



CENTURION INSTITUTIONAL SERVICES, INC.

1282 Pacific Oaks Place
Escondido, CA 92029
TEL(760) 471-8536 FAX(760) 471-0399
Member FINRA/SIPC

About this Application

This is a Brokerage Account Application. Please read it carefully, as you will select products and services, tell us how you want to communicate with us, and agree to certain provisions that will govern our relationship. When we accept this Application and all accompanying or supplemental documents form the entire Agreement between us for this account.

Unless otherwise indicated in this Application, the words "you," "your," "yourself," and "yours" mean the applicant(s). The words "we," "us," and "our" mean Centurion Institutional Services, Inc., 1282 Pacific Oaks Place, Escondido, CA 92029 and our subsidiaries and affiliates.

Getting Started

Please complete and sign this Application, along with any required supplemental forms identified through this application process.

This information requested helps us comply with various securities regulations and rules and the **USA PATRIOT Act**, a Federal law that requires all securities firms to obtain, verify, and record information that identifies each applicant. Please note: if we cannot verify the information you provide, we may be required to restrict or deny your account.

PRIVACY POLICY

I. Information That We Collect

As part of providing you with our service, we obtain nonpublic personal information about you which may include the following:

- Information we receive from you on applications, questionnaires, or other forms including name, address, social security number, assets and income, and other information we may receive from your financial advisor.
- Information about your transactions with us, our affiliates, or others, such as balances, payment history, parties to transactions and account usage.
- We may verify this information or get additional information from consumer reporting agencies or other sources.

II. Information That We Share

We share your information in order to complete transactions quickly and efficiently, identify and protect you against fraud, enable us to determine the right services to meet your needs and to provide you with proper customer service. Examples of customer information that we may share include:

- Information we receive from you, such as your name, address, social security number, email address, assets, and income, as provided, for example, on account applications.
- Information about your transactions with us, our affiliates and others, such as balances, payment history, parties to transaction, and account usage.

Depending on your type of relationship with Centurion Institutional Services, Inc., we may share information with other Centurion Institutional Services, Inc. affiliates, as well as with nonaffiliated third parties as set forth below.

A. Sharing Information With Centurion Institutional Services, Inc.

We share information about you with other Centurion Institutional Services, Inc. affiliates as permitted by law in order to provide you with other financial tools and services. Our affiliates provide a wide range of financial services and include broker-dealers, investment advisers, financial planners and insurance brokers, among others.

B. Sharing Information With Third Parties Not Affiliated With Centurion Institutional Services, Inc.

We do not disclose information to unaffiliated third parties except in limited circumstances and only in accordance with applicable law. Please be assured that whatever the reason for sharing personal information, we take steps to assure that those parties respect your privacy by limiting the use of the information to the purpose for which it was disclosed. These unaffiliated third parties may include:

- Companies that perform services for your account that we do not provide ourselves. Such services include account valuation, preparation of account statements, determination of fees and printing services.
- Companies that will help protect your account from fraud.
- Companies that provide services and products necessary to effect a transaction that you request or to service your account such as clearing firms, mutual fund companies and insurance companies.
- Government agencies, courts, parties to lawsuits in response to subpoenas or otherwise as required by law. In such cases, we share only the information that we are required or authorized to share.

We do not share information with nonaffiliated companies who intend to market their products to you. For example, we will not sell names to a catalog company or telemarketer.

III. Confidentiality and Security

The security of your account information is important to us. Only those persons who need your information to perform their job have access to it. Additionally, we maintain physical, electronic and procedural security measures that comply with federal regulations to protect your information.

BUSINESS CONTINUITY PLAN

Centurion Institutional Services, Inc. (CISI) is required to implement a plan for recovery of CISI's systems, records and other documents and information pertinent to its operation in the event of a disaster. If you have any questions regarding our business continuity plans, please contact Centurion Institutional Services, Inc. at 760-471-8536.

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Please Tell Us About Yourself—CONTINUED

Co-Applicant (if applicable)

Contact Information

Mr. Mrs. Ms. Dr. Suffix Sr. Jr.

First Name Middle Name Last Name

Use the same contact information listed for the primary applicant.

Permanent Address Apt/Suite No.

City State ZIP Code Country

Work Phone Home Phone Mobile Phone Email Address

Are you:

Single Married Domestic Partner Divorced Widowed Number of Dependents:

Employment Status

Are you currently:

Employed Self-Employed Not Employed Retired Student Other:

Job Title Occupation

Employer Years with this Employer

Business Address Apt/Suite No.

City State ZIP Code Country

USA PATRIOT Act Information (Required by Federal Law—See page 1)

All applicants please provide the information below. Non-resident aliens, also include a completed W-8BEN.

Date of Birth (mm/dd/yyyy) Social Security or Taxpayer ID No. Country of Citizenship

ID No. (Select one): Driver's License Passport State ID Other Government-issued ID Place/Country of Issuance

Issue Date (mm/yyyy) Expiration Date (mm/yyyy) Country of Tax Residence (if different than country of citizenship)

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Please Tell Us About Yourself—CONTINUED

Industry and Other Affiliations

<p><i>Primary Applicant</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Co-Applicant</i></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings and dependents:</i></p> <p>Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, or branch manager of a broker-dealer firm) or a financial regulatory agency?</p> <p>If yes, please specify entity below. If employed by the entity and, if required, please provide a letter from your employer (with this Application) approving establishment of this account.</p> <p><input type="checkbox"/> Broker-Dealer or Municipal Securities Dealer <input type="checkbox"/> Investment Adviser</p> <p><input type="checkbox"/> FINRA <input type="checkbox"/> State or Federal Securities Regulator</p> <p>Name of entity(ies): _____</p> <p>An officer, director or 10% (or more) shareholder in a publicly-owned company?</p> <p>Name of company and symbol: _____</p> <p>A senior military, governmental or political official in a non-US country?</p> <p>Name of country: _____</p>
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Household Financial Background

Please tell us your best estimate as to:

ANNUAL INCOME ¹ (from all sources)	NET WORTH ² (excluding your residence)	LIQUID NET WORTH ³	TAX RATE (highest marginal)
<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> 0-15%
<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> 16-25%
<input type="checkbox"/> \$50,001-100,000	<input type="checkbox"/> \$50,001-200,000	<input type="checkbox"/> \$50,001-200,000	<input type="checkbox"/> 26-30%
<input type="checkbox"/> \$100,001-250,000	<input type="checkbox"/> \$200,001-500,000	<input type="checkbox"/> \$200,001-500,000	<input type="checkbox"/> 31-35%
<input type="checkbox"/> \$250,001-500,000	<input type="checkbox"/> \$500,001-1,000,000	<input type="checkbox"/> \$500,001-1,000,000	<input type="checkbox"/> Over 35%
<input type="checkbox"/> Over \$500,000	<input type="checkbox"/> \$1,000,001-3,000,000	<input type="checkbox"/> \$1,000,001-3,000,000	
	<input type="checkbox"/> Over \$3,000,000	<input type="checkbox"/> Over \$3,000,000	

<p>INVESTMENT TIME HORIZON</p> <p>_____ Years</p>	<p>LIQUIDITY NEEDS –Specify</p> <p>0 – 3 yrs _____</p> <p>3 – 7 yrs _____</p> <p>More than 7 yrs _____</p>
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1 Annual income includes income from sources such as employment, alimony, social security, investment income, etc.

2 Net worth is the value of your assets minus your liabilities. For purposes of this application, assets include stocks, bonds, mutual funds, other securities, bank accounts, and other personal property. Do not include your primary residence among your assets. For liabilities, include any outstanding loans, credit card balances, taxes, etc. Do not include your mortgage.

3 Liquid net worth is your net worth minus assets that cannot be converted quickly and easily into cash, such as real estate, business equity, personal property and automobiles, expected inheritances, assets earmarked for other purposes, and investments or accounts subject to substantial penalties if they were sold or if assets were withdrawn from them.

2 Tell Us How You Intend to Use This Account

The more we know about you and your goals for this account, the better we can serve you. Please answer the following questions about your investment objectives, financial situation and attitude toward investment risk to help us determine which investment products and strategies are suitable for you.

Select the category that best describes the risk that you are willing to take in this account

Investing involves risk. Different investment products and strategies involve different degrees of risk. The higher the expected returns of a product or strategy, the greater the risk that you could lose most of your investment.

Please select the degree of risk you (and any co-applicants, if applicable) are willing to take with the assets in this account.

- Conservative.** I want to preserve my initial principal in this account, with minimal risk, even if that means this account does not generate significant income or returns and may not keep pace with inflation.
- Moderately Conservative.** I am willing to accept low risk to my initial principal, including low volatility, to seek a modest level of portfolio returns.
- Moderate.** I am willing to accept some risk to my initial principal and tolerate some volatility to seek higher returns, and understand I could lose a portion of the money invested.
- Moderately Aggressive.** I am willing to accept high risk to my initial principal, including high volatility, to seek high returns over time, and understand I could lose a substantial amount of the money invested.
- Significant Risk.** I am willing to accept maximum risk to my initial principal to aggressively seek maximum returns, and understand I could lose most, or all, of the money invested.

2 Tell Us How You Intend to Use This Account—CONTINUED

Financial Investment Experience

We are collecting the information below to better understand your investment experience. We recognize your responses may change over time as you work with us.

Please check the boxes that best describe your investment experience to date.

Investment	Years experience			Transactions per year (excluding automatic investments)		
Mutual Funds/ Exchange Traded Funds	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Individual Stocks	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Bonds	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Options	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Securities Futures	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Alternative ⁵	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Margin	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5			

⁵ May include structured products, hedge funds, etc.

3 Tell Us How You Want to Work With Us

Please note: You may change your account features and options at any time, with advance written notice to us.

Sales proceeds (check one):

- Mail check to the address of record
- Send directly to your bank account. Please provide bank name and account number: _____
- Sweep into Dreyfus Government Fund /Money-Market Fund

Dividends/interest (check one):

- Mail check to the address of record
- Send directly to your bank account. Please provide bank name and account number: _____
- Sweep into same investment as indicated at left
- Reinvest in the same security

SIPC protects customers of brokerage firms that are closed due to bankruptcy or other financial difficulty. Each customer may be protected up to \$500,000, including up to \$100,000 in cash held in the account. SIPC will cover any missing customer securities when the brokerage fails, whether the securities are missing due to conversion, theft, unauthorized trading or other reasons. SIPC does not protect against ordinary market loss. Not every investment is protected by SIPC and some customers may be ineligible to have their claims satisfied with SIPC funds. **More information can be found at www.sipc.org or by calling 1-202-371-8300.**

3 Tell Us How You Want to Work With Us—CONTINUED

Back-Up Contact Information - Optional

If we are unable to contact you, and we need to, you authorize us to contact the person listed below and to disclose information about you in order to confirm the specifics of your current contact information, health status, and the identity of any legal guardian, executor, trustee, or holder of a power of attorney.

Note: Your back-up contact should not be a co-applicant.

- Mr. Mrs. Ms. Dr. **Suffix** Sr. Jr.

First Name	Middle Name	Last Name
Address		Apt/Suite No.
City	State	Country
Work Phone	Home Phone	Mobile Phone
Relationship to Primary Applicant/Co-Applicant: _____		

4 Review and Submit This Application

Confirmations and Signatures – Please Read Carefully

By signing this Application, you affirm that you have received and read this Application and any supplemental documents governing this relationship. You affirm that the information you have provided is accurate and you agree to notify us of any changes in the information provided.

Tax Withholding Certifications –A Separate Form W-9 Will Be Provided For Your Signature

Note: By signing and dating this form, all applicants authorize the disclosure of their names, security position(s) and contact information, for purposes of receiving official communications concerning municipal securities, if relevant, to (a) an issuer of municipal securities; (b) a trustee for an issue of municipal securities in its capacity as trustee; (c) a state or federal tax authority; or (d) a custody agent for a stripped coupon municipal securities program in its capacity as custody agent. For more information, please see MSRB Rules G-8(a)(xi) and G-15(g)(iii)(A).

Signatures

Primary Applicant Name (please print)

Primary Applicant Signature

Date

Co-Applicant Name (please print)

Co-Applicant Signature

Date

Rev. 01-11-11

CISI: Internal Use Only – Compliance Dept. Approval _____ Date _____