

Siebert

Trading Authorization

Return Instructions:

New Accounts:

Email: newaccounts@siebert.com
 Phone: 800.872.0444
 Fax: 212.486.2784

Employee Stock Plan Clients:

Email: shareplansupport@siebert.com
 Phone: 800.993.2015
 Fax: 402.342.2486

Owner Name And Information

First Name	MI	Last Name
Account Title	Account #	

Authorized Trader Name And Information

Authorized Trader

First Name	MI	Last Name
Relationship	Social Security Number	Date of Birth
Address	City	State Zip Email
Mailing Address (if different from above, fill in below)	City	State Zip

Check here if you want Siebert to send duplicates of Monthly Statements and transaction confirmations to your Authorized Trader.

Authorized Trader Options

Please check if option trading is intended and fill below. If the account has been approved for option transactions, or has applied for option approval, please complete the following questions regarding the Authorized Trader's intent, knowledge and experience:

Write Covered Calls (Objective: Income, Capital Preservation)

Years Experience	0 - 5yrs	5 - 10yrs	10 - 20yrs	20+yrs
Trades per Year	0 - 25	26 - 50	51 - 100	100+
Contract Size	\$0 - \$15,000	\$15,001 - \$30,0005	\$30,001 - \$50,000	\$50,000+

Spreading Puts/Calls (Objective: Speculation)

Years Experience	0 - 5yrs	5 - 10yrs	10 - 20yrs	20+yrs
Trades per Year	0 - 25	26 - 50	51 - 100	100+
Contract Size	\$0 - \$15,000	\$15,001 - \$30,0005	\$30,001 - \$50,000	\$50,000+

Buying Puts/Calls (Objective: Speculation, Hedging)

Years Experience	0 - 5yrs	5 - 10yrs	10 - 20yrs	20+yrs
Trades per Year	0 - 25	26 - 50	51 - 100	100+
Contract Size	\$0 - \$15,000	\$15,001 - \$30,0005	\$30,001 - \$50,000	\$50,000+

Write Uncovered Options (Objective: Speculation)

Years Experience	0 - 5yrs	5 - 10yrs	10 - 20yrs	20+yrs
Trades per Year	0 - 25	26 - 50	51 - 100	100+
Contract Size	\$0 - \$15,000	\$15,001 - \$30,0005	\$30,001 - \$50,000	\$50,000+

Authorized Trader Affiliations

Are you employed by a registered broker-dealer, securities exchange or FINRA? No Yes(Specify) _____
Are you an officer, director, or 10% shareholder of a publicly traded company? No Yes(Specify) _____

Authorization Indemnification And Agreement

AUTHORIZATION AND INDEMNIFICATION: I hereby authorize the individual named above (the Authorized Trader) to act as my agent and attorney-in-fact with regard to securities transactions in my Muriel Siebert & Co., Inc. Account, identified above. The authority includes the power to buy, sell and trade stocks and bonds and to engage in any other securities transactions, such as margin and option transactions, for which my account has been approved. In all such purchases, sales, or trades, Muriel Siebert & Co., Inc. Is authorized to follow the instructions of my Authorized Trader in every respect concerning my account, and he (she) is authorized to act for me on my behalf in the same manner and with the same force and effect as I might or could do with respect concerning my account, and he (she) is authorized to act for me on my behalf in the same manner and with the same force and effect as I might or could do with respect to such purchases, sales, or trades, and to do all other things necessary or incidental to such purchases, sales or trades. I hereby ratify and confirm any and all transactions with Muriel Siebert & Co., Inc. Heretofore and hereafter made by my Authorized Trader for my account. I also agree to indemnify and hold Muriel Siebert & Co., Inc. Harmless for any and all losses, and to pay upon demand any debt balance arising from transactions effected by my Authorized Trader in my account. This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which Muriel Siebert & Co., Inc. May have under any other agreement between Muriel Siebert & Co., Inc. And myself. This authorization and indemnity is also a continuing one and shall remain in full force and effect until revoked by a written and signed notice from me to Muriel Siebert & Co., Inc.. Any such revocation shall not affect any liability in any way resulting from transactions initiated prior to such revocation. This authorization and indemnity shall inure to the benefit of Muriel Siebert & Co., Inc. And of any successor firm, and of the assigns of Muriel Siebert & Co., Inc. Or any successor firm. AGREEMENT: The undersigned Authorized Trader agrees to observe and be bound by all agreements between Muriel Siebert & Co., Inc. And the Account Owner(s) as they apply to dealings between Muriel Siebert & Co., Inc. And the undersigned Authorized Trader acting on behalf of the account owner(s), and to observe and be bound by all applicable rules, regulations, requirements, and practices at Muriel Siebert & Co., Inc., the exchanges where Muriel Siebert & Co., Inc. Transacts its securities business, and all other regulatory bodies.

Authorized Trader Signature

Signature	Date
	

Authorized Owner(s) Signature(s)

Signature	Date
	

Authorized Owner(s) Signature(s)

Signature	Date
	