1st Discount Brokerage, Inc.
Member FINRA • SIPC

Updated Information for Existing Accounts

This form is for existing clients to update their investment objectives and financial information.

Please complete all fields below. All owners of the account must sign and date the form.

8-digit Account Number	Account Name

Applicant's Investment Knowledge	Co-Applicant's Investment Knowledge
☐None (00) ☐Limited (01) ☐Good (02) ☐Extensive (03)	☐None (00) ☐Limited (01) ☐Good (02) ☐Extensive (03)

Income, Investment, and Other Information (for Joint Accounts, data is combined)

Annual Income from All Sources	☐ Under $25,000 (01) ☐ $25,001 - $50,000 (02) ☐ $50,001 - $100,000 (03) ☐ $100,001 - $200,000 (23) ☐ $200,001 - $300,000 (24) ☐ $300,001 - $500,000 (25) ☐ $500,001 - $1,200,000 (26) ☐ Over $1,200,001 (27)	Risk Tolerance	☐ Low (01) ☐ Medium (02) ☐ High (03)
Net Worth (exclusive of primary residence)	☐ Under $50,000 (01) ☐ $50,001 - $100,000 (02) ☐ $100,001 - $200,000 (22) ☐ $200,001 - $500,000 (23) ☐ $500,001 - $1,000,000 (24) ☐ $1,000,001 - $5,000,000 (25) ☐ Over $5,000,000 Please provide estimated amount.	Federal Tax Bracket	☐ 10% ☐ 15% ☐ 25% ☐ 28% ☐ 33% ☐ 35% ☐ Other: _______________ %
Liquid Net Worth (cash, stocks, etc.)	☐ Under $50,000 (01) ☐ $50,001 - $100,000 (02) ☐ $100,001 - $200,000 (22) ☐ $200,001 - $500,000 (23) ☐ $500,001 - $1,000,000 (24) ☐ $1,000,001 - $5,000,000 (25) ☐ Over $5,000,000 Please provide estimated amount.	Anticipated Number of Transactions per Year	Average Size of Transaction $
Objectives - if more than one, prioritize (1, 2, 3, etc.)	☐ Growth (03) ☐ Income (04) ☐ Growth & Income (02) ☐ Speculation (06) ☐ Capital Preservation (05)		

Time Horizon (Number of years planned to invest to achieve a particular financial goal.) ☐ Short (less than 3 years) (01) ☐ Average (4 to 7 years) (02) ☐ Longest (8 years or more) (03)	Anticipated Liquidity Needs (The ability to quickly and easily convert all or a portion of the account assets into cash without experiencing significant loss) ☐ Very important (01) ☐ Important (02) ☐ Somewhat important (03) ☐ Not Important (04)
Other important information about yourself (e.g., health, retirement goals, education, etc.)	
Email Address	Phone Number
Address ☐ Check here if no change.	

Trusted Contact Name	Relationship	Trusted Contact Email Address	Trusted Contact Phone Number

Trusted Contact Mailing Address

Trusted Contact: Adding Trusted Contact Information to an account authorizes Apex Clearing Corporation and 1DB to reach out to the trusted contact person to confirm information, health status or disclose information about the customer's account such as possible financial exploitation or as otherwise permitted by FINRA Rule 2165.

Sweep Program: By selecting yes below, you agree to enroll in the Apex Clearing Corporation Sweep Program (the "Sweep Program") and agree that you have read and understand the terms and conditions of the Sweep Program. The Sweep Program terms and conditions and the list of banks participating and/or products available in the Sweep Program can be located at *http://www.1db.com/shared/content/documents/sweep-enrollment.pdf* . Free credit balances in the account including dividends and proceeds from the sale of securities that are credited to the account while enrolled in the Sweep Program may automatically be swept in accordance with the terms of the Sweep Program. Further, you agree Apex Clearing Corporation may make changes to the Sweep Program terms and conditions or any products or banks in the Sweep Program at any time in Apex's sole discretion. Your enrollment in the Sweep Program does not guarantee free credit balances in your account will be swept. If you wish to opt out of the Sweep Program you may select "No" in this Section or you may notify your introducing firm at any time.

☐ Yes ☐ No

Signatures

Applicant	Date	Co-Applicant	Date
Registered Representative	Date	Branch Manager	Date
1DB Principal	Date		