



Thank you for choosing The Collective FX LLC. The instructions to complete your account approval process are:

STEP 1: Submit Additional Personal Information:

US Residents: Please submit one (1) Photo ID (e.g. Passport or Drivers License). This is required for ALL authorized signatories on this account.

US Residents Please use the following checklist:

- Completed Know Your Customer Form
- Scan or FAX of Photo ID

Non U.S. Residents: Please submit two (2) forms of identification, including one (1) photo ID (e.g. Passport or other government issued document evidencing nationality or residence and bearing a photograph), AND one (1) proof of address as represented on this application (e.g. utility bill, driver's license, bank statement, etc.). This is required for ALL authorized signatories on this account.

Non US Residents Please use the following checklist:

- Completed Know Your Customer Form
- Scan or FAX of Photo ID
- Scan or FAX of Proof Of Address (Must match application address)

STEP 2: Complete the *'Know Your Customer'* form (below), as required by US compliance regulations.

STEP 3: Fax or Scan and email the *Know Your Customer* form as well as the additional photo identification to: 877-800-9585 or Accounts@TheCollectiveFX.com



KNOW YOUR CUSTOMER v1.5

ACCOUNT APPLICATION

Photo Identification Method: Please tell us which documents you will be sending for identification.

Photo ID Number (For Everyone): _____
If you are using a drivers license, put the Drivers License Number above, if you are using a passport, then put your passport number above.

Social Security Number (For US Citizens): _____
This is mandatory for all US Citizens.

Address Verification Type (For Non US Residents): _____
*Please indicate the type of form you are sending for address verification. If it is a Utility Bill or Bank Statement, or some other document, just tell us what type of document you are sending a scan of. **NOTE:** This document must match the application address.*

Account Type (please check only one):

Individual Account
 Joint Account
 Corporate Account (Name: _____)
Please request, complete and return the Corporate Account Resolution Form.

Limited Liability Company Account (Name: _____)
Please request, complete and return the Limited Liability Company Account Resolution Form.

Partnership Account (Name: _____)
Please request, complete and return the Partnership Account Resolution Form.

Will any other person, not named on this account application have control or manage this account?

Yes No
If yes, then please request, complete and return the Limited Power of Attorney Form with this application.

Will any person or entity not named in this application have a financial interest in this account?

Yes No
If yes, then please provide their name, address, social security number and telephone number. _____

BASIC INFORMATION - PRIMARY ACCOUNT HOLDER

This information must be completed for each participant in the account, individually, jointly, by all general partners and by the corporate officers authorized to make trading decisions for the account. Any party of a joint account may singly have authority on the account, including but not limited to, trading rights and withdrawal rights.

Primary Account Holder:

Last (Sur) Name: _____

First (Given) Name: _____

Middle Name: _____

Gender: Male Female

Marital Status: Single Married

Passport, Driver's License or Social Security Number:

U.S. Clients MUST provide a Social Security Number . _____

Date of Birth (MM/DD/YYYY): _____

Citizenship: _____

Primary Account Holder's Home Address:

Number and Name of Street: _____

City: _____

State: _____

Postal/Zip Code: _____

Country: _____

Home Telephone Number: _____

Home Fax Number: _____

Mobile Phone Number: _____

Primary Account Holder's Employment Details: Employed Self-employed Retired

Unemployed (Specify source of income) _____

Name of Current Employer (Required): _____

Nature of Business (Required): _____

Position (Required): _____

Years with current employer: _____

Source of Income: _____

Business Address: _____

Business Telephone Number: _____

BASIC INFORMATION - JOINT ACCOUNT HOLDER

Joint Account Holder:

Last (Sur) Name: _____

First (Given) Name: _____

Middle Name: _____

Gender: Male Female

Marital Status: Single Married

Passport, Driver's License or Social Security Number:

U.S. Clients MUST provide Social Security Number _____

Date of Birth (MM/DD/YYYY): _____

Citizenship: _____

Joint Account Holder's Home Address:

Number and Name of Street: _____

City: _____

State: _____

Postal/Zip Code: _____

Country: _____

Home Telephone Number: _____

Home Fax Number: _____

Mobile Phone Number: _____

Primary Account Holder's Employment Details: Employed Self-employed Retired

Unemployed (Specify source of income) _____

Name of Current Employer (Required): _____

Nature of Business (Required): _____

Position (Required): _____

Years with current employer: _____

Source of Income: _____

Business Address: _____

Business Telephone Number: _____

Joint Account Holder's relationship to the Primary Account Holder:

FINANCIAL INFORMATION

What is your total estimated annual income?

- Under \$25,000 \$25,000 - \$49,999 \$50,000 - \$99,999
- \$100,000 - \$249,999 \$250,000 - \$1000,000 Over \$1000,000

What is your Net worth? (assets minus liabilities)

- Under \$25,000 \$25,000 - \$49,999 \$50,000 - \$99,999
- \$100,000 - \$249,999 \$250,000 - \$1000,000 Over \$1000,000

What are you liquid assets? (assets that can be quickly converted to cash)

- Under \$25,000 \$25,000 - \$49,999 \$50,000 - \$99,999
- \$100,000 - \$249,999 \$250,000 - \$1000,000 Over \$1000,000

Have you declared bankruptcy in the last 10 years? Yes No

If Yes, then please indicate the date of discharge and provide a copy of the discharge letter.

Do you have or have you ever had any other accounts with The Collective FX?

If Yes, then please specify the account numbers: _____

TRADING EXPERIENCE

Do you have experience trading securities? Yes No Years _____

Do you have experience trading commodities? Yes No Years _____

Do you have experience trading futures? Yes No Years _____

Do you have experience trading OTC Forex? Yes No Years _____

SIGNATURE PAGE

SIGNED THIS ____ DAY OF _____ 20__ AT _____

Client
Signature

Co-owner / Joint account holder
Signature

Co-owner / Joint account holder
Signature