

New Account Form

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

- | | | | | |
|-------------------------------------|---|---|--|--|
| 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"/> CONSERVATORSHIP |
| | <input type="checkbox"/> MINOR IRA | <input type="checkbox"/> INHERITED SIMPLE IRA | <input type="checkbox"/> JT ENT | <input type="checkbox"/> GUARDIANSHIP/ TUTORSHIP |
| <input type="checkbox"/> INDIVIDUAL | <input type="checkbox"/> ROTH IRA | <input type="checkbox"/> MINOR INHERITED IRA | <input type="checkbox"/> TOD | <input type="checkbox"/> 529 PLAN |
| <input type="checkbox"/> IRA | <input type="checkbox"/> MINOR SIMPLE IRA | <input type="checkbox"/> CARRIER CUSTODIAN | <input type="checkbox"/> Coverdell Education Savings Account (ESA) | <input type="checkbox"/> USUFRUCT |
| | <input type="checkbox"/> MINOR ROTH IRA | | | |

Is this a Variable Annuity? Yes No

Are joint applicants married to each other? Yes No FA Number _____ Account Number _____

ACCOUNT

Account Title				
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

PRIMARY OWNER (Minor's Information if Custodial Account)

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
Home Phone	Mobile Phone	Email Address	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Number of Dependents
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		
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
Position Title		Work Phone	Nature of Business (please be specific)	
Is Client a Morgan Keegan 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 .		Is Client a Regions Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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

New Account Form

PRIMARY OWNER Continued

Is anyone in Client's immediate family affiliated with or employed by a Financial Institution or a 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, 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.

Legal Name (First, Middle Initial, Last)	Date of Birth	Social Security Number (TIN/Green Card Number)
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Legal Address (Cannot be PO Box)	City	State	Zip	Country
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Home Phone	Mobile Phone	Email Address	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Number of Dependents
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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?
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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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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)
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Employer Address	City	State	Zip
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Position Title	Work Phone	Nature of Business (please be specific)
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Is Client a Morgan Keegan 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 .	Is Client a Regions Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 Yes , 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

New Account Form

SECONDARY OWNER Continued

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

² **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.

³ **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.

⁴ **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

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 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

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 Manager? Yes No

New Account Form

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

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

BACK-UP CONTACT INFORMATION

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

IRA BENEFICIARY DESIGNATION INFORMATION

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				%

IRA Fee Schedule

Annual Custodial Fee	\$40	The custodial fee will be debited annually from the account. Annual custodial fees are waived for accounts where the household account value is \$250,000 or more. A transfer/termination fee will be charged upon the transfer or termination of the account unless for reasons of death or disability.
Annual SIMPLE Custodial Fee	\$50	
Termination Fee	\$95	
Transfer Fee	\$110	

New Account Form

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 ask to see your driver's license or other identifying documents.

By signing below, I/we acknowledge that I/we have read, received, understand and agree to abide by all the terms and conditions set forth in the Client Agreement and Disclosure Statement incorporated herein by this reference. **I/We acknowledge the Client Agreement contains a binding arbitration clause and other provisions substantially affecting my/our rights. **The arbitration agreement is set forth in, Section 5, Page 2 of the accompanying Client Agreement and Disclosure Statement. The arbitration agreement for IRAs is set forth in, Section 5, Page 12 of the accompanying Custodial Account Agreement and Disclosure Statement for Traditional IRAs, ROTH IRAs, Simple IRAs and Coverdell ESA IRAs.****

I/We have REVIEWED THE FINANCIAL INFORMATION AND INVESTMENT OBJECTIVES AND AGREE THAT THIS INFORMATION IS CORRECT AND FURTHER AGREE TO ADVISE MY/OUR FINANCIAL REPRESENTATIVE IF THIS INFORMATION CHANGES. I/We have retained a copy of the AGREEMENT STATEMENT for my/our records. I/We have been advised that the above identity information provided will be verified. I/We acknowledge that investments are **NOT FDIC INSURED, MAY LOSE VALUE, and are NOT BANK GUARANTEED.**

Client Signature Date

Client Signature Date

Client Signature Date

Client Signature Date

Financial Advisor Signature Date

Branch Manager Signature Date

Please sign in blue or black ink only.

FOR OFFICE USE ONLY				
CASH OPTION				
Select one: <input type="checkbox"/> Regions FDIC (20) <input type="checkbox"/> Credit Interest <input type="checkbox"/> Dreyfus General (71) <input type="checkbox"/> Dreyfus Muni (72) <input type="checkbox"/> Dreyfus Govt (73) <input type="checkbox"/> Dreyfus (77 – Only for accounts greater than or equal to \$250,000)				
HOW WAS THE ACCOUNT OBTAINED?				
<input type="checkbox"/> Call In <input type="checkbox"/> Walk In <input type="checkbox"/> Personal Acquaintance <input type="checkbox"/> Other (Please Explain)				
<input type="checkbox"/> Client Referral (List Client Name)				
<input type="checkbox"/> Regions Referral (List Cost Center and Employee ID)				
Deliver:	Payment:	Dividend:	Principal:	Maturity:
<input type="checkbox"/> (S) Hold street name	<input type="checkbox"/> (H) Hold Proceeds	<input type="checkbox"/> (C) Credit Account	<input type="checkbox"/> (C) Credit Account	<input type="checkbox"/> (C) Credit Account
<input type="checkbox"/> (D) Reg & Ship	<input type="checkbox"/> (D) Pay diff	<input type="checkbox"/> (D) Transfer to Margin	<input type="checkbox"/> (D) Transfer to Margin	<input type="checkbox"/> (D) Transfer to Margin
<input type="checkbox"/> (I) Instructions to follow	<input type="checkbox"/> (I) Instructions to follow	<input type="checkbox"/> (M) Auto check pay	<input type="checkbox"/> (M) Auto check pay	<input type="checkbox"/> (M) Auto check pay
<input type="checkbox"/> (R) Bearer as available	<input type="checkbox"/> (M) Transfer to Margin	<input type="checkbox"/> (E) ACH	<input type="checkbox"/> (E) ACH	<input type="checkbox"/> (E) ACH
<input type="checkbox"/> (H) Cust name safekeeping				