

1 Select An Account

<input type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> Collateral	Sub Firm #134	AE Code	Account #
<input type="checkbox"/> Asset Advisor	<input type="checkbox"/> Compass	<input type="checkbox"/> DMA	<input type="checkbox"/> FundSource	<input type="checkbox"/> Masters	<input type="checkbox"/> Network
ACCOUNT REGISTRATION					
<input type="checkbox"/> 101 Individual <input type="checkbox"/> 103 Guardian <input type="checkbox"/> 106 Corporation <input type="checkbox"/> 107 LLC	<input type="checkbox"/> 104 Jt Tenants w/Rights of Survivorship* (*Default Joint Registration) <input type="checkbox"/> 104 Tenants in Common (If state allows) <input type="checkbox"/> 104 Jt Ten. Community Property (If required) <input type="checkbox"/> 108 Estate <input type="checkbox"/> 112 Partnership	<input type="checkbox"/> 113 DVP (EIN) <input type="checkbox"/> 116 Investment Club <input type="checkbox"/> 119 Trust <input type="checkbox"/> 122 Non-Corporate <input type="checkbox"/> 123 Custodian/Minor <input type="checkbox"/> 131 DVP (SSN)	Check One <input type="checkbox"/> Trustee Directed <input type="checkbox"/> Participant Directed (No Tax Reporting on 120 or 121) <input type="checkbox"/> 120 FCC Prototype Retirement Plan <input type="checkbox"/> 121 Retirement Trust/Pension, PSP <input type="checkbox"/> 134 FCC Prototype Ret. Plan w/reporting		

2 Please Tell Us About Yourself

Customer

CONTACT INFORMATION										
<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.	Suffix	<input type="checkbox"/> Sr.	<input type="checkbox"/> Jr.	<input type="checkbox"/> Existing Customer			
First Name			Middle Initial		Last Name					
Permanent Address						Apt/Suite No.				
City		State	ZIP Code		Country					
Home Phone		Work Phone		Mobile Phone		Email Address				
<input type="checkbox"/> Own Home		<input type="checkbox"/> Rent								
Mailing Address (if different from above)						Apt/Suite No				
City		State	ZIP Code		Country					
ALL CUSTOMERS PLEASE PROVIDE THE INFORMATION BELOW										
Date of Birth (mm/dd/yyyy)		Social Security or Taxpayer ID No.								
ID No. (Select one): <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID <input type="checkbox"/> Other Government-issued ID						Place/Country of Issuance				
Issue Date (mm/dd/yyyy)		Expiration Date (mm/dd/yyyy)								
EMPLOYMENT STATUS										
Are you currently:										
<input type="checkbox"/> Employed		<input type="checkbox"/> Self-Employed		<input type="checkbox"/> Not Employed		<input type="checkbox"/> Retired	<input type="checkbox"/> Student			<input type="checkbox"/> Other:
Job Title			Business Code		Occupation		Occupation Code			
Employer/If Retired, Former Employer					Years with this Employer					
Business Address						Apt/Suite No.				
City		State	ZIP Code		Country					

ARE YOU						
<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Married	<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Widowed	Number of Dependents:	
EDUCATION LEVEL						
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Post Secondary Study	<input type="checkbox"/> 2-Year Degree	<input type="checkbox"/> College Graduate	<input type="checkbox"/> Post-graduate Study	<input type="checkbox"/> Advanced Degree	<input type="checkbox"/> Other
Joint Customer (if applicable)						
CONTACT INFORMATION						
<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.	Suffix	<input type="checkbox"/> Sr.	<input type="checkbox"/> Jr.
<input type="checkbox"/> Existing Customer						
First Name		Middle Initial		Last Name		
Permanent Address					Apt/Suite No.	
City		State	ZIP Code	Country		
Home Phone	Work Phone	Mobile Phone	Email Address			
<input type="checkbox"/> Own Home <input type="checkbox"/> Rent						
Mailing Address (if different from above)					Apt/Suite No	
City		State	ZIP Code	Country		
ALL CUSTOMERS PLEASE PROVIDE THE INFORMATION BELOW						
Date of Birth (mm/dd/yyyy)		Social Security or Taxpayer ID No.				
ID No. (Select one): <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID <input type="checkbox"/> Other Government-issued ID					Place/Country of Issuance	
Issue Date (mm/dd/yyyy)		Expiration Date (mm/dd/yyyy)				
EMPLOYMENT STATUS						
Are you currently:						
<input type="checkbox"/> Employed	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Not Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Other:	
Job Title		Business Code	Occupation		Occupation Code	
Employer/If Retired, Former Employer			Years with this Employer			
Business Address					Apt/Suite No.	
City		State	ZIP Code	Country		
ARE YOU						
<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Married	<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Widowed	Number of Dependents:	
EDUCATION LEVEL						
<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Post Secondary Study	<input type="checkbox"/> 2-Year Degree	<input type="checkbox"/> College Graduate	<input type="checkbox"/> Post-graduate Study	<input type="checkbox"/> Advanced Degree	<input type="checkbox"/> Other

PLEASE TELL US HOW YOU ARE FUNDING THIS ACCOUNT (check all that apply)

<input type="checkbox"/> A. Savings (From Earnings)	<input type="checkbox"/> E. Sale of Business	<input type="checkbox"/> I. Asset Appreciation.
<input type="checkbox"/> B. Inheritance	<input type="checkbox"/> F. Sale of Real Estate	<input type="checkbox"/> J. Other
<input type="checkbox"/> C. Business Revenue	<input type="checkbox"/> G. Sale of Asset	<input type="checkbox"/> K. Associated Person
<input type="checkbox"/> D. Donations (Trust Only)	<input type="checkbox"/> H. Legal/Insurance Settlement	

ALL CUSTOMERS

INDUSTRY AND OTHER AFFILIATIONS

<i>Customer</i>	<i>Joint Customer</i>	<i>Are you, your spouse, or any other immediate family members:</i>
<input type="checkbox"/> I am <input type="checkbox"/> I am not	<input type="checkbox"/> I am <input type="checkbox"/> I am not	A customer not associated with FINRA firm.
<input type="checkbox"/> I am <input type="checkbox"/> I am not	<input type="checkbox"/> I am <input type="checkbox"/> I am not	An associate of Arvest Wealth Management (brokerage associate) and/or dependents, family members.
<input type="checkbox"/> I am <input type="checkbox"/> I am not	<input type="checkbox"/> I am <input type="checkbox"/> I am not	A non-dependent family member of an associate of Arvest Wealth Management (brokerage associate).
<input type="checkbox"/> I am <input type="checkbox"/> I am not	<input type="checkbox"/> I am <input type="checkbox"/> I am not	Employees or brokers of other security forms, their dependent accounts and accounts in which they have a financial or beneficial control or interest.
<input type="checkbox"/> I am <input type="checkbox"/> I am not	<input type="checkbox"/> I am <input type="checkbox"/> I am not	Family member of employees or other security firms.

PLEASE TELL US YOUR BEST ESTIMATE AS TO

ESTIMATED VALUE OF INVESTMENTS ¹	ANNUAL INCOME ² (from all sources)	LIQUID NET WORTH ³	NET WORTH ⁴ (excluding your residence)
<input type="checkbox"/> A. \$0 - \$49,999	<input type="checkbox"/> A. \$0 - \$49,999	<input type="checkbox"/> A. \$0 - \$49,999	<input type="checkbox"/> A. \$0 - \$49,999
<input type="checkbox"/> B. \$50,000 - \$99,999	<input type="checkbox"/> B. \$50,000 - \$99,999	<input type="checkbox"/> B. \$50,000 - \$99,999	<input type="checkbox"/> B. \$50,000 - \$99,999
<input type="checkbox"/> C. \$100,000 - \$199,999	<input type="checkbox"/> C. \$100,000 - \$199,999	<input type="checkbox"/> C. \$100,000 - \$199,999	<input type="checkbox"/> C. \$100,000 - \$199,999
<input type="checkbox"/> D. \$200,000 - \$499,999	<input type="checkbox"/> D. \$200,000 - \$499,999	<input type="checkbox"/> D. \$200,000 - \$499,999	<input type="checkbox"/> D. \$200,000 - \$499,999
<input type="checkbox"/> E. \$500,000 - \$999,999	<input type="checkbox"/> E. \$500,000 - \$999,999	<input type="checkbox"/> E. \$500,000 - \$999,999	<input type="checkbox"/> E. \$500,000 - \$999,999
<input type="checkbox"/> G. \$1,000,000 - \$4,999,999	<input type="checkbox"/> G. \$1,000,000 - \$4,999,999	<input type="checkbox"/> G. \$1,000,000 - \$4,999,999	<input type="checkbox"/> G. \$1,000,000 - \$4,999,999
<input type="checkbox"/> H. \$5,000,000 - \$9,999,999	<input type="checkbox"/> H. \$5,000,000 - \$9,999,999	<input type="checkbox"/> H. \$5,000,000 - \$9,999,999	<input type="checkbox"/> H. \$5,000,000 - \$9,999,999
<input type="checkbox"/> I. \$10,000,000 or more	<input type="checkbox"/> I. \$10,000,000 or more	<input type="checkbox"/> I. \$10,000,000 or more	<input type="checkbox"/> I. \$10,000,000 or more

<p>TIME HORIZON: The expected period of time you plan to invest to achieve your financial goal(s):</p> <input type="checkbox"/> Under 1 year <input type="checkbox"/> 1 – 3 years <input type="checkbox"/> 3 – 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> Over 10 years	<p>TAX BRACKET</p> <input type="checkbox"/> 10% <input type="checkbox"/> 33% <input type="checkbox"/> 15% <input type="checkbox"/> 35% <input type="checkbox"/> 25% <input type="checkbox"/> Other <input type="checkbox"/> 28%	<p>LIQUIDITY NEEDS The ability to quickly and easily convert to cash all or a portion of the investments in this account without experiencing significant loss in value from, for example, the lack of a ready market, or incurring significant costs or penalties is (check one)</p> <input type="checkbox"/> Significant (Primary need is liquidity) <input type="checkbox"/> Moderate (May need quick access to cash) <input type="checkbox"/> None (Have other sources of cash)
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¹ **Estimated Value of Investments** includes all investable assets held away and at Arvest.
² **Annual income** includes income from sources such as employment, alimony, social security, investment income, etc.
³ **Liquid net worth** is your net worth minus assets that cannot be converted quickly and easily into cash, such as real estate, business equity, personal property and automobiles, expected inheritances, assets earmarked for other purposes, and investments or accounts subject to substantial penalties if they were sold or if assets were withdrawn from them.
⁴ **Net worth** is the value of your assets minus your liabilities. For purposes of this application, assets include stocks, bonds, mutual funds, other securities, bank accounts, and other personal property. Do not include your primary residence among your assets. For liabilities, include any outstanding loans, credit card balances, taxes, etc. Do not include your mortgage.

Does the account holder have total assets of at least \$50 million? Yes No

INVESTMENT OBJECTIVE

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 most of your investment. Investments should be chosen based on your objectives, timeframe, and tolerance for market fluctuations.

Please select the degree of risk you (and any co-applicants, if applicable) are willing to take with the assets in this account.

- | | |
|--|---|
| <input type="checkbox"/> A. Conservative Income. | <input type="checkbox"/> B. Conservative Growth & Income. |
| <input type="checkbox"/> C. Moderate Growth. | <input type="checkbox"/> D. Moderate Growth & Income. |
| <input type="checkbox"/> E. Long Term Growth. | <input type="checkbox"/> G. Moderate Income. |
| <input type="checkbox"/> H. Conservative Growth. | <input type="checkbox"/> I. Long Term Income. |
| <input type="checkbox"/> K. Long Term Growth & Income. | <input type="checkbox"/> L. Trading & Speculation. |

FINANCIAL INVESTMENT EXPERIENCE

Please check the boxes that best describe your investment experience to date.

Investment	Years experience				Transactions per year (excluding automatic investments)		
	A.	B.	C.	D.			
Individual Stocks	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 5-10	<input type="checkbox"/> Over 10	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Bonds	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 5-10	<input type="checkbox"/> Over 10	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Options	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 5-10	<input type="checkbox"/> Over 10	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Annuities & Life Ins.	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 5-10	<input type="checkbox"/> Over 10	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Mutual Funds	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 5-10	<input type="checkbox"/> Over 10	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
UIT's	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 5-10	<input type="checkbox"/> Over 10	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Margin	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> 5-10	<input type="checkbox"/> Over 10			

OTHER BROKERAGE ACCOUNTS

Please provide us with additional information about your other investments to help us more fully understand your investment profile and identify what types of investments or strategies may be suitable for you.

Investment type/Description	Firm holding the investment	Amount (\$US)

(use additional space as needed)

3 Tell Us How You Want to Work With Us

Please note: You may change your account features and options at any time, with advance written notice to us.

Borrowing Money to Buy Securities (Buying "On Margin") – Please Read Carefully

You will have a "cash account," unless you choose to have a "margin loan account" (customarily known as a "margin account"). To help you decide whether a margin loan account is right for you, please read this information, the Margin Loan Agreement and the Margin Disclosure Statement.

Borrowing funds to buy securities is only appropriate for those investors who can tolerate losing more than the amount of money deposited in the account. To avoid the use of margin, even in a margin loan account, always pay for your purchases in full by the settlement date of the purchase.

- No** I do not want the ability to borrow funds in my account, which means I will have a cash account.
- Yes** I want the ability to borrow funds in my account. I have read the Margin Loan Agreement and the Margin Disclosure Statement and understand my rights and obligations under it.

Note: If you do not check any box above, by default you will have a cash account.

Managing Your Cash (Account Registration & Instructions)

Please choose one of the cash management programs listed below. You may instruct us to change your selected cash management program at any time to another, if you meet the eligibility criteria of the new cash management program. If you do not choose one, we will automatically place your uninvested cash into the default cash management program, which will be BDC, Bank Deposit Sweep. We will give you advance notice of any change in your choice or of the options generally available to you. We may need your consent for certain changes, but not for others. For more information on available cash management programs, please see [Cash Management Disclosure Document], which we will provide to you

- Margin Account** **Cash Account**

Will this account be enabled for options trading? Yes No (check no)

Brokerage Money Market Fund

BDC – Bk Deposit Sweep

WOS – Government

WOB – Municipal

Dividend Distributions

Pay out money market fund distributions

Reinvest money market fund distributions (Default)

Cash Sweep Instructions

Sweep Money Market in Types 1 and 9 only

Sweep Money Market in Tyupes 1, 2 and 9 (Default)

Stock Instructions 4 – Register in Street Name and Hold

Trade Balance Instructions C – Hold Funds

Dividend Standing Instructions 1 – Post Dividends and interest into free credit

Dividend Reinvestment Instructions (Equities Only)

A – All eligible assets will be reinvestment for this account.

C – Cash dividends will be paid for this account unless the security is coded for reinvest.

Principal Instructions Principal Payment to Free Credit for Reinvestment (Default)

Cost Basis Information

Cost Basis Election: FIFO – First in first out (Default)

Election for Rights/Warrants Apportionment? Yes No

Average Cost Elections

Mutual Funds: Not Average Cost

Dividend Reinvestment Plans: Not Average Cost

Statements

Display Cost Basis on Statements? Yes No (Check yes)

Type of Cost Basis Displayed Full Tax Lots

Do you want to link this account to an existing Statement Linking Relationship? Yes No (Default no)

Trusted Contact Authorization Form

By providing this information below Arvest Wealth Management (AWM) to communicate with my Trusted Contact(s) in the event there are questions or concerns regarding my health status, including concerns about my mental capacity, my ability to manage my financial affairs and/or if there is reason to believe I am being financially exploited.

It is recommended that a Trusted Contact be added for each client. The Trusted Contact must be 18 years or older.

Specifically, I authorize AWM to:

- discuss with any Trusted Contact(s) any concerns or observations regarding my mental capacity or ability to make reasonable decisions about my financial affairs. Such communications will not specifically disclose any information about my account(s), investments or other personally identifiable information;
- discuss with my Trusted Contact(s) whether any individual(s) has/have legal authority to act on my behalf;
- communicate with any individual(s) who claim(s) to have legal authority to act on my behalf to determine whether such individual(s) have such authority; and
- discuss facts or circumstances surrounding AWM's belief that I am subject to financial exploitation or a scam.

I understand that there is no requirement that AWM reach out to one or more of my Trusted Contact(s), unless specifically required, and that I may amend or withdraw this Trusted Contact Authorization at any time by notifying AWM. I understand that should AWM decide to reach out to a designated Trusted Contact, they are not always obligated to reach out to all designated Trusted Contacts I have provided. Additionally, I understand it is in my best interest to notify my Trusted Contact(s) that they have been designated as such. I, and my heirs, hold AWM harmless if they either act, or fail to act, on my stated preferences based upon their own best judgment.

Name of Trusted Contact #1: _____

Relationship (e.g. spouse, child, lawyer, accountant, etc): _____

Trusted Contact Phone: _____ Email: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Name of Trusted Contact #2: _____

Relationship (e.g. spouse, child, lawyer, accountant, etc): _____

Trusted Contact Phone: _____ Email: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Client did not wish to provide

Client Signature Printed Name: _____ Date: _____