



NEW BUSINESS PROFILE

Firm Name: Date:		Street Address: City, State, ZIP:	
President:		CEO:	
CFO:		Compliance Officer:	
Tax ID Number:		Date Business Started:	
Phone:	Fax:	E-Mail:	
# of Active Accounts	# of Margin Accounts	Total # of Accounts	
# of Branches / Offices		# of Reps	
Website	Current Clearing Firm(s)	Desired Conversion Date	

Business Characteristics (indicate percentage for all that apply)

Retail: _____% Institutional: _____% Hedge Fund _____% Active Trader _____%
 Prime Broker: _____% Other: _____% If other, please explain _____

Agency Trades	Listed Equities	OTC Equities	Options	Annuities	Govt. Bonds	Corp. Bonds	Muni Bonds	Mutual Funds	NTF Mutual Funds	Inter-National
Avg # Trades per Month										
Avg Shares per Trade										
Avg Commission per trade										
Execution done through										
Principal Trades										
Avg # Trades per month										
Avg Shares per Trade										
Execution done Through										

Do you engage in Underwriting? Fixed Income Equities None
 Market Making ? (if yes, please attach a list of securities) Yes No System Used: _____
 Does your firm, or an affiliate, Manage Money or conduct Investment Advisory Business? Yes No
 Does your firm offer WRAP Fee products? Yes No Assets Under Management: _____
 Does your firm have any regulatory problems Yes No If yes, please attach documentation.
 Do you carry Inventory? Yes No If yes, please attach a list.

Financial Information

Client Account Information		Firm Account Information	
Market Value of Customer \$		Annual Gross Commissions \$	
Debit Balances \$	Interest Charged %	Net Capital	
Credit Balances \$	Interest Charged %	Current Clearing Deposit \$	
Money Fund Balances \$		Debit Balance \$	
Short Balances \$		Credit Balance \$	Short Balance \$

Miscellaneous Information

Do you execute through an ECN?	Front End Trading System
Third-Party Technology Interfaces or Portfolio System (Oasys, Direct, etc.)	
Connectivity Requirements	