

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
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Account Type

Type of Account to be Opened
 Cash Margin Option (Option Agreement required)

Type of Account Ownership:

<input type="checkbox"/> Individual	<input type="checkbox"/> Roth Contributory IRA	<input type="checkbox"/> Partnership (include partnership agreement)	<input type="checkbox"/> Trust (include copy of trust)
<input type="checkbox"/> Joint TWROS	<input type="checkbox"/> Roth Conversion IRA	<input type="checkbox"/> Investment Club (include inv club agreement)	<input type="checkbox"/> Advisor or Outside Managed (include inv. advisory letter)
<input type="checkbox"/> Joint TIC	<input type="checkbox"/> Educational IRA	<input type="checkbox"/> Association or Non-Corporate Organization	<input type="checkbox"/> Pension/Profit Sharing
<input type="checkbox"/> Individual IRA	<input type="checkbox"/> Keogh	<input type="checkbox"/> Corporation (Include Corporate Resolution)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> SEP IRA	<input type="checkbox"/> Custodian	<input type="checkbox"/>	
<input type="checkbox"/> Simple IRA	<input type="checkbox"/> Estate (include estate papers)	<input type="checkbox"/> ERISA	

Householding (Statements and Online Accounts) **On Line Access**

Statement Householding? Yes No Online Householding? Yes No Is this account to be set up with Online Access? Yes No

Transfer On Death (TOD)

Is this account to be set up as a Transfer on Death (TOD)? Yes No IF yes, please provide the TOD Agreement

Service Instructions

When Buying Securities <input type="checkbox"/> Deliver in Client Name <input type="checkbox"/> Hold Certificates	When Selling Securities (choose one) <input type="checkbox"/> Issue Check on Settlement of Trade <input type="checkbox"/> Purchase/Redeem Federated Money Market ____ PCS ____ MCS ____ GCS ____ TCS <input type="checkbox"/> Purchase/Redeem Cortland Money Market ____ COG ____ COM ____ COR <input type="checkbox"/>	Cash Dividends/Interest <input type="checkbox"/> Mail Check <input type="checkbox"/> Monthly <input type="checkbox"/> Semi - Monthly <input type="checkbox"/> Sweep to Money Market Fund
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Advisors Information

CPA's Information (please complete below)			Attorney's Information (please complete below)		
Name			Name		
Address			Address		
Phone	E-Mail	May I contact your CPA <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone	E-Mail	May I contact your Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No

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 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 interests in the tenancy shall be equal unless otherwise specified immediately below.

If tenants in common, if interests are not to be equal, designate the percentage interest of each tenant.

Name	%	Name	%
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State Issued ID Information **Institutional Verification**

Type of Government Picture ID Enclosed

Driver's License License Number: _____
 Passport
 Military ID State of Issue: _____
 Other: _____

Type of document provided

Registered Articles of Incorporation Trust Instrument
 Valid Business License
 Certified Copy of Corporate Resolution
 Partnership Agreement

Certification

A. Under the penalties of perjury, I certify that (check all that apply):

I am a U.S. Person (including a U.S. Resident Alien).

The number shown on this form is my correct Taxpayer Identification Number (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 Internal Revenue Service (IRS) that I am subject to backup withholding 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 Identification Number (or I am waiting for a number to be issued to me), and I am subject to backup withholding.

B. No I do not want my name, address and securities positions disclosed to all the companies in which I own securities that are being held for me in this account.

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. By signing below, the customer acknowledges receiving a copy of this agreement.

G. 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.

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. BY SIGNING BELOW I/WE ACKNOWLEDGE THAT I/WE HAVE RECEIVED A COPY OF THIS AGREEMENT.

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