



開戶申請書
NEW ACCOUNT FORM

Core Pacific Securities USA LLC

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www.corepacificusa.com

For office use only:	ACCOUNT NUMBER: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	RR: <input type="text"/> <input type="text"/> <input type="text"/>	ACCOUNT CATEGORY: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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I. 帳戶類型 (選擇所有適用者) ACCOUNT TYPE (Check all that apply)

- 現金帳戶 CASH 融資帳戶 MARGIN 選擇權帳戶 OPTION 專戶 PROCASH PLUS™ 退休帳戶 RETIREMENT ACCOUNT

II. 帳戶種類 (選擇一項) ACCOUNT REGISTRATION (Check one)

*星號帳戶種類開戶需要更多文件。詳情請洽您的投資顧問。

*Additional documentation may be required to open these account types. Contact your investment professional for more information.

個人帳戶 INDIVIDUAL

遺產帳戶* ESTATE* 指定人數 Number Appointed: _____

受託執行帳戶者: Person or Entity Appointed to Act on Behalf of the Account: 遺產管理人 Administrator 遺產代理人 Personal Representative 遺產執行人 Executor

信託帳戶* TRUST* 設立日期 Establishment Date: _____

信託型態: Trust Type: 家庭信託 Family 不可撤銷信託 Irrevocable 生前信託 Living 可撤銷信託 Revocable 遺囑信託 Testamentary

受託人 Trustees: _____

受益人 Beneficiaries: _____

授權帳戶* POWER OF ATTORNEY*

被授權人姓名 Power of Attorney Name: _____

未成年監管帳戶* CUSTODIAN FOR MINOR*

贈與日期 Date Gift Was Given: _____ 獲贈與的州 State in Which Gift Was Given: _____ 未成年人生日 Minor's Date of Birth: _____

贈與途徑 Manner in Which the Gift Was Given: 信託 Trust 遺囑 Will 由禮物成立帳戶 Created by Gift
 委任執行 Exercise by Appointment 由受託人或債務人轉帳 Transfer by Fiduciary or Obligor

指定終止年齡 Age Designated to Terminate: _____ 請選一 CHECK ONE: UGMA / Uniform Gift to Minors Act UTMA / Uniform Transfer to Minors Act

合夥人帳戶* PARTNERSHIP* 金融機構帳戶* FINANCIAL INSTITUTION* 非營利機構* NONPROFIT ORGANIZATION* 獨資經營人帳戶* SOLE PROPRIETORSHIP* 非公司帳戶* NONCORPORATE*

共同帳戶* JOIN TENANT ACCOUNT* 共同帳戶持有人數 Number of Tenants: _____

已婚 Married: 是 Yes 否 No 聯權共有的州 Tenancy State: _____

聯權共有條款 Tenancy Clause: 生存者繼承權 Joint Tenants with Right of Survivorship 共享權益 Tenants in Common 不可分割式所有權 Tenants by Entirety

共同持有 Community Property 共同持有生存者繼承權 Community Property with Right of Survivorship 收益權 Usufruct

企業退休金/獲利共享計劃* CORPORATE PENSION/PROFIT SHARING PLAN*

計劃名稱 Plan Name: _____

受託人 Trustees: _____

受益人 Beneficiaries: _____

共同帳戶過世後財產轉移* TRANSFER ON DEATH JOINT* 轉移書執行日 Agreement Execution Date: _____

已婚 Married: 是 Yes 否 No 聯權共有的州 Tenancy State: _____

聯權共有條款 Tenancy Clause: 生存者繼承權 Joint Tenants with Right of Survivorship 共享權益 Tenants in Common 不可分割式所有權 Tenants by Entirety

共同持有 Community Property 共同持有生存者繼承權 Community Property with Right of Survivorship 收益權 Usufruct

個人帳戶過世後財產轉移* TRANSFER ON DEATH INDIVIDUAL* 轉移書執行日 Agreement Execution Date: _____

退休帳戶—第三者* IRA—3RD PARTY* 投資俱樂部* INVESTMENT CLUB* 公司* CORPORATION* 政府單位/機構* GOVERNMENT ENTITY/AGENCY*

監護帳戶* GUARDIANSHIP* 保護人帳戶* CONSERVATORSHIP* 銀行擔保* BANK COLLATERAL* 免稅機構* EXEMPT ORGANIZATION*

III. 帳戶名稱與聯絡資訊 ACCOUNT TITLE AND CONTACT INFORMATION

帳戶名稱 ACCOUNT NAME:
通訊地址 MAILING ADDRESS: 城市 CITY: 州 STATE:
省郡地區 PROVINCE / COUNTY / SUBDIVISION: 國家 COUNTRY: 郵遞區號 ZIP / POSTAL CODE:
電話號碼 TELEPHONE NUMBER: (日間) (Day) (晚間) (Evening) 電郵 E-MAIL:

IV. 帳戶地址與授權 ACCOUNT ADDRESS AND AUTHORITY

法定地址(永久居住地址)如果與通訊地址不同 LEGAL ADDRESS (Your permanent residence address) IF IT IS DIFFERENT FROM YOUR MAILING ADDRESS
地址 ADDRESS: 城市 CITY: 州 STATE:
省郡地區 PROVINCE / COUNTY / SUBDIVISION: 國家 COUNTRY: 郵遞區號 ZIP / POSTAL CODE:

共同帳戶持有人法定地址(永久居住地址) JOINT ACCOUNT HOLDER'S LEGAL ADDRESS (Your permanent residence address)
地址 ADDRESS: 城市 CITY: 州 STATE:
省/郡/地區 PROVINCE / COUNTY / SUBDIVISION: 國家 COUNTRY: 郵遞區號 ZIP / POSTAL CODE:
電話號碼 TELEPHONE NUMBER: (日間)(Day) (晚間)(Evening) 電郵 E-MAIL:

帳戶成立的州 STATE IN WHICH THE ACCOUNT IS ESTABLISHED:
你會委託他人處理此帳戶嗎? Will you be giving discretion over this account to another? [] 是 Yes [] 否 No

如果是, 請列出受委託人的名字和與您的關係 If yes, what is the person's name and relationship to you:

如果有人受委託處理此帳戶, 是否有附上授權書? If an individual has given discretion to another over this account, has a power of attorney or other form been submitted? [] 是 Yes [] 否 No

若帳戶乃為信託, 公司, 遺產或其他實體所設, 是否有附上信託授權書, 法人授權書, 委任書, 或其他適宜文件以茲證明授權屬實? If the account is established for a trust, corporation, estate or other entity has a certificate of trust, corporate resolution, letter of appointment, or other appropriate documentation establishing and delegating authority been submitted? [] 是 Yes [] 否 No

V. 美國報稅人資料和證明 U.S. TAXPAYER INFORMATION AND CERTIFICATION

社會安全號碼 SOCIAL SECURITY NUMBER: [][][]-[][][]-[][][][][] 或 稅籍號碼 TAXPAYER IDENTIFICATION NUMBER: [][][]-[][][][][][][][]
國家公民 COUNTRY OF CITIZENSHIP: 國家永久居民 COUNTRY OF PERMANENT RESIDENCE:

共同帳戶持有人社會安全號碼 JOINT ACCOUNT HOLDER'S SOCIAL SECURITY NUMBER: [][][]-[][][]-[][][][][] 或 稅籍號碼 TAXPAYER IDENTIFICATION NUMBER: [][][]-[][][][][][][][]
國家公民 COUNTRY OF CITIZENSHIP: 國家永久居民 COUNTRY OF PERMANENT RESIDENCE:

請證明您的社會安全號碼或稅籍號碼屬實 (此部份不適用於非美國居民之外國人和外國機構) PLEASE CERTIFY YOUR SOCIAL SECURITY OR TAXPAYER IDENTIFICATION NUMBER HERE (This section is not to be used by nonresident aliens and foreign entities)

本人在偽證刑罰下, 證明(1)申請書上的社會安全和稅籍號碼是本人的社會安全和稅籍號碼或是我正在等待相關機構核發號碼 (2)並且本人不屬"預扣稅"(backup withholding)人士因為(a)本人豁免預扣稅 (b)本人未被國稅局通知由於未全數申報利息與股利所導致的預扣稅通知 (c)國稅局已通知本人已無任何預扣稅情形 (3)我是美國人(包括美國居民之外國人)

Taxpayer Certification: Under penalties of perjury, I certify that: (1) the number shown on this form is my correct Social Security Number or Taxpayer Identification Number (or I am waiting for a number to be issued to me); (2) I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. Person (including a U.S. Resident alien).

註: 如果您因未報所有利息或股利而被國稅局通知需要預扣稅, 您必須將上列之條款(2)劃掉。如果您可被豁免預扣稅(若不确定, 請向我們索取一份完整的國稅局說明書), 請在此寫上"Exempt"(豁免):

NOTE: You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For accounts exempt from backup withholding (if you are unsure, ask us for a complete set of IRS instructions), write the word "Exempt" here: _____

若這是共同帳戶, 您必須使用第一帳戶持有人的社會安全號碼。 If this is a joint account, the Social Security Number of the account owner who is named FIRST in the account title MUST be used.

簽名 SIGNATURE: 日期 DATE:

VI. 帳戶目標 ACCOUNT OBJECTIVES

風險承受度 RISK EXPOSURE: (請選一) (Check one) 低 Low 中度 Moderate 投機 Speculation 高風險 High Risk
帳戶投資目標 ACCOUNT INVESTMENT OBJECTIVES: (請選一)(Check one) 收入 Income 長期成長 Long-Term Growth 短期成長 Short-Term Growth

VII. 財務和職業資訊 FINANCIAL AND EMPLOYMENT INFORMATION

第一帳戶持有人 FIRST NAMED ACCOUNT HOLDER

姓名 NAME: _____ 生日 DATE OF BIRTH: _____

投資經驗年數 YEARS OF INVESTMENT EXPERIENCE: _____ 年收入 ANNUAL INCOME: (請提供範圍)(Provide a range) \$ _____ TO \$ _____

註: 可與其他共同帳戶持有人合計, 若為合計請在框內打勾
NOTE: May be aggregated with other joint tenants, check box if aggregated

流動淨資產不含您的住屋 LIQUID NET WORTH EXCLUDING YOUR HOME: (請提供範圍)(Provide a range) \$ _____ TO \$ _____

註: 可與其他共同帳戶持有人合計, 若為合計請在框內打勾
NOTE: May be aggregated with other joint tenants, check box if aggregated

就業狀態 EMPLOYMENT STATUS: 在職 EMPL—Employed 自僱 SEMP—Self Employed 退休 RETD—Retired
 待職 UEMP—Unemployed 家管 HOME—Homemaker 在學 STDT—Student

職稱 OCCUPATION: _____ 工作年數 YEARS EMPLOYED: _____ 公司業別 TYPE OF BUSINESS: _____

雇主名稱 EMPLOYER'S NAME: _____

雇主地址 EMPLOYER'S ADDRESS: _____ 城市 CITY: _____ 州 STATE: _____

省/郡/地區 PROVINCE / COUNTY / SUBDIVISION: _____ 國家 COUNTRY: _____ 郵遞區號 ZIP / POSTAL CODE: _____

扶養親屬人數 課稅級距 (請選擇)
NUMBER OF DEPENDENTS: _____ EFFECTIVE TAX STATUS (Choose a tax bracket): LWTB—0-15% MDTB—15.1% - 32% HITB—32.1% - 50% TPTB—50.1% +

您是否為這家證券經紀交易商的職員? ARE YOU AN EMPLOYEE OF THIS BROKER-DEALER? 是 YES 否 NO

您和這家證券經紀交易商的職員有親戚關係嗎? ARE YOU RELATED TO AN EMPLOYEE OF THIS BROKER-DEALER? 是 YES 否 NO
如果是, 請列出職員的名字和與您的關係 If yes, give the name of the employee and the relationship to you: _____

您是否為別家證券經紀交易商的職員? ARE YOU AN EMPLOYEE OF ANOTHER BROKER-DEALER? 是 YES 否 NO
如果是, 請列出證券經紀交易商的名稱 If yes, give the name of the broker-dealer: _____

您和別家證券經紀交易商的職員有親戚關係嗎? ARE YOU RELATED TO AN EMPLOYEE AT ANOTHER BROKER-DEALER? 是 YES 否 NO
如果是, 請寫下該證券經紀交易商的名稱, 該職員的名字以及和您的關係
If yes, give the name of the broker-dealer, the name of the employee, and the relationship to you: _____

您是否持有其他證券公司的帳戶? ARE YOU MAINTAINING ANY OTHER BROKERAGE ACCOUNTS? 是 YES 否 NO
如果是, 在哪幾家公司? If yes, what firm(s)? _____

您或您的任何近親是否受聘於或與證券交易所或全國證券經紀商工會之會員有所關聯? (開此帳戶需雇主授權書)
ARE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY AFFILIATED WITH OR EMPLOYED BY A MEMBER OF A STOCK EXCHANGE OR THE NATIONAL ASSOCIATION OF SECURITIES DEALERS? (Employer authorization is required to open this account.) 是 YES 否 NO
如果是, 關聯的性質是? If yes, what is the affiliation? _____

您是否擔任上市公司的高階主管, 董事, 或股東? ARE YOU SENIOR OFFICER, DIRECTOR, OR SHAREHOLDER OF A PUBLIC COMPANY? 是 YES 否 NO
如果是, 哪家公司? If yes, what company? _____

您是否為美國或外國政府機構的職員? ARE YOU AN EMPLOYEE OF ANY DOMESTIC OR FOREIGN GOVERNMENT? 是 YES 否 NO

第二共同帳戶持有人 SECOND NAMED ACCOUNT HOLDER

姓名 NAME: _____ 生日 DATE OF BIRTH: _____

投資經驗年數 YEARS OF INVESTMENT EXPERIENCE: _____ 年收入 ANNUAL INCOME: (請提供範圍)(Provide a range) \$ _____ TO \$ _____

註: 如果已與其他共同帳戶持有人合計, 請勿回答以下問題。
NOTE: Do not answer if aggregated with other joint tenants.

流動淨資產不含您的住屋 (請提供範圍)
LIQUID NET WORTH EXCLUDING YOUR HOME: (Provide a range) \$ _____ TO \$ _____

註: 如果已與其他共同帳戶持有人合計, 請勿回答以下問題。
NOTE: Do not answer if aggregated with other joint tenants.

就業狀態 EMPLOYMENT STATUS: 在職 EMPL—Employed 自僱 SEMP—Self Employed 退休 RETD—Retired
 待職 UEMP—Unemployed 家管 HOME—Homemaker 在學 STDT—Student

職業 OCCUPATION: _____ 工作年數 YEARS EMPLOYED: _____ 公司業別 TYPE OF BUSINESS: _____

雇主名稱 EMPLOYER'S NAME: _____

雇主地址 EMPLOYER'S ADDRESS: _____ 城市 CITY: _____ 州 STATE: _____

省/郡/地區 PROVINCE / COUNTY / SUBDIVISION: _____ 國家 COUNTRY: _____ 郵遞區號 ZIP / POSTAL CODE: _____

扶養親屬人數 課稅級距 (請選擇)
NUMBER OF DEPENDENTS: _____ EFFECTIVE TAX STATUS (Choose a tax bracket): LWTB—0-15% MDTB—15.1% - 32% HITB—32.1% - 50% TPTB—50.1%+

您是否為這家證券經紀交易商的職員? ARE YOU AN EMPLOYEE OF THIS BROKER-DEALER? 是 YES 否 NO
如果是, 哪家證券交易商? If yes, what firm? _____

您和這家證券經紀交易商的職員有親戚關係嗎? ARE YOU RELATED TO AN EMPLOYEE OF THIS BROKER-DEALER? 是 YES 否 NO
如果是, 請列出職員的名字和與您的關係 If yes, give the name of the employee and the relationship to you: _____

您是否為別家證券經紀交易商的職員? ARE YOU AN EMPLOYEE OF ANOTHER BROKER-DEALER? 是 YES 否 NO
如果是, 請列出證券經紀交易商的名稱 If yes, give the name of the broker-dealer: _____

您和別家證券經紀交易商的職員有親戚關係嗎? ARE YOU RELATED TO AN EMPLOYEE AT ANOTHER BROKER-DEALER? 是 YES 否 NO
如果是, 請寫下該證券經紀交易商的名稱, 該職員的姓名以及和您的關係
If yes, give the name of the broker-dealer, the name of the employee, and the relationship to you: _____

您是否持有其他證券公司的帳戶? ARE YOU MAINTAINING ANY OTHER BROKERAGE ACCOUNTS? 是 YES 否 NO
如果是, 在哪幾家公司? If yes, what firm(s)? _____

您或您的任何近親是否受聘於或與證券交易所或全國證券經紀商工會之會員有所關聯?(開此帳戶需雇主授權書)
ARE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY AFFILIATED WITH OR EMPLOYED BY A MEMBER OF A STOCK EXCHANGE OR THE NATIONAL ASSOCIATION OF SECURITIES DEALERS?
(Employer authorization is required to open this account.) 是 YES 否 NO
如果是, 關聯的性質是? If yes, what is the affiliation? _____

您是否擔任上市公司的高階主管, 董事, 或股東? ARE YOU SENIOR OFFICER, DIRECTOR, OR SHAREHOLDER OF A PUBLIC COMPANY? 是 YES 否 NO
如果是, 哪家公司? If yes, what company? _____

您是否為美國或外國政府機構的職員? ARE YOU AN EMPLOYEE OF ANY DOMESTIC OR FOREIGN GOVERNMENT? 是 YES 否 NO

VIII. 身份鑑定資料 IDENTIFICATION INFORMATION

第一帳戶持有人 FIRST NAMED ACCOUNT HOLDER

現持護照號碼* CURRENT PASSPORT NUMBER:* _____ 發照國家 COUNTRY ISSUING PASSPORT: _____

身份證字號 GOVERNMENTAL IDENTIFICATION NUMBER: _____ 身份證類別 GOVERNMENTAL IDENTIFICATION DESCRIPTION: _____

身分證發證國家 COUNTRY OF GOVERNMENT IDENTIFICATION: _____ 身分證發證州/行政區 STATE / PRIMARY SUBDIVISION OF GOVERNMENT IDENTIFICATION: _____

第二共同帳戶持有人 SECOND NAMED ACCOUNT HOLDER

現持護照號碼* CURRENT PASSPORT NUMBER:* _____ 發照國家 COUNTRY ISSUING PASSPORT: _____

身份證字號 GOVERNMENTAL IDENTIFICATION NUMBER: _____ 身份證類別 GOVERNMENTAL IDENTIFICATION DESCRIPTION: _____

身分證發證國家 COUNTRY OF GOVERNMENT IDENTIFICATION: _____ 身分證發證州/行政區 STATE / PRIMARY SUBDIVISION OF GOVERNMENT IDENTIFICATION: _____

非美國居民外國人需提供所有打*號項目及國稅局表格 W-8BEN。
*Should be provided for all nonresident aliens, along with an IRS Form W-8BEN.

IX. 交易流程 TRANSACTION PROCESSING

出售證券收益 PROCEEDS: 匯出 Remit Proceeds 保管於帳戶 Hold Proceeds in the Account 轉入貨幣市場基金 Hold and Sweep Proceeds
貨幣市場基金名稱 Name of Money Market Fund: _____

股利/利息 DIVIDENDS / INTEREST: 保管於帳戶 Hold 匯出 (請指示次數/方式/開始日期) Remit (Indicated frequency / method / start date)
次數 Frequency: 每半月 Semimonthly 每月 Monthly 每雙月 Bi-Monthly 每季 Quarterly 每半年 Semiannually 每年 Annually
方式 Method: _____ 開始日期 Start Date: _____

定期收益分配 PERIODIC DISTRIBUTION:
金額 Amount: _____

次數 Frequency: 每半月 Semimonthly 每月 Monthly 每雙月 Bi-Monthly 每季 Quarterly 每半年 Semiannually 每年 Annually
開始日期 First Payment Date: _____

X. 相關人士 INTERESTED PARTIES

如果您想要在帳戶中增加相關人士，請填上他們的連絡資訊，並勾選您想要他們收到每月對帳單或交易確認單。

If you would like to add an interested party to your account, provide their contact information in this section. Check if you would like them to receive statements and confirmations.

第一相關人士 FIRST INTERESTED PARTY

帳戶名稱 ACCOUNT NAME: _____

通訊地址 MAILING ADDRESS: _____

城市 CITY: _____

州 STATE: _____

省/郡/地區 PROVINCE / COUNTY / SUBDIVISION: _____

國家 COUNTRY: _____

郵遞區號 ZIP / POSTAL CODE: _____

電話號碼 TELEPHONE NUMBER: (日間)(Day) _____

(晚間)(Evening) _____

電郵 E-MAIL: _____

通知方式 TYPE OF NOTIFICATION: _____

對帳單 Statement

交易確認單 Confirmation

第二相關人士 SECOND INTERESTED PARTY

帳戶名稱 ACCOUNT NAME: _____

通訊地址 MAILING ADDRESS: _____

城市 CITY: _____

州 STATE: _____

省/郡/地區 PROVINCE / COUNTY / SUBDIVISION: _____

國家 COUNTRY: _____

郵遞區號 ZIP / POSTAL CODE: _____

電話號碼 TELEPHONE NUMBER: (日間)(Day) _____

(晚間)(Evening) _____

電郵 E-MAIL: _____

通知方式 TYPE OF NOTIFICATION: _____

對帳單 Statement

交易確認單 Confirmation

XI. 其他資料 ADDITIONAL INFORMATION

請提供您銀行的名稱和地址

PLEASE PROVIDE THE NAMES AND ADDRESSES OF YOUR BANKS: _____

本帳戶資金之來源為？

WHAT IS THE SOURCE OF FUNDS FOR THIS ACCOUNT? _____

工作收入 Income from Employment

投資收益 Investment Proceeds

贈與 Gift

營業銷售額 Sale of Business

保險收益 Insurance Proceeds

其他 Other

您或與共同帳戶持有人是否 ARE YOU OR ANYONE WITH AN INTEREST IN THIS ACCOUNT EITHER :

(1) 於美國以外的國家擔任軍隊，政府或政黨高級官員，或(2)與上述人士之近親關係密切？

(1) a senior military, governmental, or political official in a non-U.S. Country, or (2) closely associated with an immediate family member of such an official? _____

是 Yes

否 No

如果是，請寫下官員姓名，職稱，以及國家

If yes, identify the name of the official, office held, and country: _____

本帳戶是否美國愛國者法案定義下的私人銀行帳戶？

IS THIS ACCOUNT A PRIVATE BANKING ACCOUNT DEFINED UNDER THE USA PATRIOT ACT? _____

是 Yes

否 No

本帳戶是否美國愛國者法案定義下的外國銀行帳戶？

IS THIS ACCOUNT FOR A FOREIGN BANK AS DEFINED UNDER THE USA PATRIOT ACT? _____

是 Yes

否 No

其他資料 ADDITIONAL INFORMATION: _____

XII. 簽名 SIGNATURES

請檢查您填寫的資料，閱讀第六頁的合約書，並在下面簽名。

Please review your information, read the Agreement on page 6, and sign below.

註：本文件包含爭端仲裁條款，出現於第六頁段落13和14。

NOTE: This document contains a predispute arbitration clause, which appears on page 6 in paragraphs 13 and 14.

簽署 SIGNATURE: _____

日期 DATE: _____

共同帳戶持有人簽署 JOINT ACCOUNT HOLDER'S SIGNATURE: _____

日期 DATE: _____

京華山一·證券·理財職員專用 FOR BROKER-DEALER USE ONLY

METHOD USED TO VERIFY ID OF ACCOUNT HOLDERS: _____

Database Verification

In-Person Verification

ACCEPTED: INVESTMENT PROFESSIONAL IS REGISTERED IN THE STATE OF CUSTOMER'S RESIDENCE

INVESTMENT PROFESSIONAL: (Print name) _____

SIGNATURE: _____

DATE: _____

COMPLIANCE OFFICER: (Print Name) _____

SIGNATURE: _____

DATE: _____

PRINCIPAL: (Print Name) _____

SIGNATURE: _____

DATE: _____

本中文翻譯表格資料若與英文有異時，請以英文版本為標準。

Some Chinese translations maybe are slightly different than the English. Otherwise, the English version is a standard criterion.

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NEW ACCOUNT AGREEMENT

1. PROVISIONS IN THE EVENT OF FAILURE TO PAY OR DELIVER

Whenever the undersigned does not, on or before the settlement date, pay in full for any security purchased for the account of the undersigned, or deliver any security sold for such account, you are authorized (subject to the provisions of any applicable statute, rule, or regulation):

- (A) Until payment or delivery is made in full, to pledge, repledge, hypothecate, or rehypothecate, without notice, any or all securities which you or your clearing agent may hold for the undersigned (either individually or jointly with others), separately or in common with other securities or commodities or any other property, for the sum then due or for a greater or lesser sum and without retaining in your possession and control for delivery a like amount of similar securities.
- (B) To sell any or all securities which you or your clearing agent may hold for the undersigned (either individually or jointly with others), to buy in any or all securities required to make delivery for the account of the undersigned, or to cancel any or all outstanding orders or commitments for account of the undersigned.

2. CANCELLATION PROVISIONS

You are authorized, in your discretion, should the undersigned die or should you for any reason whatever deem it necessary for your protection, without notice, to cancel any outstanding orders in order to close out the accounts of the undersigned, in whole or in part, or to close out any the commitment made on behalf of the undersigned.

3. GENERAL PROVISIONS

Any sale, purchase, or cancellation authorized hereby may be made according to your judgement and at your discretion on the exchange or other market where such business is then usually transacted, at public auction, or at private sale without advertising the same and without any notice, prior to tender, demand or call, and you may purchase the whole or any part of such securities free from any right of redemption, and the undersigned shall remain liable for any deficiency. It is further understood that any notice, prior to tender, demand, or call from you shall not be considered a waiver of any provision of this agreement. The undersigned shall include any person executing this agreement.

4. SUCCESSORS

This agreement and its provisions shall be continuous, and shall inure to the benefit of your present organization, and any successor organization or assigns, and shall be binding upon the undersigned and/or the estate, executors, administrators, and assigns of the undersigned.

5. AGE

The undersigned, if an individual, represents that he or she is of full age.

6. INTEREST IN ACCOUNT

No one except the undersigned has an interest in any of its accounts with you unless such interest is revealed in the title of such account, and in any case, the undersigned has the interest indicated in such title.

7. ORDERS AND STATEMENTS

Reports of the execution of orders and statements of the account of the undersigned shall be conclusive if not objected to in writing, the former within two days and the latter within ten days, after forwarding by you to the undersigned by mail or otherwise.

8. EXTRAORDINARY EVENTS

You shall not be liable for loss or delay caused directly or indirectly by war, natural disasters, government restrictions, exchange, or market rulings, or other conditions beyond your control.

9. FEES AND CHARGES

The undersigned agrees to the fees and charges on the fee schedule received by the undersigned. You may change the fee schedule from time to time.

10. JOINT ACCOUNTS

If this is a joint account, unless we notify you otherwise and provide such documentation, as you require, the brokerage account(s) shall be held by us jointly with rights of survivorship (payable to either or the survivor of us). Each joint tenant irrevocably appoints the other as attorney-in-fact to take all action on his or her behalf and to represent him or her in all respects in connection with this Agreement. You shall be fully protected in acting, but shall not be required to act upon the instructions of either of us. Each of us shall be liable, jointly and individually, for any amounts due to you pursuant to this Agreement, whether incurred by either or both of us.

11. ADDRESS

Communications may be sent to the undersigned at the current address of the undersigned which is on file at your office, or at such other address as the undersigned may hereafter give you in writing. All communications so sent, whether by mail, telegraph, messenger, or otherwise, shall be deemed given to the undersigned personally, whether actually received or not.

12. RECORDING CONVERSATIONS

The undersigned understands and agrees that for our mutual protection you may electronically record any of our telephone conversations.

13. ARBITRATION DISCLOSURES

- ARBITRATION IS FINAL AND BINDING ON THE PARTIES.
- THE PARTIES ARE WAIVING THEIR RIGHT TO SEEK REMEDIES IN COURT, INCLUDING THE RIGHT TO A JURY TRIAL.
- PREARBITRATION DISCOVERY IS GENERALLY MORE LIMITED THAN AND DIFFERENT FROM COURT PROCEEDINGS.
- THE ARBITRATORS' AWARD IS NOT REQUIRED TO INCLUDE FACTUAL FINDINGS OR LEGAL REASONING AND ANY PARTY'S RIGHT TO APPEAL OR TO SEEK MODIFICATION OF RULINGS BY THE ARBITRATORS IS STRICTLY LIMITED.
- THE PANEL OF ARBITRATORS WILL TYPICALLY INCLUDE A MINORITY OF ARBITRATORS WHO WERE OR ARE AFFILIATED WITH THE SECURITIES INDUSTRY.

14. AGREEMENT TO ARBITRATE CONTROVERSIES

IT IS AGREED THAT ANY CONTROVERSY BETWEEN US ARISING OUT OF YOUR BUSINESS OR THIS AGREEMENT SHALL BE SUBMITTED TO ARBITRATION CONDUCTED BEFORE ANY NATIONAL SECURITIES EXCHANGES ON WHICH A TRANSACTION GIVING RISE TO SUCH CLAIM TOOK PLACE (AND ONLY BEFORE SUCH EXCHANGE) OR THE NATIONAL ASSOCIATION OF SECURITIES DEALERS, INC. AND IN ACCORDANCE WITH ITS RULES. ARBITRATION MUST BE COMMENCED BY SERVICE UPON THE OTHER PARTY OF A WRITTEN DEMAND FOR ARBITRATION OR A WRITTEN NOTICE OF INTENTION TO ARBITRATE.

NO PERSON SHALL BRING A PUTATIVE OR CERTIFIED CLASS ACTION TO ARBITRATION, NOR SEEK TO ENFORCE ANY PREDISPUTE ARBITRATION AGREEMENT AGAINST ANY PERSON WHO HAS INITIATED IN COURT A PUTATIVE CLASS ACTION; OR WHO IS A MEMBER OF A PUTATIVE CLASS ACTION WHO HAS NOT OPTED OUT OF THE CLASS WITH RESPECT TO ANY CLAIMS ENCOMPASSED BY THE PUTATIVE CLASS ACTION UNTIL: (I) THE CLASS CERTIFICATION IS DENIED, (II) THE CLASS ACTION IS DECERTIFIED; OR (III) THE CLIENT IS EXCLUDED FROM THE CLASS BY THE COURT. SUCH FORBEARANCE TO ENFORCE AN AGREEMENT TO ARBITRATE SHALL NOT CONSTITUTE A WAIVER OF ANY RIGHTS UNDER THIS AGREEMENT TO THE EXTENT STATED HEREIN.