



MEMBER: FINRA/MSRB/SIPC

About this Application

This is a Retail Brokerage Account Application. Please read it carefully, as you will select products and services, tell us how you want to communicate with us, and agree to certain provisions that will govern our relationship. When we accept it, this Application and all accompanying or supplemental documents form the entire Agreement between us for this account.

Unless otherwise indicated in this Application, the words "you," "your," "yourself," and "yours" mean the applicant(s). The words "we," "us," and "our" mean {Henley & Company LLC} and our branches, subsidiaries, and affiliates.

Getting Started

Please complete and sign this Application, along with any required supplemental forms identified through this application process.

In order to complete this Application, you will need some or all of the following information:

- Identification information, such as a driver's license, passport, or another type of government-issued identification
- Social Security Number
- Federal tax information
- Information about your annual income, debt, expenses, and net worth
- Trusted contact person information
- Employment Information
- Date of Birth

The above information helps us comply with various securities regulations and rules and the USA PATRIOT Act, a Federal law that requires all securities firms to obtain, verify, and record information that identifies each applicant. The information also helps us more fully understand your investment profile and identify what types of investments or strategies may be suitable for you. Please note: if we cannot verify the information you provide, we may be required to restrict or deny your account.

Please remember to notify us if you experience a significant life change, such as the birth of a child, marriage, divorce, death of a spouse, loss of a job, change in financial situation, etc.

1 Select An Account

Account Title: _____ Account Number: _____

Account Type _____ Rep No: _____

- Individual Account Joint TIC Joint WROS Transfer on Death Estate Corporation
 Nonprofit Partnership Trust: Trust Type _____ Retirement: Retirement Type _____
 UGMA: State gift given _____ UTMA: State gift given _____ Other: _____

Other Accounts

Do you have other accounts with us? Yes No

2 Please Tell Us About Yourself—CONTINUED

Trusted Contact Person Information

By choosing to provide information about a trusted contact person, you authorize us to contact the trusted contact person listed below and disclose information about your account to that person in the following circumstances: to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults).

Mr. Mrs. Ms. Dr. **Suffix** Sr. Jr.

First Name		Middle Name	Last Name
Address			Apt/Suite No.
City	State	ZIP Code	Country
Work Phone	Home Phone	Mobile Phone	Email Address

Relationship to Primary Applicant/Co-Applicant: _____

All Applicants

Industry and Other Affiliations

Primary Applicant	Co-Applicant	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings and dependents:</p> <p>Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, branch manager, registered representative or other associated person of a broker-dealer firm) or a financial services regulator?</p> <p>If yes, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this Application).</p> <p><input type="checkbox"/> Broker-Dealer or Municipal Securities Dealer <input type="checkbox"/> Investment Adviser <input type="checkbox"/> FINRA or other Self Regulatory Organization* <input type="checkbox"/> State or Federal Securities Regulator</p> <p>(*Including a national securities exchange, registered securities association, registered clearing agency or the Municipal Securities Rulemaking Board.)</p> <p>Name of entity(ies): _____ Relationship to employee: _____</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>An officer, director or 10% (or more) shareholder in a publicly-owned company?</p> <p>Name of company and symbol: _____</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>A senior military, governmental or political official in a non-US country?</p> <p>Name of country: _____</p> <p>[Firms may consider whether to include this question in the context of their risk assessment procedures and the products and services they offer.]</p>

2 Please Tell Us About Yourself—CONTINUED

Financial Situation and Needs, Liquidity Considerations, and Tax Status

Please tell us your best estimate as to:

ANNUAL INCOME ¹ (from all sources)	NET WORTH ² (excluding your residence)	LIQUID NET WORTH ³	TAX RATE (highest marginal)
<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> 0-15%
<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> 16-25%
<input type="checkbox"/> \$50,001-100,000	<input type="checkbox"/> \$50,001-200,000	<input type="checkbox"/> \$50,001-200,000	<input type="checkbox"/> 26-30%
<input type="checkbox"/> \$100,001-250,000	<input type="checkbox"/> \$200,001-500,000	<input type="checkbox"/> \$200,001-500,000	<input type="checkbox"/> 31-35%
<input type="checkbox"/> \$250,001-500,000	<input type="checkbox"/> \$500,001-1,000,000	<input type="checkbox"/> \$500,001-1,000,000	<input type="checkbox"/> Over 35%
<input type="checkbox"/> Over \$500,000	<input type="checkbox"/> \$1,000,001-3,000,000	<input type="checkbox"/> \$1,000,001-3,000,000	
	<input type="checkbox"/> Over \$3,000,000	<input type="checkbox"/> Over \$3,000,000	

ANNUAL EXPENSES ⁴ (recurring)	SPECIAL EXPENSES ⁵ (future, non-recurring)	LIQUIDITY NEEDS
<input type="checkbox"/> \$50,000 and under	<input type="checkbox"/> \$50,000 and under	The ability to quickly and easily convert to cash all or a portion of the investments in this account without experiencing significant loss in value from, for example, the lack of a ready market, or incurring significant costs or penalties is (check one)
<input type="checkbox"/> \$50,001-100,000	<input type="checkbox"/> \$50,001-100,000	
<input type="checkbox"/> \$100,001-250,000	<input type="checkbox"/> \$100,001-250,000	
<input type="checkbox"/> \$250,001-500,000	<input type="checkbox"/> \$250,001-500,000	
<input type="checkbox"/> Over \$500,000	<input type="checkbox"/> Over \$500,000	
	Timeframe for special expenses: <input type="checkbox"/> Within 2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-10 years	<input type="checkbox"/> Very important <input type="checkbox"/> Important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Does not matter

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 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, personal property and automobiles, expected inheritances, assets earmarked for other purposes, and investments or accounts subject to substantial penalties if they were sold or if assets were withdrawn from them.

⁴ **Annual expenses** might include mortgage payments, rent, long-term debts, utilities, alimony or child support payments, etc.

⁵ **Special expenses** might include a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.

Investment Risk Tolerance

Investing involves risk. Different investment products and strategies involve different degrees of risk. The higher the expected returns of a product or strategy, the greater the risk that you could lose most of your investment. Investments should be chosen based on your objectives, timeframe, and tolerance for market fluctuations.

Please select the degree of risk you (and any co-applicants, if applicable) are willing to take with the assets in this account.

- Conservative.** I want to preserve my initial principal in this account, with minimal risk, even if that means this account does not generate significant income or returns and may not keep pace with inflation. LOW RISK
- Moderately Conservative.** I am willing to accept low risk to my initial principal, including low volatility, to seek a modest level of portfolio returns. LOW RISK
- Moderate.** I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and understand I could lose a portion of the money invested. MODERATE RISK
- Moderately Aggressive.** I am willing to accept high risk to my initial principal, including high volatility, to seek high returns over time, and understand I could lose a substantial amount of the money invested. HIGH RISK
- Significant Risk.** I am willing to accept maximum risk to my initial principal to aggressively seek maximum returns, and understand I could lose most, or all, of the money invested. SPECULATION

2 Please Tell Us About Yourself—CONTINUED

Financial Investment Experience

We are collecting the information below to better understand your investment experience. We recognize your responses may change over time as you work with us.

Please check the boxes that best describe your investment experience to date.

General Investment Knowledge:

Limited Moderate Extensive None

Investment	Years experience			Transactions per year (excluding automatic investments)		
Mutual Funds/ Exchange Traded Funds	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Individual Stocks	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Bonds	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Options	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Securities Futures	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Annuities	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Alternative ⁶	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Margin	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5			

⁶ May include structured products, hedge funds, etc.

Decision-Making (check all that apply)

- I consult with my broker, investment adviser, CPA, or other financial professional.
- I generally make my own decisions and/or consult with my co-applicant(s).
- I discuss investment decisions with family and/or friends.

Other Investments

Please provide us with additional information about your other investments to help us more fully understand your investment profile and identify what types of investments or strategies may be suitable for you.

Investment type/Description	Firm holding the investment	Amount (\$US)
		\$
		\$
		\$
		\$
		\$
		\$

2 Please Tell Us About Yourself—CONTINUED

Authorization to Trade (if applicable)

Please provide us with the contact information for any person other than the account holder(s) who has trading authorization over the account.

Mr. Mrs. Ms. Dr. **Suffix** Sr. Jr.

First Name	Middle Name	Last Name	
Permanent Address			Apt/Suite No.
City	State	ZIP Code	Country
Work Phone	Home Phone	Mobile Phone	Email Address

3 Tell Us How You Intend to Use This Account

The more we know about you and your goals for this account, the better we can serve you. Please answer the following questions about your investment objectives and investment time horizon to help us determine which investment products and strategies are suitable for you.

Investment Objectives and Investment Time Horizon

The investments in this account will be (check one):

- Less than 1/3 of my financial portfolio
- Roughly 1/3 to 2/3 of my financial portfolio
- More than 2/3 of my financial portfolio

The expected period of time you plan to invest to achieve your financial goal(s):

- Under 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- 11-20 years
- Over 20 years

I plan to use this account for the following (check all that apply):

- Generate income for current or future expenses
- Partially fund my retirement
- Wholly fund my retirement
- Steadily accumulate wealth over the long term
- Preserve wealth and pass it on to my heirs
- Pay for education
- Pay for a house
- Short term growth
- Market speculation
- Other: _____

If you choose multiple objectives please explain in the notes field below.

Notes: _____

Other Information

Please provide us with any additional information not requested above that you believe will help us more fully understand your investment profile and identify what types of investments or strategies may be suitable for you.

4 Tell Us How You Will Fund This Account

Please tell us how you are funding this account (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Income | <input type="checkbox"/> Insurance payout |
| <input type="checkbox"/> Pension or retirement savings | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Funds from another account | <input type="checkbox"/> Social Security benefits |
| <input type="checkbox"/> Gift | <input type="checkbox"/> Home Equity Line of Credit/Reverse Mortgage |
| <input type="checkbox"/> Sale of business or property | <input type="checkbox"/> Other: _____ |

5 Tell Us How You Want to Work With Us

Account Features

Please note: You may change your account features and options at any time, with advance written notice to us.

Borrowing Money to Buy Securities (Buying "On Margin") – Please Read Carefully

You will have a "cash account," unless you choose to have a "margin loan account" (customarily known as a "margin account"). To help you decide whether a margin loan account is right for you, please read this information, the Margin Loan Agreement and the Margin Disclosure Statement.

In a cash account, you pay for your securities in full by the settlement date of the purchase (generally two to three business days from the purchase). In a margin loan account, we may lend you a portion of the purchase price. This is called buying securities "on margin." For example, when you buy equity securities (such as common stock) on margin, you typically must deposit at least 50% of the purchase price, and we would loan you the balance. **You are liable for repaying the borrowed funds and the interest incurred.**

If you borrow funds in your margin loan account and the value of your holdings declines below the firm's and/or regulatory maintenance margin requirement, you may be subject to a "margin call." This means that we can either (1) require you to deposit additional cash or margin-eligible securities to your account immediately, or (2) sell **any** of the securities in your account to cover any shortfall, **without informing you in advance.** We will decide which of your securities to sell. **Even if we notify you that you have a certain number of days to cover the shortfall, we may still sell your securities before that timeframe expires.** Further, we may increase at any time the level of equity that you must maintain in your margin account without triggering a margin call.

We have the right to lend shares held in your margin loan account to others. This should not impede your ability to sell these shares, but may cause you to lose voting rights and the right to preferred tax treatment on certain dividend payments.

Borrowing funds to buy securities is only appropriate for those investors who can tolerate losing more than the amount of money deposited in the account. To avoid the use of margin, even in a margin loan account, always pay for your purchases in full by the settlement date of the purchase.

- No** I do not want the ability to borrow funds in my account, which means I will have a cash account.
- Yes** I want the ability to borrow funds in my account. I have read the Margin Loan Agreement and the Margin Disclosure Statement and understand my rights and obligations under them.

Note: If you do not check any box above, by default you will have a cash account.

5 Tell Us How You Want to Work With Us—CONTINUED

Managing Your Cash

Sometimes there is cash in your account that hasn't been invested. For example, you may have just deposited money into your account without giving instructions on how to invest it, or you may have received cash dividends or interest. We will automatically place—or “sweep”—that cash into one of the cash management programs listed below—also called “cash sweep programs.” Cash management programs offer different benefits and risks, including different interest rates, customer protections and insurance coverage (namely, FDIC or SIPC coverage). Some may have certain eligibility criteria, such as minimum cash balances and specific account types.

Please choose one of the cash management programs listed below. You may instruct us to change your selected cash management program at any time to another, if you meet the eligibility criteria of the new cash management program. If you do not choose one, we will automatically place your uninvested cash into the default cash management program, which will be FCR for Retail Accounts, and PGR for Retirement Accounts. We will give you advance notice of any change in your choice or of the options generally available to you. We may need your consent for certain changes, but not for others. For more information on available cash management programs, please ask your registered representative.

Sales proceeds (check one):

- Mail check to the address of record
- Send directly to your bank account. Please provide bank name and account number: _____
- Sweep into Money-Market Fund
- Other: _____

Dividends/interest (check one):

- Mail check to the address of record
- Send directly to your bank account. Please provide bank name and account number: _____
- Sweep into same investment as indicated at left
- Reinvest in the same security

⁷ **SIPC** protects customers of brokerage firms that are closed due to bankruptcy or other financial difficulty. Each customer may be protected up to \$500,000, including up to \$250,000 in cash held in the account. SIPC will cover any missing customer securities when the brokerage fails, whether the securities are missing due to conversion, theft, unauthorized trading or other reasons. SIPC does not protect against ordinary market loss. Not every investment is protected by SIPC and some customers may be ineligible to have their claims satisfied with SIPC funds. More information can be found at www.sipc.org or by calling 1-202-371-8300.

⁸ Under **FDIC coverage**, if a bank or savings association fails, each depositor generally is insured for up to \$250,000 for non-retirement accounts, and up to \$250,000 for IRAs and certain other retirement accounts. The FDIC coverage does not insure securities or mutual funds. More information can be found at www.fdic.gov or by contacting the FDIC at 1-877-ASK-FDIC.

Communications Choices

Communications Options

Unless you choose otherwise, we will use postal mail to send you any communications. As an alternative, you may choose to be notified by email when certain communications are available for you to access online. If you wish to be notified by email instead of receiving communications by postal mail, please select one of the options below:

- All communications** – I wish to be notified by email about the online availability of any communications, including trade confirmations, prospectuses, account statements, proxy materials, tax-related documents, and marketing and sales documents.
- All communications except trade confirmations, account statements, and tax-related documents** – I wish to be notified by email about the online availability of all communications except trade confirmations, account statements, and tax-related documents, which I still wish to receive by postal mail.
- All communications except tax-related documents** – I wish to be notified by email about the online availability of all communications except tax-related documents, which I still wish to receive by postal mail.

If you choose email for any communications, please tell us the email address we should use: _____

5 Tell Us How You Want to Work With Us—CONTINUED

Postal Mail Options (if you requested postal mail delivery in the previous section)

By checking the boxes below, you request that all communications for the applicants listed on this Application be delivered to the following single postal mailing address:

Primary Applicant's Mailing Address

Co-Applicant's Mailing Address

Other. Please specify: _____

Duplicate Copies (optional)

Please send duplicate copies of the following documents to the person listed below:

All Communications Trade Confirmations, Account Statements, and Tax-Related Documents Tax-Related Documents Only

Mr.

Mrs.

Ms.

Dr.

Suffix

Sr.

Jr.

First Name

Middle Name

Last Name

Address

Apt/Suite No.

City

State

ZIP Code

Country

Relationship to Primary Applicant/Co-Applicant: _____

6 Review and Submit This Application

Confirmations and Signatures – Please Read Carefully

By signing this Application, you affirm that you have received and read this Application and any supplemental documents governing this relationship. You affirm that the information you have provided is accurate and you agree to notify us of any changes in the information provided.

Tax Withholding Certifications

Please check all boxes that apply, and sign and date below.

<i>Primary Applicant</i>	<i>Co-Applicant</i>	
<input type="checkbox"/>	<input type="checkbox"/>	U.S. Person: Under penalty of perjury, I certify that: (1) I am a U.S. citizen, U.S. resident alien or other U.S. person, and the Social Security Number or Taxpayer Identification Number provided in this Application is correct (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.
<input type="checkbox"/>	<input type="checkbox"/>	Certification Instructions: You must check this box if you cannot certify to item (2) above, meaning that you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.
<input type="checkbox"/>	<input type="checkbox"/>	Non-Resident Alien: I certify that I am not a U.S. citizen, U.S. resident alien, or other U.S. person for U.S. tax purposes, and I am submitting the applicable Form W-8 with this form to certify my foreign status and, if applicable, claim tax treaty benefits.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signatures

Primary Applicant Name (please print)

Primary Applicant Signature

Date

Co-Applicant Name (please print)

Co-Applicant Signature

Date

Registered Representative

Date

Principal

Date

Please mail your completed Application to the address listed below, or fax it to [516-794-6207].

Henley & Company LLC, 1290 RXR Plaza, Uniondale, NY 11556

1. Provisions in the Event of Failure to Pay or Deliver

Whenever I (we) do not, on or before the settlement date, pay in full for any security purchased for my (our) account, or deliver any security sold for such account, you are authorized (subject to the provisions of any applicable statute, rule, or regulation):

(A) Until payment or delivery is made in full, to pledge, repledge, hypothecate, or rehypothecate, without notice, any or all securities which you or your clearing agent may hold for me (either individually or jointly with others), separately or in common with other securities or commodities or any other property, for the sum then due or for a greater or lesser sum and without retaining in your possession and control for delivery a like amount of similar securities.

(B) To sell any or all securities which you or your clearing agent may hold for me (either individually or jointly with others), to buy in any or all securities required to make delivery for my (our) account, or to cancel any or all outstanding orders or commitments for my (our) account.

2. Cancellation Provisions

You are authorized, in your discretion, should I (we) die or should you for any reason whatever deem it necessary for your protection, without notice, to cancel any outstanding orders in order to close out my (our) accounts, in whole or in part, or to close out any of the commitments made on my (our) behalf.

3. General Provisions

Any sale, purchase, or cancellation authorized hereby may be made according to your judgement and at your discretion on the exchange or other market where such business is then usually transacted, at public auction, or at private sale without advertising the same and without any notice, prior to tender, demand, or call. You may purchase the whole or any part of such securities free from any right of redemption, and I (we) shall remain liable for any deficiency. It is further understood that any notice, prior to tender, demand, or call, from you shall not be considered a waiver of any provision of this agreement. I (we) shall include any person executing this agreement. With my (our) signature on this document, I (we) authorize any free credit balance in my account to be automatically invested into the sweep product elected, unless I (we) instruct my financial organization differently. Pershing LLC is further authorized to rely on instructions that I (we) give to my financial organization regarding my (our) sweep elections. I (we) agree, that my (our) sweep option may be changed, including changes between money market funds and bank deposit products, with prior notification to me (us).

4. Successors

This agreement and its provisions shall be continuous, and shall inure to the benefit of your present organization, and any successor organization or assigns, and shall be binding upon me (us) and/or the estate, executors, administrators, and assigns of my (our) account.

5. Age

I (we), if an individual, represent that I (we) am (are) of full age.

6. Interest in Account

No one except me (us) has an interest in any of my (our) accounts with you unless such interest is revealed in the title of such account, and in any case, I (we) have the interest indicated in such title.

7. Orders and Statements

Reports of the execution of orders and statements of my (our) account shall be conclusive if not objected to in writing, the former within two days and the latter within ten days, after forwarding by you to me (us) by mail or otherwise.

8. Extraordinary Events

You shall not be liable for loss or delay caused directly or indirectly by war, natural disasters, government restrictions, exchange, or market rulings, or other conditions beyond your control.

9. Fees and Charges

I (we) agree to the fees and charges on the fee schedule received by me (us). You may change the fee schedule from time to time.

10. Joint Accounts

If this is a joint account, unless we notify you otherwise and provide such documentation, as you require, the brokerage account(s) shall be held by us jointly with rights of survivorship (payable to either or the survivor of us). Each joint tenant irrevocably appoints the other as attorney-in-fact to take all action on his or her behalf and to represent him or her in all respects in connection with this Agreement. You shall be fully protected in acting, but shall not be required to act upon the instructions of either of us. Each of us shall be liable, jointly and individually, for any amounts due to you pursuant to this Agreement, whether incurred by either or both of us.

11. Address

Communications may be sent to me (us) at my (our) current address which is on file at your office, or at such other address as I (we) may hereafter give you in writing. All communications so sent, whether by mail, telegraph, messenger, or otherwise, shall be deemed given to me (us) personally, whether actually received or not.

12. Recording Conversations

I (we) understand and agree that for our mutual protection you may electronically record any of my (our) telephone conversations.

13. ARBITRATION DISCLOSURES

THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE. BY SIGNING AN ARBITRATION AGREEMENT THE PARTIES AGREE AS FOLLOWS:

- ALL PARTIES TO THIS AGREEMENT ARE GIVING UP THE RIGHT TO SUE EACH OTHER IN COURT, INCLUDING THE RIGHT TO A TRIAL BY JURY, EXCEPT AS PROVIDED BY THE RULES OF THE ARBITRATION FORUM IN WHICH A CLAIM IS FILED.
- ARBITRATION AWARDS ARE GENERALLY FINAL AND BINDING; A PARTY'S ABILITY TO HAVE A COURT REVERSE OR MODIFY AN ARBITRATION AWARD IS VERY LIMITED.
- THE ABILITY OF THE PARTIES TO OBTAIN DOCUMENTS, WITNESS STATEMENTS, AND OTHER DISCOVERY IS GENERALLY MORE LIMITED IN ARBITRATION THAN IN COURT PROCEEDINGS.
- THE ARBITRATORS DO NOT HAVE TO EXPLAIN THE REASON(S) FOR THEIR AWARD, UNLESS, IN AN ELIGIBLE CASE, A JOINT REQUEST FOR AN EXPLAINED DECISION HAS BEEN SUBMITTED BY ALL PARTIES TO THE PANEL AT LEAST 20 DAYS PRIOR TO THE FIRST SCHEDULED HEARING DATE.
- THE PANEL OF ARBITRATORS WILL TYPICALLY INCLUDE A MINORITY OF ARBITRATORS WHO WERE OR ARE AFFILIATED WITH THE SECURITIES INDUSTRY.
- THE RULES OF SOME ARBITRATION FORUMS MAY IMPOSE TIME LIMITS FOR BRINGING A CLAIM IN ARBITRATION. IN SOME CASES, A CLAIM THAT IS INELIGIBLE FOR ARBITRATION MAY BE BROUGHT IN COURT.
- THE RULES OF THE ARBITRATION FORUM IN WHICH THE CLAIM IS FILED, AND ANY AMENDMENTS THERETO, SHALL BE INCORPORATED INTO THIS AGREEMENT.

14. ARBITRATION AGREEMENT

ANY CONTROVERSY BETWEEN YOU OR PERSHING AND US SHALL BE SUBMITTED TO ARBITRATION BEFORE AND ONLY BEFORE THE FINANCIAL INDUSTRY REGULATORY AUTHORITY. NO PERSON SHALL BRING A PUTATIVE OR CERTIFIED CLASS ACTION TO ARBITRATION, NOR SEEK TO ENFORCE ANY PREDISPUTE ARBITRATION AGREEMENT AGAINST ANY PERSON WHO HAS INITIATED IN COURT A PUTATIVE CLASS ACTION; OR WHO IS A MEMBER OF A PUTATIVE CLASS WHO HAS NOT OPTED OUT OF THE CLASS WITH RESPECT TO ANY CLAIMS ENCOMPASSED BY THE PUTATIVE CLASS ACTION UNTIL: (I) THE CLASS CERTIFICATION IS DENIED; (II) THE CLASS IS DECERTIFIED; OR (III) THE CUSTOMER IS EXCLUDED FROM THE CLASS BY THE COURT. SUCH FORBEARANCE TO ENFORCE AN AGREEMENT TO ARBITRATE SHALL NOT CONSTITUTE A WAIVER OF ANY RIGHTS UNDER THIS AGREEMENT EXCEPT TO THE EXTENT STATED HEREIN. THE LAWS OF THE STATE OF NEW YORK GOVERN.

15. Specified Adult and Trusted Contact Disclosure

By completing a physical or electronic contact form, new account form, account maintenance form or providing Trusted Party information to my broker or advisor for electronic capture, I/we authorize Henley & Company LLC "Henley" and Pershing LLC ("Pershing") and their affiliates to share my nonpublic personal information* held at Henley and Pershing with the named trusted contact person(s) (the "Trusted Contact Person(s)") identified as such. Additionally, I/we authorize this information to be shared with the Trusted Contact Person(s) at the discretion of Henley and Pershing. This authorization includes, but is not limited to, sharing or disclosing any information regarding securities, insurance, bank related, financial planning or other financial products or services offered by or through Henley and/or Pershing or any financial information I/we may have provided to Henley and Pershing. I/we understand that Henley and Pershing, LLC may contact the named Trusted Contact Person(s) if there are questions/concerns about my whereabouts or health status (i.e., if Henley and Pershing becomes concerned that I may no longer be able to handle my financial affairs) or in the event that Henley and Pershing becomes concerned that I may be a victim of fraud or exploitation.

Account owners should contact Henley & Company LLC (1-800-753-8688) or their financial representative with additional questions.

Account owners may also contact FINRA at its toll-free number for senior investors to get assistance or raise concerns about issues with brokerage accounts and investments.

CALL: 844-57-HELPS (844-574-3577) MONDAY – FRIDAY; 9 – 5 P.M. ET

* "Nonpublic personal information" includes, but is not limited to: financial account information and balances, information regarding the purchase of a security or insurance product, and any other personally identifiable financial information: (i) provided by a me/us to my/our Financial Institution; (ii) resulting from any transaction in my/our account or any service performed on behalf of me/us by the Financial Institution; or (iii) otherwise obtained from me/us by the Financial Institution.

16. Amendment and Modification of Agreement

I (we) agree that you or your successors or assigns may unilaterally, at any time, change or modify the terms and conditions of this New Account Agreement by sending me notice of the change as required by law or regulation.

FEE SCHEUDLE			
ASSET MANAGEMENT ACCOUNTS		PROCASH FEES	
GOLD ACCOUNT	\$ 100.00	BUSINESS INITIAL CHECK ORDER	\$ 50.00
GOLD CORPORATE ACCOUNT	\$ 150.00	BUSINESS STYLE RE ORDER CHECKS	\$ 40.00
PLATINUM ACCOUNT	\$ 150.00	CARBON COPY CHECK RE ORDER	\$ 25.00
PLATINUM CORPORATE ACCOUNT	\$ 250.00	CASH ADVANCE TRANSACTION FEE	0.25%
SILVER ACCOUNT	\$ 25.00	CHECKBOOK INITIAL ORDER FEE	\$ -
SILVER PLUS ACCOUNT	\$ 50.00	COPY RETRIEVAL RESOURCE CHKG AND PROCASH PLUS	\$ 2.50
		GOLD CHECK RE ORDER	\$ 10.00
ASSET MOVEMENT FEES		INITIAL REORDER OF PCP CARBON COPY CK RQ	\$ 15.00
DISBURSEMENT ERROR - INSUFFICIENT FUNDS	\$ 25.00	OVERNIGHT MAILING	\$ 20.00
INSUFFICIENT FUNDS - BANKING AND FUNDS	\$ 20.00	PLATINUM CHECK REORDER	\$ 7.50
PAYMENT STOP ERROR	\$ 15.00	REORDER BUSINESS STYLE CHECK BINDER	\$ 20.00
STOP CHECK FEE	\$ 15.00	RESOURCE CHECKING RETURN CHECK	\$ 25.00
UNCOLLECTED FUND ERROR	\$ 25.00	RESOURCE CHECKING STOP PAYMENT	\$ 25.00
VOID CHECK ERROR	\$ 25.00	RETURNED CHECKS	\$ 25.00
		SILVER CHECK REORDER	\$ 12.50
DIVIDEND REINVESTMENT	\$ 1.00	STOP PAYMENT	\$ 25.00
DOCUMENT DELIVERY			
CONFIRM PAPER SURCHARGE	\$ 1.00	REORG VOLUNTARY	\$ 20.00
STATEMENT PAPER SURCHARGE	\$ 1.00		
		RETIREMENT ACCOUNT MTC FEES	
FED FUND WIRE	\$ 25.00	TRADITIONAL IRA, ROTH IRA, SEP, AND EDUCATION	
		SAVING	\$ 50.00
FOREIGN RECEIVE AND DELIVER		TRADITIONAL IRA & ROTH MFO	\$ 12.00
AGENT BANK FEE - LOCAL MARKET DELIVERY	\$ 75.00	QRP	\$ 58.50
AGENT BANK FEE - EUROCLEAR FREE DELIVERY	\$ 50.00	QRP MFO	\$ 12.00
AGENT BANK FEE - LOCAL MARKET RECEIVE	\$ 75.00	INDIV K & SIMPLIFIED 401K	\$ 75.00
AGENT BANK FEE - EUROCLEAR FREE RECEIVES	\$ 50.00	SIMPLIFIED PS/MPP	\$ 75.00
CLEARANCE FEE ACATS	\$ 75.00	FLEX 401K	\$ 125.00
EURO CLEAR ACATS	\$ 50.00	FLEX PS/MPP	\$ 125.00
INACTIVE ACCOUNT FEES	\$ 40.00	RETIREMENT CASH MGMT	\$ 25.00
MARGIN EXTENSION		SAFEKEEPING	\$ 2.00
COD EXTENSION	\$ 10.00	SECURITY TRANSFERS	
MARGIN EXTENSION	\$ 15.00	DRS TRANSFER	\$ 10.00
OUTGOING ACCOUNT TRANSFER	\$ 95.00	SPECIAL STATEMENT PRODUCTION	
PROCASH CASH MGMT	\$ 25.00	YEAR END ACCOUNT REPORT	\$ 3.00
		PRECIOUS METAL STORAGE FEES	75 BPS