

## 1 Select An Account

<input type="checkbox"/> IRA Enrollment	<input type="checkbox"/> IRA Update	Sub Firm #134	AE Code	Account #
<input type="checkbox"/> Asset Advisor	<input type="checkbox"/> Compass	<input type="checkbox"/> CustomChoice	<input type="checkbox"/> DMA	<input type="checkbox"/> FundSource
<input type="checkbox"/> Masters				
<input type="checkbox"/> Network				
<input type="checkbox"/> Pathways				
<b>ACCOUNT REGISTRATION</b>				
<input type="checkbox"/> 114 Regular IRA	<input type="checkbox"/> 114 Roth IRA	<input type="checkbox"/> 114 Inherited IRA	<input type="checkbox"/> 115 Simple IRA	<input type="checkbox"/> 115 SEP IRA

## 2 Please Tell Us About Yourself

### Customer

<b>CONTACT INFORMATION</b>								
<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			
<b>ALL CUSTOMERS PLEASE PROVIDE THE INFORMATION BELOW.</b>								
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)						
<b>EMPLOYMENT STATUS</b>								
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			
<b>ARE YOU:</b>								
<input type="checkbox"/> Single		<input type="checkbox"/> Divorced		<input type="checkbox"/> Married		<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Widowed	Number of Dependents:

<b>EDUCATION LEVEL:</b>						
<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
<b>PLEASE TELL US HOW YOU ARE FUNDING THIS ACCOUNT (check all that apply):</b>						
<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				
<b>ALL CUSTOMERS</b>						
<b>INDUSTRY AND OTHER AFFILIATIONS</b>						
<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		<b>A customer not associated with FINRA firm.</b>		
<input type="checkbox"/> I am <input type="checkbox"/> I am not		<input type="checkbox"/> I am <input type="checkbox"/> I am not		<b>An associate of Arvest Wealth Management (brokerage associate) and/or dependents, family members.</b>		
<input type="checkbox"/> I am <input type="checkbox"/> I am not		<input type="checkbox"/> I am <input type="checkbox"/> I am not		<b>A non-dependent family member of an associate of Arvest Wealth Management (brokerage associate).</b>		
<input type="checkbox"/> I am <input type="checkbox"/> I am not		<input type="checkbox"/> I am <input type="checkbox"/> I am not		<b>Employees or brokers of other security forms, their dependent accounts and accounts in which they have a financial or beneficial control or interest.</b>		
<input type="checkbox"/> I am <input type="checkbox"/> I am not		<input type="checkbox"/> I am <input type="checkbox"/> I am not		<b>Family member of employees or other security firms.</b>		
<b>PLEASE TELL US YOUR BEST ESTIMATE AS TO:</b>						
<b>ESTIMATED VALUE OF INVESTMENTS<sup>1</sup></b>		<b>ANNUAL INCOME<sup>2</sup></b> (from all sources)		<b>LIQUID NET WORTH<sup>3</sup></b>		<b>NET WORTH<sup>4</sup></b> (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
<b>TIME HORIZON:</b> The expected period of time you plan to invest to achieve your financial goal(s):		<b>TAX BRACKET</b>		<b>LIQUIDITY NEEDS</b> 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)		
<input type="checkbox"/> Under 1 year		<input type="checkbox"/> 10%		<input type="checkbox"/> Significant (Primary need is liquidity)		
<input type="checkbox"/> 1 – 3 years		<input type="checkbox"/> 15%		<input type="checkbox"/> Moderate (May need quick access to cash)		
<input type="checkbox"/> 3 – 5 years		<input type="checkbox"/> 25%		<input type="checkbox"/> None (Have other sources of cash)		
<input type="checkbox"/> 5 – 10 years		<input type="checkbox"/> 28%				
<input type="checkbox"/> Over 10 years						
<p><sup>1</sup> <b>Estimated Value of Investments</b> includes all investable assets held away and at Arvest.</p> <p><sup>2</sup> <b>Annual income</b> includes income from sources such as employment, alimony, social security, investment income, etc.</p> <p><sup>3</sup> <b>Liquid net worth</b> 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.</p> <p><sup>4</sup> <b>Net worth</b> 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.</p>						
Does the account holder have total assets of at least \$50 million? <input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (check no)
<b>Brokerage Money Market Fund</b>	<input type="checkbox"/> BDC – Bk Deposit Sweep <input type="checkbox"/> WOS – Government <input type="checkbox"/> WOB – Municipal
<b>Dividend Distributions</b>	<input type="checkbox"/> Pay out money market fund distributions <input checked="" type="checkbox"/> Reinvest money market fund distributions (Default)
<b>Cash Sweep Instructions</b>	<input type="checkbox"/> Sweep Money Market in Types 1 and 9 only <input checked="" type="checkbox"/> Sweep Money Market in Types 1, 2 and 9 (Default)
<b>Stock Instructions</b>	<input checked="" type="checkbox"/> 4 – Register in Street Name and Hold
<b>Trade Balance Instructions</b>	<input checked="" type="checkbox"/> C – Hold Funds
<b>Dividend Standing Instructions</b>	<input checked="" type="checkbox"/> 1 – Post Dividends and interest into free credit
<b>Dividend Reinvestment Instructions (Equities Only)</b>	<input type="checkbox"/> A – All eligible assets will be reinvestment for this account. <input type="checkbox"/> C – Cash dividends will be paid for this account unless the security is coded for reinvest.
<b>Principal Instructions</b>	<input checked="" type="checkbox"/> Principal Payment to Free Credit for Reinvestment (Default)
<b>Cost Basis Information</b>	
Cost Basis Election:	<input checked="" type="checkbox"/> FIFO – First in first out (Default)
Election for Rights/Warrants Apportionment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Average Cost Elections</b>	
Mutual Funds:	<input type="checkbox"/> Not Average Cost
Dividend Reinvestment Plans:	<input type="checkbox"/> Not Average Cost
<b>Statements</b>	
Display Cost Basis on Statements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Check yes)
Type of Cost Basis Displayed	<input checked="" type="checkbox"/> Full Tax Lots
Do you want to link this account to an existing Statement Linking Relationship?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Default no)

**Beneficiary Designation – Acceptable Beneficiaries Are an Individual, Estate, Trust or Organization.**

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If there is no named beneficiary or no remaining beneficiaries then such amount shall be payable in accordance with state law.

**Primary Beneficiary**

<i>Name</i>	<i>Date of Birth</i>	<i>Social Security Number</i>	<i>% of Benefits (no fractions)</i>	<i>Relationship</i>
			%	
			%	
			%	
			%	

**Contingent Beneficiary**

			%	
			%	
			%	

Check this box if additional beneficiaries are named on "Additional IRA Beneficiaries" form.

Add "Per Stirpes" to Primary Beneficiary Designations?  Yes  No

Specify the designated representative to provide FCC with any unnamed beneficiaries.  Personal Rep  Role

(If name of Personal Rep know, check and enter name: \_\_\_\_\_

If name of Personal Rep unknown, check "Role" and enter "Executer:" \_\_\_\_\_

**Complete only if trust is named as beneficiary:**

Primary Beneficiary  Contingent Beneficiary

The Trustee(s) serving at my death under the agreement of trust executed on \_\_\_\_\_, by me as grantor and \_\_\_\_\_

As trustee(s) to be held as part of such trust and administered and distributed with its provisions as amended to the time of my death.

### 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: \_\_\_\_\_