



# Options Account Application

Use this application to apply to add options trading privileges to your new or existing Fidelity account. If you have already been granted privileges, use this application to add or update account owner or third-party information. Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information or signatures, use a copy of the relevant page.

## Authorized agent/Advisor

Firm Name	G Number
	G

## 1. Current Fidelity Account

If you do not already have an account at Fidelity, this form must be accompanied by a new account application.

Account Number

New Account Number not yet assigned.

## 2. Account Owner

First Name	Middle Name	Last Name
Trust or Entity Name if applicable		

### Marital Status

Not required for trust, business, non-prototype retirement and fiduciary accounts.

Single/Divorced/Widowed  
 Married

Number of Dependents

### Employment Status

Check one.  Employed  Not employed  Retired *List Source of Income if Retired or Not Employed.*

Employer/Source of Income		Occupation	
Employer's Address			
City	State/Province	Zip/Postal Code	Country

**Affiliations** Report any additional affiliations on a separate page.

### Securities Industry Affiliations

Check this box if any of these scenarios applies to you. You are registered with or employed by a FINRA member firm ("associated person"), you are the spouse of an associated person, you are a child who resides in the same household or is financially dependent on the associated person, you are related to an associated person who has control over your account, or an associated person materially contributes financial support to you and has control over your account.

Same as employer above. *If different, provide the information below.*

If you are affiliated, include the compliance officer's letter of approval and indicate the member firm's name and address. Fidelity will transmit duplicate copies of confirmations and statements or the transactional data contained therein to the member firm upon their request for all transactions in your account.

Failure to include an approval letter may delay the processing of your request.

Name of Company or Other Entity Name			
Address			
City	State/Province	Zip/Postal Code	Country

continued on next page



## 2. Account Owner *continued*

### Investment Experience

Provide the number of years trading each security.

Stocks	Years	Bonds	Years	Commodities	Years	Equity Options	Years	Index Options	Years

If number of years is not provided, it will default to zero.

Provide the average size and frequency of prior securities transactions.

Average Size \$1,000, \$5,000, \$10,000, etc.	Transactions per Month

## 3. Additional Account Owner(s) *ALL owners must be listed. For additional owners, use a copy of this section.*

First Name	Middle Name	Last Name
Trust or Entity Name if applicable		

### Marital Status

Not required for trust, business, non-prototype retirement and fiduciary accounts.

<input type="checkbox"/> Single/Divorced/Widowed	Number of Dependents
<input type="checkbox"/> Married	

### Employment Status

Check one.  Employed  Not employed  Retired *List Source of Income if Retired or Not Employed.*

Employer/Source of Income	Occupation		
Employer's Address			
City	State/Province	Zip/Postal Code	Country

**Affiliations** Report any additional affiliations on a separate page.

### Securities Industry Affiliations

- Check this box if any of these scenarios applies to you. You are registered with or employed by a FINRA member firm ("associated person"), you are the spouse of an associated person, you are a child who resides in the same household or is financially dependent on the associated person, you are related to an associated person who has control over your account, or an associated person materially contributes financial support to you and has control over your account.
- Same as employer above. *If different, provide the information below.*

If you are affiliated, include the compliance officer's letter of approval and indicate the member firm's name and address. Fidelity will transmit duplicate copies of confirmations and statements or the transactional data contained therein to the member firm upon their request for all transactions in your account.

Failure to include an approval letter may delay the processing of your request.

Name of Company or Other Entity Name			
Address			
City	State/Province	Zip/Postal Code	Country

### Investment Experience

Provide the number of years trading each security.

Stocks	Years	Bonds	Years	Commodities	Years	Equity Options	Years	Index Options	Years

If number of years is not provided, it will default to zero.

Provide the average size and frequency of prior securities transactions.

Average Size \$1,000, \$5,000, \$10,000, etc.	Transactions per Month

*continued on next page*

### 3. Additional Account Owner(s) *continued*

#### Additional Account Owner

First Name	Middle Name	Last Name
Trust or Entity Name if applicable		

#### Marital Status

Not required for trust, business, non-prototype retirement and fiduciary accounts.

Single/Divorced/Widowed       Married

Number of Dependents

#### Employment Status

Check one.     Employed     Not employed     Retired *List Source of Income if Retired or Not Employed.*

Employer/Source of Income	Occupation		
Employer's Address			
City	State/Province	Zip/Postal Code	Country

**Affiliations** *Report any additional affiliations on a separate page.*

#### Securities Industry Affiliations

If you are affiliated, include the compliance officer's letter of approval and indicate the member firm's name and address. Fidelity will transmit duplicate copies of confirmations and statements or the transactional data contained therein to the member firm upon their request for all transactions in your account.

Check this box if any of these scenarios applies to you. You are registered with or employed by a FINRA member firm ("associated person"), you are the spouse of an associated person, you are a child who resides in the same household or is financially dependent on the associated person, you are related to an associated person who has control over your account, or an associated person materially contributes financial support to you and has control over your account.

Same as employer above. If different, provide the information below.

Failure to include an approval letter may delay the processing of your request.

Name of Company or Other Entity Name			
Address			
City	State/Province	Zip/Postal Code	Country

#### Investment Experience

Provide the number of years trading each security.

Stocks  Years    Bonds  Years    Commodities  Years    Equity Options  Years    Index Options  Years

If number of years is not provided, it will default to zero.

Provide the average size and frequency of prior securities transactions.

Average Size \$1,000, \$5,000, \$10,000, etc.	Transactions per Month
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## 4. Objective and Trading Plans

In order to approve your account for options trading, Fidelity is required to ask you to list your investment objectives for this account. Below are two investment objectives. Next to each objective are the trading plans applicable for that objective. Select one Investment Objective and one Trading Plan. Choose the most aggressive trading plan as all plans that appear above that selection will also be included. If at any time you would like to revise your investment objective, contact your Authorized agent/Advisor or Fidelity. You must determine for yourself if the investments you or your Authorized agent/Advisor select are appropriate and consistent with the investment objectives chosen below. Fidelity assumes no responsibility to you for determining if the investments you selected are suitable for you.

### Investment Objective

You must check one in this column

### Options Trading Plans

You must check one in this column

**Conservative** You seek to minimize fluctuations in market values by taking an income-oriented approach with some potential for capital appreciation.

**A.** Covered call writing on equity options

**Most Aggressive** You seek very aggressive growth and can tolerate very wide fluctuations in market values, especially over the short term.

**A.** Covered call writing on equity options

**B.** Purchases of calls and puts (equity, index, and interest rate index), writing of cash covered puts, purchases or straddles/combinations (equity, index, and interest rate index), collars and conversions of equities, and hedged puts (also includes A)

**C, D, and E all require margin.**

*Trading plans C, D, and E require margin; if you do not already have margin, attach a Margin Application. For Non-Prototype Retirement Account, see the important information in the Signature Section.*

**C.** Equity and index spreads, covered put writing (selling puts against stock that is held short), and reverse conversions of equity options (also includes A and B)

**D.** Uncovered writing of equity options, uncovered writing of straddles/combinations on equities and convertible hedging (also includes A, B, and C)

**E.** Uncovered writing of index options, uncovered writing of straddles/combinations on indexes, covered index options, and collars and conversions of index options (also includes A, B, C, and D)

### Financial Profile

Answer for ALL owners combined. Trusts/entities: Answer based on trust/entity assets.

Check one in each column.

Industry regulations require us to ask for this information.

#### Annual Income

From all sources

- 1 0–\$20,000  
 2 \$20,001–\$50,000  
 3 \$50,001–\$100,000  
 4 \$100,001 or more

#### Estimated Net Worth

Excluding your home

- 1 0–\$30,000  
 1 \$30,001–\$50,000  
 2 \$50,001–\$100,000  
 3 \$100,001–\$500,000  
 4 \$500,001 or more

#### Estimated Liquid Net Worth

Cash and assets easily converted to cash

- 1 0–\$15,000  
 1 \$15,001–\$50,000  
 2 \$50,001–\$100,000  
 3 \$100,001–\$500,000  
 4 \$500,001 or more

# 5. Account Owner Signatures and Dates

ALL account owners must sign and date. For additional owners, use a copy of this page.

"You/your" refers to all account owners.

By signing below, you:

- Affirm that you have received, read, understand, and agree to be bound by the Options Agreement (the "Agreement") and disclosure materials identified in the Agreement, all as currently in effect and as may be amended in the future. The Agreement shall inure to the benefit of Fidelity's successors and assigns, whether by merger, consolidation, or otherwise. Fidelity may transfer your account to its successors and assigns, and this Agreement shall be binding upon your heirs, executors administrators, successors, and assigns.
- Certify that you have provided Fidelity with the required personal, financial, and investment information for all parties authorized to place trades on this account, including any third parties, that all information provided is correct, and that you will ensure that any parties who subsequently gain this authority will provide required information about themselves to Fidelity.
- Agree to forward copies of the Options Agreement and the disclosure materials to any third parties.
- Acknowledge that if you have not checked either box in the section titled Associations and Corporate Control Status, you represent and warrant that you are not associated with or employed by a stock exchange or a broker-dealer and that you are not a control person or associate of a public company under SEC Rule 144 (such as a director, 10% shareholder, or a policymaking officer), or an immediate family or household member of such a person.
- Acknowledge that Fidelity will not be liable for any loss, expenses, or cost arising out of your instructions, provided that it institutes reasonable procedures to prevent unauthorized transactions.

*If adding Options Trading Plan C, D, or E to a Non-Prototype Retirement Account:*

- Acknowledge that you have read and understand the following points: As trustee, it is your responsibility to ensure that all account transaction and investment instructions provided are in accordance with the underlying plan and trust.  
In addition to risks generally applicable to margin borrowing, utilizing margin within a tax-advantaged retirement account poses other risks, including: 1) using account assets to satisfy margin calls reduces tax-advantaged savings, 2) annual contribution limits may restrict a plan trustee's ability to satisfy margin calls, and 3) debt-financed investment income within a tax-advantaged account can generate unrelated business taxable income (UBTI). You are strongly encouraged to consult your tax or benefits advisor prior to utilizing margin borrowing on this account.

Print Owner Name <i>First, M.I., Last</i>	
Owner Signature	Date <i>MM-DD-YYYY</i>
<b>SIGN</b> ▶	▶

Print Owner Name <i>First, M.I., Last</i>	
Owner Signature	Date <i>MM-DD-YYYY</i>
<b>SIGN</b> ▶	▶

Print Owner Name <i>First, M.I., Last</i>	
Owner Signature	Date <i>MM-DD-YYYY</i>
<b>SIGN</b> ▶	▶



## 6. Authorized Third Party *(Not for Advisor on Account)*

If there is an authorized third party on this account, the third party must complete and sign this section. Attach an *Account Access Rights for Advisor Managed Accounts* form unless one is already on file for this third party.

For additional third parties, make a copy of this section.

First Name	Middle Name	Last Name
Relationship to Owner investment advisor, family, trustee, etc.		

### Investment Experience

Provide the number of years trading each security.

Stocks	Years	Bonds	Years	Commodities	Years	Equity Options	Years	Index Options	Years
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If number of years is not provided, it will default to zero.

Provide the average size and frequency of prior securities transactions.

Average Size \$1,000, \$5,000, \$10,000, etc.	Transactions per Month
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### Options Trading Experience

- A. Covered call writing on equity options
- B. Purchases of calls and puts (equity, index, and interest rate index), writing of cash covered puts, purchases or straddles/combinations (equity, index, and interest rate index), collars and conversions of equities, and hedged puts (also includes A)
- C. Equity and index spreads, covered put writing (selling puts against stock that is held short), and reverse conversions of equity options (also includes A and B)
- D. Uncovered writing of equity options, uncovered writing of straddles/combinations on equities and convertible hedging (also includes A, B, and C)
- E. Uncovered writing of index options, uncovered writing of straddles/combinations on indexes, covered index options, and collars and conversions of index options (also includes A, B, C, and D)

## 7. Authorized Third Party Signature and Date

By signing below, you:

- Affirm that you have received, read, understand, and agree to be bound by the Options Agreement (the "Agreement") and disclosure materials identified in the Agreement, all as currently in effect and as may be amended in the future. The Agreement shall inure to the benefit of

Fidelity's successors and assigns, whether by merger, consolidation, or otherwise.

- Accept all terms and conditions described in this application and in the Options Agreement.
- State that you are familiar with and understand the investment objectives and

trading plans of the account owner(s) and will only use trading strategies that are consistent with those objectives and plans.

- Certify that you have provided Fidelity with your required personal, financial, and investment information, and that this information is complete and truthful.

Print Authorized Third Party Name <i>First, M.I., Last</i>	
Authorized Third Party Signature	Date <i>MM - DD - YYYY</i>
<b>SIGN</b> ▶	▶