



1st Discount Brokerage, Inc.

Member FINRA-SIPC

BRANCH-ACCOUNT NUMBER

REGISTERED REP CODE

ACCOUNT UPDATE FORM - ENTITY



Please only complete those sections needing to be updated and leave sections not requiring updating blank. Please submit this form to AccountMaintenance@apexclearing.com for processing.

BENEFICIAL OWNERS	HAS THE BENEFICIAL OWNERS OR CONTROL PERSONS CHANGED FOR THE LEGAL ENTITY CUSTOMER? <input type="checkbox"/> YES <input type="checkbox"/> No If Yes, Please update the EXHIBIT – ENTITY CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS on page 2.				
ACCOUNT INFORMATION	ACCOUNT NAME				
	BUSINESS ADDRESS		CITY	STATE	ZIP CODE
	BUSINESS TELEPHONE NO.		MAIL TO (Check One) <input type="checkbox"/> Mailing <input type="checkbox"/> Business <input type="checkbox"/> P.O. Box		U.S. ENTITY <input type="checkbox"/> YES <input type="checkbox"/> NO
	FAX NO.				
	MAILING ADDRESS (If Different than Business Address)		CITY	STATE	ZIP CODE
	ATTENTION:				
	AUTHORIZED SIGNOR		EMAIL ADDRESS		
SUITABILITY INFORMATION	TIME HORIZON (The number of years planned to achieve a particular financial goal) <input type="checkbox"/> Short (Less than 3 Years) (01) <input type="checkbox"/> Long (8 Years+) (03) <input type="checkbox"/> Average (4-7 Years) (02)		LIQUIDITY NEEDS (The ability to quickly and easily convert all or a portion of the account assets into cash without experiencing significant loss) <input type="checkbox"/> Very Important (01) <input type="checkbox"/> Not Important (03) <input type="checkbox"/> Somewhat Important (02)		
INVESTMENT PROFILE	INVESTMENT OBJECTIVE	INVESTMENT EXPERIENCE	ANNUAL INCOME (From all sources)		
	<input type="checkbox"/> Capital Preservation (05) <input type="checkbox"/> Income (04) <input type="checkbox"/> Growth (03) <input type="checkbox"/> Speculation (02) <input type="checkbox"/> Other (08)	<input type="checkbox"/> None (00) <input type="checkbox"/> Limited (01) <input type="checkbox"/> Good (02) <input type="checkbox"/> Extensive (03)	<input type="checkbox"/> Under \$25,000 (01) <input type="checkbox"/> \$200,001 to \$300,000 (24) <input type="checkbox"/> \$25,001 to \$50,000 (02) <input type="checkbox"/> \$300,001 to \$500,000 (25) <input type="checkbox"/> \$50,001 to \$100,000 (03) <input type="checkbox"/> \$500,001 to \$1,200,001 (26) <input type="checkbox"/> \$100,001 to \$200,000 (23) <input type="checkbox"/> Over \$1,200,001 (27)		
	LIQUID NET WORTH (Cash & Liquid Investments only)	TOTAL NET WORTH (Excluding Residence)	RISK TOLERANCE		
	<input type="checkbox"/> Under \$50,000 (01) <input type="checkbox"/> \$50,001 to \$100,000 (02) <input type="checkbox"/> \$100,001 to \$200,000 (22) <input type="checkbox"/> \$200,001 to \$500,000 (23) <input type="checkbox"/> \$500,001 to \$1,000,000 (24) <input type="checkbox"/> \$1,000,001 to \$5,000,000 (25) <input type="checkbox"/> Over \$5,000,001 (26)	<input type="checkbox"/> Under \$50,000 (01) <input type="checkbox"/> \$50,001 to \$100,000 (02) <input type="checkbox"/> \$100,001 to \$200,000 (22) <input type="checkbox"/> \$200,001 to \$500,000 (23) <input type="checkbox"/> \$500,001 to \$1,000,000 (24) <input type="checkbox"/> \$1,000,001 to \$5,000,000 (25) <input type="checkbox"/> Over \$5,000,001 (26)	<input type="checkbox"/> Low (01) <input type="checkbox"/> Medium (02) <input type="checkbox"/> High (03) Tax Bracket: _____ %		

CERTIFICATION OF BENEFICIAL OWNER(S) ADDITIONAL ACCOUNT INFORMATION	EXHIBIT – ENTITY CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS				
	A. The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding relationship or otherwise, owns 10 percent or more of the equity interests of the legal entity listed above. <i>(If no individual meets this definition, please write N/A)</i>				
	NAME	DATE OF BIRTH	ADDRESS <i>(Residential or Business Address)</i>	FOR U.S. PERSONS: SOCIAL SECURITY NUMBER	FOR NON-U.S. PERSONS SOCIAL SECURITY NUMBER: PASSPORT NUMBER AND COUNTRY OF ISSUANCE, OR OTHER SIMILAR IDENTIFICATION NUMBER ¹
	B. The following information for one individual with significant responsibility for managing the legal entity listed above, such as: <ul style="list-style-type: none"> An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions. <i>[If appropriate, an individual listed under section (c) above may also be listed in this section (d)]</i>				
NAME	DATE OF BIRTH	ADDRESS <i>(Residential or Business Address)</i>	FOR U.S. PERSONS: SOCIAL SECURITY NUMBER	FOR NON-U.S. PERSONS SOCIAL SECURITY NUMBER: PASSPORT NUMBER AND COUNTRY OF ISSUANCE, OR OTHER SIMILAR IDENTIFICATION NUMBER ²	
C. ARE THE NEW BENEFICIAL OWNERS LISTED IN A ABOVE OR INDIVIDUAL LISTED IN B ABOVE A CURRENT OR FORMER POLITICALLY EXPOSED PERSON OR PUBLIC OFFICIAL? <i>(Includes U.S. and Foreign Individuals)</i>				<input type="checkbox"/> YES <input type="checkbox"/> No	
IF YES, PLEASE PROVIDE THE NAMES OF THAT OFFICAL AND OFFICIAL'S IMMEDIATE FAMILY MEMBERS. <i>(Including Former Spouses)</i>				OFFICIAL & IMMEDIATE FAMILY MEMBER(S)	
IF YES, PLEASE PROVIDE THE NAME OF THE RELATED POLITICAL ORGANIZATION.				POLITICAL ORGANIZATION	

¹ In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

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SIGNATURES	I, _____ (name of natural person updating the account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I understand and agree the existing account agreement used to open my account shall continue to govern.	
	SIGNATURE 	DATE
FOR OFFICE USE ONLY	I, _____, hereby certify, to the best of my knowledge, that the information provided above is complete and correct.	
	SIGNATURE 	DATE