DIVINE CAPITAL MARKETS LLC

New Account Application Form

Branch Code	RR#	Acct Type	Date Opened

Account Information

Account Name	**SS# or Tax ID**
Joint account or name of Minor if Custodial Account	**SS#**

DOB	**Citizenship?**	**Marital Status?** **M S D W**	**Joint DOB**	**Joint Citizenship?**
Home Phone	**Work Phone**	**Cell Phone**	**Fax**	**Email**

Dependents: **Tax Bracket:**
Total Number of Dependents: _____ Ages of Dependents: _____________ ___________%

Legal Address (No PO Box)

City	**State**	**Zip**

Mailing address (if different from above)

INSTITUTIONAL ACCOUNTS:
Name(s) and Title(s) of Person(s) Authorized to open account:
Name(s) and Title(s) of Person(s) Authorized to enter orders:

Is this account for a Foreign Bank? Yes No
If so, please list agent for service of Process:

Are you affiliated with or do you work for a member firm of a stock exchange or the NASD, Inc., or are you a senior officer of a bank, S&L, insurance company, registered advisory firm or other like account or a person in the securities department of any of the above, or an immediate family member of any such person? **(Circle one) Yes No Position**: ______________

Are you a director, a 10% shareholder, or a policy-making executive officer of a publicly traded company?
(Circle one) Yes No Company Name and Symbol: ______________

Employment Information *For personal accounts only. If self employed, state nature of business.*

Employed By:	Occupation:	Joint Holder Employed By:	
Business Address:		Business Address:	

Investment Profile This information is mandatory. Please use combined figures, if joint account

Investment Objectives:
- ❑ Preservation of Capital
- ❑ Income
- ❑ Capital Appreciation/Growth
- ❑ Speculation

Risk Tolerance:
- ❑ Conservative
- ❑ Moderate
- ❑ Aggressive

Knowledge and Experience	None	Limited	Average	Extensive	# Years
Stocks and Bonds					
Mutual Funds					
UIT's					
Annuities					
Options					
Commodities					

Check where appropriate:	$0 - $49,999	$50,000- $99,999	$100,000- $199,999	$200,000- $499,999	$500,000- $999,999	$1,000,000- $2,499,999	$2,500,000 and up
Annual Income							
Liquid Net Worth							
Net Worth							

Do You have accounts with another brokerage firm? **Yes No (If so, please indicate where)______________________________**

Please sign and date the following statement should any part of the Investment Profile be declined to be completed:
Client declines to provide financial data. Client Acknowledges and accepts responsibility for the fact that failure to provide such data will impair Divine Capital's ability to make recommendations that it believes are suitable for client, based on the client's financial situation and needs.

____________________________________ __________ ____________________________________ __________
Primary Account Holder Date Joint Account Holder Date
I decline to provide financial data I decline to provide financial data

THE SECOND PAGE OF THIS APPLICATION MUST BE SIGNED BY ALL ACCOUNT HOLDERS

Margin

All qualified accounts are opened as margin accounts. Margin trading entails greater risk and is not suitable for all investors. If the market value of eligible securities in your account declines, you may be required to deposit more money or eligible securities in order to maintain your line of credit. By signing below, I acknowledge that I have received and read the General Account Agreement and Disclosure Document and Statement of Interest Changes and Margin Account Policy documents.

- ❑ I /we **decline** margin privileges. Please open my account as a cash account only. I understand that I will not have overdraft protection.

Banking Reference

Bank / Branch	City	State

Account Type

Type of Account Ownership:

- ❑ Individual
- ❑ Joint TWROS
- ❑ Joint TIC
- ❑ Individual IRA
- ❑ SEP IRA
- ❑ Simple IRA
- ❑ Roth Community IRA
- ❑ Roth Conversion IRA
- ❑ Educational IRA
- ❑ Keogh
- ❑ Custodian
- ❑ Estate (include Estate Papers)
- ❑ Partnership (include agmt)
- ❑ Investment Club (include agmt)
- ❑ Association or Non-Corporate Org
- ❑ Corporation (include Corp. Res.)
- ❑ ERISA
- ❑ Trust (include copy of trust)
- ❑ Advisor or Outside Managed
- ❑ Pension/Profit Sharing
- ❑ Other: __________

On Line Access: Is this account to be set up with online access? **Yes** **No**

Transfer On Death: Is this account to be set up as a Transfer On Death? (TOD) **Yes** **No** If Yes, provide the TOD Agreement

Service Instructions

When Buying Securities:	When Selling Securities:	Cash Dividends / Interest
❑ Hold in Client Name	❑ Issue Check on Settlement	❑ Mail Check
❑ Hold Certificates	❑ Purchase Redeem Money Market Fund	❑ Sweep to Money Market

Advisor Information

CPA's Information	Attorney's Information
Name	Name
Address	Address
Phone	Phone
Email	Email
May I contact your CPA? **Yes** **No**	May I contact your Attorney? **Yes** **No**

Joint Account Ownership

It is the express intention of the undersigned that ownership of this account be vested in them as:

- ❑ Joint Tenants With Rights of Survivorship and not as Tenants In Common or as Tenants by the entirety. In the event of the death of either or any of the undersigned, the entire interest in the joint account shall be vested in the survivor or survivors on the same terms and conditions as theretofore held, without in any manner releasing the undersigned or their estates from the liability provided for in this Agreement.
- ❑ Tenants In Common. In the event of the death of either or any of the undersigned, the interest in the tenancy shall be equal unless otherwise specified immediately below.

If Tenants In Common, if interests are not equal, designate the percentage interest of each tenant:
Name___________________% Name____________________%

State Issued Identification

Type of Government Picture ID enclosed: Please circle one
Drivers License **Passport** **Military ID** **Other**____________________________

Certification

Under penalties of Perjury, I certify that (check all that apply):

- ❑ I am a US person (including a US Resident Alien)
- ❑ The number shown on this form is my correct Taxpayer ID (or I am waiting for a number to be issued to me) and I am NOT subject to backup withholding either because I have NOT been notified by the IRS that I am subject as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding.
- ❑ The number shown on this form is my correct Taxpayer ID (or I am waiting for a number to be issued to me) and I AM subject to backup withholding.
- ❑ I do NOT want my name, address and security positions disclosed to the companies in which I own securities that are being held for me in this account.

1. If a person other than the owner is operating this account, a POWER OF ATTORNEY giving authorization must be attached.
2. I have reviewed the information contained on this application and attest to the accuracy thereof.
3. The product offered (1) are NOT FDIC insured; (2) Are not obligations of a bank; (3) are not guaranteed by a bank; and (4) Involve investment Risk including the possible loss of principal.
4. I have received a copy of the client account agreement and agree to the terms and conditions thereof. By signing below, the customer acknowledges receiving a copy of this agreement.
5. I have received a copy of the schedule of fees. I understand that the fee schedule may change from time to time and I agree to be bound by such changed fee schedule.
6. I/We understand that the client account agreement provided to me contains in Paragraph 22 pre-dispute arbitration clause requiring all disputes under this agreement to be settled by binding arbitration. By signing below I acknowledge that I have received a copy of this agreement.

Signature, Primary Account Holder	Date	Signature, Joint Account Holder	Date
Registered Representative	Date	Supervisory Principal	Date