkbox"/> Moderate/Growth & Income	<input type="checkbox"/> Aggressive/Growth & Income
<input type="checkbox"/> Conservative/Growth	<input type="checkbox"/> Moderate/Growth	<input type="checkbox"/> Aggressive/Growth
		<input type="checkbox"/> Trading & Speculation*

*Involves a high level of risk, including the potential for significant loss of investment capital.

8 Investment Experience

Please indicate your investment experience for each category:

	None	Less than 5 years	5-10 years	Over 10 years
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bonds	<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"/>
Annuities/Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9 Tax Bracket/Net Worth – PLEASE USE COMBINED FIGURES FOR MULTIPLE ACCOUNT HOLDERS

Tax Bracket: <input type="text"/> %	\$0 - \$49,999	\$50,000 - \$99,999	\$100,000 - \$199,999	\$200,000 - \$499,999	\$500,000 - \$999,999	\$1,000,000 - \$4,999,999	\$5,000,000 - \$9,999,999	>\$10,000,000
Annual Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Net Worth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquid Net Worth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 Time Horizon/Liquidity Needs

Please indicate your time horizon (expected period over which you plan to invest). Please select only one.

<input type="checkbox"/> Long Term (10+ years)	<input type="checkbox"/> Moderate (5-10 years)	<input type="checkbox"/> Intermediate (3-5 years)	<input type="checkbox"/> Short Term (1-3 years)	<input type="checkbox"/> Immediate (Less than 1 year)
---	---	--	--	--

Please indicate your liquidity needs. Please select only one.

<input type="checkbox"/> None (Have other sources of cash)	<input type="checkbox"/> Moderate (May need quick access to cash)	<input type="checkbox"/> Significant (Primary Need is liquidity)
---	--	---

11 Service Instructions

In accordance with the terms of the account, I select the following option for the automatic investment of interest and dividend income as well as any other cash balances in my account. In absence of a selection, I agree that my cash will be placed in the Bank Deposit Account.

Cash Sweep Option. Please select only one. (If left unchecked, 'FDIC-Insured Sweep' will be selected):

- FDIC-Insured Bank Deposit Sweep
- Do not sweep proceeds to Money Market
- Settle by Check (please select one):
 - Mail Checks: Daily
 - Mail Checks: Semi-Weekly
 - Mail Checks: Monthly

12 Additional Entity Information

Account Purpose (Select only one):

- | | |
|--|--|
| <input type="checkbox"/> Investment (securities trading for income, profits, etc.) | <input type="checkbox"/> Business Management (opened for operating purposes) |
| <input type="checkbox"/> Retirement (savings for retirement) | <input type="checkbox"/> Personal Liquid Savings (opened for liquidity purposes) |
| <input type="checkbox"/> Children's Saving (savings for children) | <input type="checkbox"/> Trust Management (accounts registered as a Trust) |
| <input type="checkbox"/> Employee Retirement (employee savings for retirement) | <input type="checkbox"/> Estate Management (accounts registered as an Estate) |

Source of Funds (Select only one):

- | | | |
|--|---|---|
| <input type="checkbox"/> Savings (From Earnings) | <input type="checkbox"/> Sale of Business | <input type="checkbox"/> Asset Appreciation |
| <input type="checkbox"/> Inheritance | <input type="checkbox"/> Sale of Real Estate | <input type="checkbox"/> Associated Person |
| <input type="checkbox"/> Business Revenue | <input type="checkbox"/> Sale of Asset | |
| <input type="checkbox"/> Donations (Trusts Only) | <input type="checkbox"/> Legal/Insurance Settlement | |

Business Type (Select only one):

- | | | |
|--|---|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Indian Tribal Govt. | <input type="checkbox"/> Sole Proprietor |
| <input type="checkbox"/> Division, Store, Office | <input type="checkbox"/> Limited Liability Co. | <input type="checkbox"/> Trust/Estate |
| <input type="checkbox"/> Financial Institution | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Unicorp Assn./Social/Rec/Civic Group |
| <input type="checkbox"/> Govt. Unit or Agency | <input type="checkbox"/> Informal Social/Recreational Group | |

Business Subtype (Select only one):

- | | | |
|--|--|---|
| <input type="checkbox"/> Business Trust | <input type="checkbox"/> Foreign | <input type="checkbox"/> Professional Corp |
| <input type="checkbox"/> Multinational Corp. | <input type="checkbox"/> General Partnership | <input type="checkbox"/> Professional Limited Liability Partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Joint Venture Partnership | <input type="checkbox"/> State |
| <input type="checkbox"/> Domestic | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Trust/Estate |
| <input type="checkbox"/> Federal | <input type="checkbox"/> Local | |

NAIC Industry (Select only one):

- | | |
|---|---|
| <input type="checkbox"/> Agriculture, Forestry, Fishing and Hunting | <input type="checkbox"/> Information |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Finance and Insurance |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Real Estate Rental and Leasing |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Professional, Scientific, and Technical Services |
| <input type="checkbox"/> Food/Textile Manufacturing | <input type="checkbox"/> Management of Companies and Enterprises |
| <input type="checkbox"/> Wood/Plastic/Glass/Chemical Manufacturing | <input type="checkbox"/> Administrative and Support and Waste Management and Remediation Services |
| <input type="checkbox"/> Metal/Machinery Manufacturing | <input type="checkbox"/> Educational Services |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Health Care and Social Assistance |
| <input type="checkbox"/> Durable Goods/Housewares/Clothing/Food | <input type="checkbox"/> Arts, Entertainment, and Recreation |
| <input type="checkbox"/> Department Stores/General Merchandise Stores | <input type="checkbox"/> Accommodation and Food Services |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Other Services (except Public Administration) |
| <input type="checkbox"/> Warehousing and Storage | <input type="checkbox"/> Public Administration |

NAIC Sub-Industry Code (5 digit minimum)*

*For information regarding NAICS Industry Codes, please visit the following website <http://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2012> and use the search feature to locate potential industry code descriptions.

NAIC (North American Industry Classification System) - Required for non-individual clients. NAICS codes are a standard used by federal statistical agencies in classifying business establishments for the purpose of collecting, analyzing, and publishing statistical data related to the U.S. business economy.

Is Legal Entity Publicly Traded? If yes, please specify exchange:

Sales Market (Select only one): Local Regional U.S. International U.S. & International

For U.S. Sales Market, please specify the state (Up to 3 states):

13 Certification

By Signing below, I/We agree to all terms and conditions listed below, and all terms and conditions contained within the attached applicable agreements:

- A. Tax Certification (Select Only One):**
- U.S. Person or Resident Alien: Under penalties of perjury, I certify that:**
- 1) 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
 - 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 Service (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; and
 - 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. (NOTE: The FATCA code is not applicable for accounts maintained in the United States.)
- You must cross out item 2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.
- Non-Resident Alien Individuals and Foreign Entities:** By checking this box, I certify that I am not a U.S. citizen, resident alien or other U.S. entity for U.S. tax purposes and I will provide the appropriate Form W-8 with this application. If any joint owner of this account provides an IRS Form W-9, I understand all income will be reported to that person or entity under the rules in Chapters 3, 4, and 61 of the U.S. Internal Revenue.
- B. I have attached a POWER OF ATTORNEY if directions may be taken by someone other than me.
- C. I have reviewed the information contained in this application and attest to its accuracy.
- D. I understand that THE PRODUCTS OFFERED ARE NOT FDIC INSURED, ARE NOT OBLIGATIONS OF A BANK, ARE NOT GUARANTEED BY A BANK, AND INVOLVE INVESTMENT RISKS, INCLUDING THE POSSIBLE LOSS OF PRINCIPAL.
- E. I acknowledge receipt of the CLIENT AGREEMENT and agree to its terms and conditions.
- F. I understand that the Schedule of Fees may change from time to time and agree to be bound by such changed schedule of fees as appears at www.tradepmr.com.
- G. I have read, understand, and agree to the terms of the Limited Power of Attorney and Authorization to pay fees to Agent/Advisor.
- H. All decisions relating to my investment or trading activity shall be made solely by me or my authorized Agent/Advisor identified on this New Account Application or subsequently to TradePMR in writing.
- I. TradePMR is authorized to accept and act upon the instructions of my Agent/Advisor with respect to my account in accordance with this Agreement until revoked in writing.
- J. My Advisor is not affiliated with or an agent of TradePMR and is not authorized to act or make representations on TradePMR's behalf.
- K. I understand that TradePMR does not give investment, legal, or tax advice and will not advise me concerning the nature, potential value, or suitability of any particular securities transaction or investment strategy.
- L. I understand that TradePMR is not responsible for and will not review, monitor, or supervise the suitability of the investment or frequency of trading activity in my account.
- M. I shall indemnify and hold harmless TradePMR and its officers, directors, employees, agents, and affiliates from and against any and all losses, claims or financial obligations that may arise from any act or omission of my Agent/Advisor with respect to my account.
- N. If my Brokerage Account has a Margin Account feature, my Agent/Advisor has my authorization to trade on margin and to sell short.
- O. I understand that information collected on parties associated with this account is subject to verification as mandated by the USA PATRIOT ACT.
- P. I have provided the information for all the legal owners with 25% or greater ownership interest in this entity.
- Q. I acknowledge having received TradePMR's most recent Privacy Policy and Business Continuity Plan Summary.

Account Holder(s)	To open an account, Accept or Decline must be selected for each item below.
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Decline	I hereby authorize Trade-PMR, Inc. to send duplicate confirmations and statements to my Advisor. The Account Holder(s) must select 'ACCEPT' to open a TradePMR account.
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Decline	I hereby grant a limited Power of Attorney to the Advisor to exercise discretionary power over this account and to make investment decisions without prior consent as outlined in the investment advisory agreement between the Advisor and the Account Holder.
<input checked="" type="checkbox"/> Accept <input type="checkbox"/> Decline	I hereby authorize Trade-PMR, Inc. to pay my Advisor's fees from my account as directed by my Advisor.

Authorized Signatures

Account Control. Fiduciaries of Trusts, Estates, Pension and Profit-Sharing Plans and General Partners of Partnerships and those authorized to establish and control accounts must sign. For Corporations and all other organizations, officer/agent(s) authorized to give instructions on behalf of the Account must sign below. The President or Vice-President and Secretary (or those with equivalent titles) must sign the corresponding agreement certifying the officer/agent's authority to transact on behalf of the Corporation or organization.

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

THE ATTACHED CLIENT AGREEMENT CONTAINS A PRE-DISPUTE ARBITRATION CLAUSE LOCATED ON PAGE 1, PARAGRAPH 5, UNDER THE HEADER "ARBITRATION." BY EXECUTING THIS DOCUMENT I AGREE TO BE BOUND BY THE PRE-DISPUTE ARBITRATION CLAUSE. THE UNDERSIGNED HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THE CLIENT AGREEMENT WITH THE ACCOUNT DISCLOSURES AND HEREBY AGREES TO THE TERMS OF THESE AGREEMENTS.

Account Holder Signature	Print Name	Title	Date
Account Holder Signature	Print Name	Title	Date

Advisor Acceptance:	
Advisor Name	MICHAEL CHING
Advisor Signature	Date:

TradePMR Acceptance:	
Registered Representative	Date:
Supervisory Principal	Date: