

About this Application

The USA Patriot Act passed by the Congress of the United States in 2001 requires all financial institutions to obtain, verify & record information that identifies each person who opens an account. The Financial Industry Regulatory Authority and the U.S. Securities & Exchange Commission require additional information regarding applicants as well. This is a Retail Brokerage Account Application to record that information. Please read it carefully, as you will provide information to assist in making investment decisions and agree to certain provisions that will govern our relationship. When we accept it, this Application and all accompanying or supplemental documents form the entire Agreement between us for this account.

Unless otherwise indicated in this Application, the words "I," "we," "you," "your," "my/our" and "me/us," mean the applicant(s). The words "us" or "our" mean *First Asset Financial Inc.*, 110 E. Iron Ave, Salina, KS 67401 and our branches, subsidiaries and affiliates.

Getting Started

Please fill out and sign this Application, along with any required supplemental forms identified through this application process. In order to complete this Application, you will need some or all of the following information:

- Identification Information (a picture ID, usually a driver's license)
- Social Security Number
- Approximate Federal tax rate
- Information about your annual income, readily available assets and net worth

Please remember to notify us if you experience a significant life change, such as the birth of a child, marriage, divorce, death of a spouse, loss of a job, change in financial situation, etc.

① Disclosures

PRIVACY NOTICE: The Gramm-Leach-Bliley Financial Services Modernization Act that was enacted in 2000 requires financial institutions to disclose their policy for collecting and sharing customer's nonpublic, personal information. First Asset Financial Inc. (FAF) does not disclose, and does not wish to reserve the right to disclose non-public information to non-affiliated partners, except to non-affiliates in any transfer of account or proposed transfer of account process at FAF's discretion. Categories of non-public information include account information (on pages 3 & 4), investment information and any other non-public personal information that is not required in the normal course of business. FAF also takes steps to protect the confidentiality of the information and does not allow unauthorized persons access to non-public information.

Joint Accounts: If this is a joint account, unless we notify you otherwise and provide such documentation as you require, the brokerage account(s) or other account(s) shall be held by us jointly with rights of survivorship (payable to either or the survivor of us), each joint tenant irrevocably appoints the other as the attorney-in-fact to take all action on his or her behalf and to represent him or her in all respects in connection with this Agreement in all matters regarding the account.

Account Protection: Customer accounts maintained with FAF or its Clearing Broker are covered by SIPC protection up to \$500,000 (cash claims are limited to \$100,000). The SIPC brochure may be obtained by contacting SIPC at 202-371-8300 or at their web site www.sipc.org. Note that SIPC is limited to replacing securities that may disappear in bankruptcy of either firm, but do not protect the account from decline in value of securities held. The assets in the signatory's brokerage account are not insured by the FDIC, are not bank deposits and may lose value.

Do Not Call List: Even though my/our name(s) may appear on a state or federal "Do Not Call" list, my/our signature(s)/initials indicated permission for any representative of FAF to call me/us on any numbers listed on this form without regard to such list. My/Our relationship is of a nature that I /we desire to be called.

Fees: If you are establishing a brokerage account, fees charged for various services (such as research, administrative, et.) may exceed or be different than the fees listed on the Southwest Securities, Inc. Customer Information Brochure.

Other Provisions: The signatory of this document is of legal age. This agreement shall inure to the benefit of your successors and assigns, and shall be binding on the customer, his heirs, executors, administrators and assigns, and shall be governed by the laws of the State of Kansas.

First Asset's Privacy Notice, Business Continuation Plan (BCP), and other information can be found on our website at: www.firstassetfinancial.com (also recommended is: <http://www.sec.gov/answers/bd-persinfo.htm>)

AGREEMENT TO ARBITRATE ALL CONTROVERSIES:

It is agreed that any controversy between us arising out of your business or this agreement shall be submitted to arbitration conducted before the Financial Industry Regulatory Authority, Inc. and in accordance with its rules or other agreed upon arbitration forum. Arbitration must be commenced by service upon the other party of a written demand for arbitration or a written notice of intention to arbitrate.

This agreement contains a predispute arbitration clause. By signing an arbitration agreement the parties agree as follows:

- (A) All parties to this agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed
- (B) Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify an arbitration award is very limited.
- (C) The ability of the parties to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings.
- (D) The arbitrators do not have to explain the reason(s) for their award.
- (E) The panel of arbitrators will typically include a minority of arbitrators who were or are affiliated with the securities industry.
- (F) The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court.
- (G) The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this agreement.
- (H) No person shall bring a putative or certified class-action to arbitration, nor seek to enforce any pre-dispute arbitration agreement against any person who has initiated in court a putative class-action; or who is member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative class action until: (i) the class certification is denied; or (ii) the class is decertified; or (iii) the customer is excluded from the class by the court. Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this agreement except to the extent stated herein.

Any action brought under laws, regulations or statutes other than securities laws, regulations or statutes (e.g. statute of limitation, consumer protection statutes, etc.) shall be brought before a FINRA arbitration panel or another agreed upon third party arbitrator.

② For MUTUAL FUND INVESTMENTS ONLY ----- Customer Representations & Info.

If applicable, in purchasing mutual funds, either now or in the future, I/we:

- ◆ State that the objectives of the investment applied for are in strict accordance with my/our own investment objectives for this portion of my/our portfolio.
- ◆ Further understand the value of my/our investment will fluctuate and, upon sale, less may be received than was paid for the investment. Dividend and interest payments may fluctuate and are not guaranteed by First Asset Financial Inc. (FAF).
- ◆ Understand that neither FAF nor the representative guarantees my/our account against loss, nor do they make any guarantee that the investment objectives will be met. The investment is NOT FDIC insured.
- ◆ Agree that any applicable sales charge or fees have been explained to my/our satisfaction. I/We understand that, should I/we qualify, mutual fund sales charges may be reduced through use of a letter of intent or rights of accumulation on Class A shares.
- ◆ Have fully disclosed my/our financial circumstances, risk tolerance and investment objectives to my/our FAF representative in connection with this investment and will contact the representative of any changes in investment objectives or circumstances in the future.
- ◆ If purchasing class B or C shares, I/we understand a contingent deferred sales charge may be applicable.

Check or Initial One Box

◆ If purchasing mutual funds now or in the future, I/we expect to receive the prospectus:

- From Southwest Securities (SWS) in the case of "wire" orders that have been/will be placed through my/our account. I/we will notify First Asset within one week if it does not arrive so that my representative can provide a copy to me/us.
- From the mutual fund issuer, if we are using a paper application sent direct to the fund. In case of the prospectus not being delivered at or prior to the confirmation showing the investment, I/we will notify FAF in 5 days or will call to cancel.
- Directly from the representative.

At this time it is my/our intention to remain in this fund family for: (check one)

- 2 years or less 3-6 years 7-10 years longer than 10 years

If you are purchasing mutual funds at this time or plan to do so in the future, please affirm your agreement and understanding of the above with *your initials* here>

Account Holder:	CO-Account Hldr.
X	X



Home Office:
110 E. Iron Ave., Salina, KS 67401 Phone: (785) 825-5050
www.FirstAssetFinancial.com

Account Registration Type: (only one can be checked--a form required for each registration)

<input type="checkbox"/> Individual	<input type="checkbox"/> IRA*(Roth/Traditional)	<input type="checkbox"/> Simple IRA*	<input type="checkbox"/> Trust*
<input type="checkbox"/> Custodian for Minor	<input type="checkbox"/> Tenants in Common	<input type="checkbox"/> SEP*	<input type="checkbox"/> Partnership*
<input type="checkbox"/> Joint Tenants with Rights of Survivorship	<input type="checkbox"/> Corporation*	<input type="checkbox"/> Other	

Acct. Title (optional): _____ *Additional documents are required

③ Account Owner: Complete All Information Below for the Primary or Minor Account Owner

Name (First, Middle Initial, Last) Mr. Mrs. Ms. Dr. Suffix Sr. Jr. Social Security Number: _____ Date of Birth: _____

Home Street Address (no PO Boxes): _____ City: _____ State: _____ Zip Code: _____

Mailing Address (complete if different from above): _____ City: _____ State: _____ Zip Code: _____

Are you: Single Married Domestic Partner Divorced Widowed Number of Dependents: 0 1 2 3 4+ (excluding spouse)

Home Phone Number: _____ Cell Phone Number: _____ Business Phone Number: _____ Email Address: _____

Driver's License Number (Please include a photocopy): _____ Expiration: _____ Issued by: _____

Please specify if you are: Employed Self-Employed Unemployed* Retired* Homemaker Student
*Source of income (If retired or Unemployed): _____

Employer Name (If self-employed, please provide the name of your business and industry): _____ Occupation and/or Title: _____

Employer Street Address: _____ City: _____ State: _____ Zip Code: _____

U.S. CITIZEN Resident Alien (originally signed W-8 required) Non U.S. Resident Alien (originally signed W-8 required)

④ Joint Account Owner: Complete All Information Below for the Joint Account Owner or Custodian

Name (First, Middle Initial, Last) _____ Social Security Number: _____ Date of Birth: _____

Use the same contact information listed for the primary account holder.

Home Street Address (no PO Boxes): _____ City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____ Business Phone Number: _____ Email Address: _____

Driver's License Number (Please include a photocopy): _____ Expiration: _____ Issued by: _____

Please specify if you are: Employed Self-Employed Unemployed* Retired* Homemaker Student
*Source of income (If retired or unemployed): _____

Employer Name (If self-employed, please provide the name of your business and industry): _____ Occupation and/or Title: _____

Employer Street Address: _____ City: _____ State: _____ Zip Code: _____

U.S. CITIZEN Resident Alien (originally signed W-8 required) Non U.S. Resident Alien (originally signed W-8 required)

Check here if you or your co-account holder are licensed or employed by a registered broker/dealer. Specify the company name and include a compliance letter:

Check here if you or your co-account holder are a director, 10% shareholder or policy-making officer of a publicly traded company.

Check here if you, your co-account holder, a member of your immediate family or any business associate is a senior political figure (SPF).

⑤ Household Financial Background – Please tell us your best estimate as to:

Your Combined Annual Income	Your Total Net Worth (excluding home(s) & autos)	Your Liquid Net Worth (can turn to cash in 10 days)	Your Investment Time Horizon	Your Estimated Tax Rate
<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> \$50,000 and under	<input type="checkbox"/> \$50,000 and under	<input type="checkbox"/> Short Term (0-3 years)	<input type="checkbox"/> Low (0-15%)
<input type="checkbox"/> \$25,001 - \$50,000	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> Intermediate (3-5 years)	<input type="checkbox"/> Medium (16-25%)
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$100,001 - \$250,000	<input type="checkbox"/> \$100,001 - \$250,000	<input type="checkbox"/> Long Term (6-10 years)	<input type="checkbox"/> High (26-30%)
<input type="checkbox"/> \$100,001 - \$250,000	<input type="checkbox"/> \$250,001 - \$500,000	<input type="checkbox"/> \$250,001 - \$500,000	<input type="checkbox"/> Longer Term (11-20 years)	<input type="checkbox"/> Outrageous (31-35%)
<input type="checkbox"/> \$250,001 - \$500,000	<input type="checkbox"/> \$500,001 - \$1,000,000	<input type="checkbox"/> \$500,001 - \$1,000,000	<input type="checkbox"/> Estate Accumulation (20+)	<input type="checkbox"/> Ridiculous (over 35%)
<input type="checkbox"/> Over \$500,000	<input type="checkbox"/> Over \$1,000,000	<input type="checkbox"/> Over \$1,000,000		

Your investments placed through First Asset Financial and/or its clearing firm will be: _____

When is the earliest you expect to need funds from this account? (other than income)

Do you have mutual funds held elsewhere? (helpful in obtaining "break points" on mutual fund investments--this section is optional)

Please check the box that best describes your investment experience to date:

<input type="checkbox"/> Under 3 years	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mutual Funds/ETF <input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5+
<input type="checkbox"/> 3 - 5 years	What Fund Groups? _____	Individual Stocks <input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5+
<input type="checkbox"/> 6 - 10 years	Approximate Dollar Amount: \$ _____	Bonds <input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5+
<input type="checkbox"/> 11 - 20 years	Where are they held?	Options <input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5+
<input type="checkbox"/> Over 20 years	<input type="checkbox"/> Brokerage Firm <input type="checkbox"/> At Fund <input type="checkbox"/> Trust Co. <input type="checkbox"/> Don't know	401(K) at work <input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 5+

⑥ Tell How You Intend to Use This Account & Your Tolerance for Market Fluctuations

Investing involves risk. Different investment products and strategies involve different degrees of risk. The higher the expected returns of a product or strategy, the greater the risk that you could lose some or most of your investment. Investments should be chosen based on your selection(s) below, timeframe, and tolerance for market fluctuations. **Please select the degree of risk you (and any co-account holders, if applicable) are willing to take with the assets in this account, in light of the purpose(s) you identified below (mark one choice in the box OR rank only 2 items for 2 choices placing a "1" in the box for the highest priority and "2" for the next highest for funds in this account):**

Moderately Conservative. I am willing to accept lower risk to my initial principal, including low volatility, to seek a modest level of portfolio returns, even if that means this account does not generate significant income or returns and may not keep pace with inflation.

Moderate. I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and understand that I could lose a portion of the money invested.

Moderately Aggressive. I am willing to accept high risk to my initial principal, including high volatility, to seek high returns over time, and understand that I could lose a substantial amount of money that is invested.

Very Aggressive. I am willing to accept maximum risk to my principal to aggressively seek maximum returns, and understand I could lose most, or all, of the money invested.

I plan to use this account for the following: (check all that apply)

- Market speculation
- Trade frequently to try to make profits
- Steadily accumulate wealth over the long term
- Create wealth & pass it on to my heirs
- Partially fund my retirement
- Wholly fund my retirement
- Pay for educational expenses
- Preserve wealth & pass it on to my heirs
- Generate income for current (or future) use
- Other:(explain) _____

Tell Us How You Are Funding This Account: (check all that apply)

- Current Income
- General Savings
- Pension or retirement savings
- Current brokerage account
- Inheritance
- Gift
- Insurance payout
- Sale of business or property
- Social Security Benefits
- Home equity line of credit/reverse mortgage

How Do You Make Your Investment Decisions? (check all that apply)

- I generally make my own decisions and/or consult with my co-applicants(s).
- I discuss investment decisions with family and/or friends.
- I consult with my broker, CPA or other financial professional.
- I want my broker to make decisions without prior notification to me. *

*Discretionary Form Required

Back-Up Contact Information (optional)

If we are unable to reach you for 60 days or more, you authorize us to contact the person listed below and to disclose information about you in order to obtain the specifics of your contact information, health status, and the identity of any legal guardian, executor, trustee, or holder of a power of attorney.

Note: Your back-up contact should not be a co-applicant

First Name	Middle Initial	Last Name	Relationship to Primary Applicant/Co-Applicant
Address	City	State	Zip Code
Work Phone	Home Phone	Cell Phone	Email Address

⑦ Confirmations and Signatures – Please Read Carefully

By signing this Application, you affirm that you have received and read this Application and the supplemental documents, including pages 1 & 2, governing this relationship. You affirm that the information that you have provided is accurate and you agree to notify us of any changes in the information provided. PLEASE CHECK ALL BOXES THAT APPLY, SIGN AND DATE BELOW:

I understand that the person originating this account **may** offer products, services, or insurance policies NOT offered by nor under the supervision of First Asset Financial Inc.(FAF). Any product sold by this person to you that is **not** registered as a security with the State or Federal Regulators should be construed as **not** being offered through FAF. Please check first box below if you agree with this statement and other boxes as appropriate.

- I agree to hold FAF harmless regarding any issues regarding such non-security products or services.
 - Tax Withholding Certification: Under penalty of perjury, I certify that: (1) I am a U.S. citizen, U.S. resident alien or other U.S. person, and the Social Security Number or Taxpayer Identification Number provided in this Application is correct; and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) 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 (c) the IRS has notified me that I am no longer subject to backup withholding.
 - I have received a copy of this Application or will request one immediately after signing.
-
- _____ Related to my immediate or future mutual fund purchases, I have read, understand and concur with the items on page 2 of this application.
- _____ I wish to buy individual stocks, bonds, etc. and have/will complete an additional application with First Asset's service firm (SWS) that will accompany this application.

THIS AGREEMENT CONTAINS A PRE-DISPUTE ARBITRATION CLAUSE. BY SIGNING BELOW, I HAVE READ AND AGREE TO THE CONDITIONS SET FORTH IN THIS PRE-DISPUTE ARBITRATION TERMS ON PAGE 2 AND CONDITIONS IN THIS AGREEMENT.

X _____
Signature of Account Owner Date

X _____
Signature of Joint Account Owner Date

Printed Last Name of Account Owner: _____ Application Reviewed by: _____

Representative Signature: _____ Date _____ Principal: _____ Date _____