

NEW ACCOUNT APPLICATION

Location	RR & Account Numbers	Branch	Account Type:	Date Opened
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Account Information

Account Name <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> MS <input type="checkbox"/> INSTITUTIONAL	Social Security or Tax I.D. number
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Joint Account Name or Name of Minor if Custodial Account (Please indicate <input type="checkbox"/> Joint Account or <input type="checkbox"/> Minor) <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> MS	Joint Holder's or Minor's Relationship to Primary Account Holder?	Joint Account Holder Social Security # or Minor's Social Security Number
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Primary's DOB	Primary's Citizenship	Non - Resident Alien for Primary? <input type="checkbox"/> Yes (W-8 Required)	Joint/Minor's DOB	Joint/Minor's Citizenship	Non -Resident Alien for Joint/Minor? <input type="checkbox"/> Yes (W-8 Required)
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Home Telephone Number	Business/Cell Phone Number	E-Mail Address	Are you affiliated with or 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Position: _____
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Legal Address (P.O. Box not acceptable)			Are you a director, a 10% shareholder, or a policy-making executive officer of a publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No Company
City	State	Zip Code	

Mailing Address (if different from legal address):	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:
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Marital Status **Dependents**

<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Total Dependents: _____ Ages of Dependents: _____
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Employment Information *(For Personal Accounts only. If self-employed, state nature of business.)*

Employed By	Occupation (or Retired/Student)	Joint Account Holder Employed By	Occupation (or Retired/Student)
Business Address		Business Address	

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

Investment Objectives (Check One) <i>(see page 3 for definitions of Investment Objectives and Risk Tolerance)</i> <input type="checkbox"/> Preservation of Capital <input type="checkbox"/> Income <input type="checkbox"/> Capital Appreciation/Growth <input type="checkbox"/> Speculation	Risk Tolerance (Check One) <input type="checkbox"/> Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Aggressive	Tax Bracket _____%	Knowledge & Experience	None	Limited	Average	Extensive	# of Years
Internal Use Only Investment Code _____ A Preservation of Capital + Conservative B Preservation of Capital + Moderate C Income + Conservative D Income + Moderate E Capital Appreciation/Growth + Conservative F Capital Appreciation/Growth + Moderate G Capital Appreciation/Growth + Aggressive H Speculation + Aggressive			Stocks/Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			UIT's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
			Commodities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Check Appropriate Boxes	\$0 - \$49,999 (A)	\$50,000 - \$99,999 (B)	\$100,000 - \$199,999 (C)	\$200,000 - \$499,999 (D)	\$500,000 - 999,999 (E)	\$1,000,000 - \$2,499,999 (F)	\$2,500,000 or More (G)
Annual Income (all sources)							
Liquid Net Worth							
Net Worth (excluding residence)							

Do you have any accounts at other Brokerage Firms? Yes No (if yes, please indicate what firm or firms): _____

Please have the client(s) 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 broker dealer's ability to make recommendations that it believes are suitable for client based on client's financial situation and needs.

Primary Account Holder *(I decline to provide financial data)* _____ Date _____ Joint Account Holder *(I decline to provide financial data)* _____ Date _____

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 Charges 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 Number

Account Type: Type of Account to be Opened (Cash, Margin, Option), Type of Account Ownership (Individual, Joint, SEP, Simple, Roth, Educational, Keogh, Custodian, Estate, Partnership, Investment Club, Association, Corporation, ERISA, Trust, Advisor, Pension/Profit Sharing, Other)

Householding (Statements and Online Accounts) and On Line Access: Statement Householding?, Online Householding?, Is this account to be set up with Online Access?

Transfer On Death (TOD): Is this account to be set up as a Transfer on Death (TOD)? IF yes, please provide the TOD Agreement

Service Instructions: When Buying Securities (Deliver in Client Name, Hold Certificates), When Selling Securities (Issue Check, Purchase/Redeem Money Market, Purchase/Redeem Cortland Money Market), Cash Dividends/Interest (Mail Check, Monthly, Semi-Monthly, Sweep to Money Market Fund)

Advisors Information: CPA's Information (Name, Address, Phone, E-Mail, May I contact your CPA) and Attorney's Information (Name, Address, Phone, E-Mail, May I contact your Attorney)

Joint Account Ownership: It is the express intention of the undersigned that ownership of this account be vested in them as (check one): Joint tenants with rights of survivorship, Tenants in common. If tenants in common, if interests are not to be equal, designate the percentage interest of each tenant.

State Issued ID Information and Institutional Verification: Type of Government Picture ID Enclosed (Driver's License, Passport, Military ID, Other), License Number, State of Issue, Type of document provided (Registered Articles of Incorporation, Valid Business License, Certified Copy of Corporate Resolution, Partnership Agreement, Trust Instrument)

Certification: A. Under the penalties of perjury, I certify that (check all that apply): I am a U.S. Person, The number shown on this form is my correct Taxpayer Identification Number, B. No, C. If this account is being operated by a person other than the owner, a POWER of ATTORNEY giving authorization must be attached, D. I have reviewed the information contained on this application and attest to the accuracy thereof, E. THE PRODUCTS OFFERED INVOLVE INVESTMENT RISK INCLUDING THE POSSIBLE LOSS OF PRINCIPAL, F. I have received a copy of the CLIENT ACCOUNT AGREEMENT and agree to the terms and conditions thereof, G. I have received a copy of the Schedule of Fees, H. I/WE UNDERSTAND THAT THE CLIENT ACCOUNT AGREEMENT PROVIDED TO ME/US CONTAINS IN NUMBERED PARAGRAPH 22, A PRE-DISPUTE ARBITRATION CLAUSE REQUIRING ALL DISPUTES UNDER THIS AGREEMENT TO BE SETTLED BY BINDING ARBITRATION.

Signature lines: Signature - Primary Account Holder, Date, Signature - Joint Account Holder, Date, Registered Representative, Date, Supervisory Principal, Date