



75 Park Place 4th Floor
New York, NY 10007 USA

U.S. Toll Free: 1.866.FOR.FXDD
Phone: +1.212.791.3933
Fax: +1.212.937.3845

Customer Account Application

Thank you for choosing FX DIRECT DEALER, LLC "FXDD". To make it easy and convenient to open your account, we've included all the necessary forms in this application packet. The instructions to complete your account approval process are:

Step 1: Complete the Customer Account Application and SIGN the Customer Application. Carefully read the Customer Agreement, the Risk Disclosure Statement and the Trading Rules and Regulations. SIGN the acknowledgement for the Customer Agreement, Risk Disclosure Statement and Trading Rules and Regulations. Submit the completed and signed Customer Account Application (in its entirety) and the Signature Page for the Customer Agreement, Risk Disclosure Statement and Trading Rules and Regulations.

- **Non U.S. Residents ONLY:** Also complete the *W-8BEN Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding Form* (DOWNLOAD W8 FORM FROM OUR WEBSITE: www.fxdd.com)

Step 2: Verify & Submit Additional Personal Information In response to the US Patriot Act, it is FXDD's policy to verify personal information provided on this application. *Required of all authorized signers on this account.*

- **U.S. Residents:** *At this time you are not required to submit photo ID's. We will advise you if additional identification information is required.*
- **Non U.S. Residents:** Please submit two (2) forms of identification, including one (1) photo ID (i.e. passport or any other government-issued document evidencing nationality or residence and bearing a photograph), AND one (1) proof of address as represented on this application (i.e. utility bill, driver's license, bank statement, etc.). *Required of all authorized signers on this account.*

Step 3: Send your completed, signed application (in its entirety) and applicable tax form, along with required photo ID(s) to FXDD:

via FAX or e-mail (for expedited processing)

ATTN: New Accounts
Fax: 212.937.3845
applications@fxdd.com

via Mail:

Customer Accounts
FXDD
75 Park Place, 4th Floor
New York, NY 10007



Step 4: Fund Your Account Customers must deposit a minimum of USD 250.00 to open a Mini account, or USD 2,000.00 to open a Standard account. **Cash deposits are not accepted**, which includes money orders, traveler's checks or other cash equivalents. **Under no circumstances will FXDD make or receive payments via third parties.** There are five easy ways to fund your account:

a) Wire Transfer - The fastest way to fund your account

Bank wires are typically received and credited to client's account within 1-2 business days.

JPMorgan Chase Bank, N.A.

1 Chase Manhattan Plaza

New York, NY 10081

ABA: 021000021

Account: 066654637

Swift: CHASUS33

For the Account: FXDirectDealer, LLC Control Account favor [Put your First, Last name, and account #]

b) Certified Bank or Cashier's Check - Once received, Certified Bank or Cashier's Checks are typically credited to client's account within two (2) business days.

c) Personal or Business Check - Funds sent via personal or business check take 5-10 business days (from date of receipt) to clear and be credited to client's trading account, according to our banking partner's posted schedule. This can vary depending on the bank and state of issue. International checks may take several weeks to clear.

Please make checks payable to FXDD.

d) PayPal – Once your account has been created, visit our website, and follow instructions in the "Transfer Funds" section, by using your live account login name and password to link with the PayPal website.

An FXDD representative will contact you when your application has been approved and you have been cleared for trading. If you have questions or require assistance completing the application, please call us at 1.866.FOR.FXDD (367.3933) (toll free within North America) or + 1.212.791.FXDD (3933) (int'l) or email us at sales@fxdd.com

e) Broker Payment Systems – Please review funding via [BPS](http://www.fxdd.com) on our website: <http://www.fxdd.com>.

1. ACCOUNT APPLICATION

<p>Account Type: (Please check only one)</p>	<p><input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account</p> <p><input type="checkbox"/> Corporate Account (Name) _____</p> <p><input type="checkbox"/> Trust (Name) _____</p> <p><input type="checkbox"/> Partnership (Name) _____</p> <p><input type="checkbox"/> Custodial (IRA or Uniform Transfer to Minors Act)</p>
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If Corporate, LLC, Partnership or Irrevocable Trust Tax ID # : _____

Home Address (<i>P.O. Boxes are not accepted</i>):			
City:	State/Region:	ZIP/Postal Code:	Country:
Home Telephone:	Mobile Phone:	Fax:	
U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, what country? _____			

4. EMPLOYMENT STATUS (PRIMARY ACCOUNT HOLDER) Required

(Please check one)	<input type="checkbox"/> Employed	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Retired
	<input type="checkbox"/> Student/Homemaker	<input type="checkbox"/> Unemployed	

If you select Employed, Self-employed, Unemployed, or Retired, please provide current or previous employment.

Employer's Name:		Years There:
Nature of Business:	Position:	Telephone:
Employer's Address:		Business E-mail:

Skip this section if you are applying for an Individual or Corporate Account

5. EMPLOYMENT STATUS (CO-APPLICANT) Required

(Please check one)	<input type="checkbox"/> Employed	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Retired
	<input type="checkbox"/> Student/Homemaker	<input type="checkbox"/> Unemployed	

If you select Employed, Self-employed, Unemployed, or Retired, please provide current or previous employment.

Employer's Name:		Years There:
Nature of Business:	Position:	Telephone:
Employer's Address:		Business E-mail:

Skip this section if you are applying for an Individual or Corporate Account

6. JOINT CUSTOMER SHARE ALLOCATION (FOR INDIVIDUAL ACCOUNTS – SKIP THIS SECTION) Required

(Check which one applies)	<input type="checkbox"/> Joint Tenants with Rights of Survivorship (JWTRoS)
	<input type="checkbox"/> Tenants in Common (JTIC)

JTWROS - Each joint tenant has a share in the Account Balance and positions in the Account of the percentage (%) interest as shown in the space next to each tenant's signature on page 6. In the case of a tenant's death, that tenant's interest in the Account will be passed to the other tenant(s).

TIC - Each tenant in common has a share in the Account Balance and positions in the Account of the percentage (%) Interest as shown in the space next to each tenant's signature on page 6. In the case of a tenant's death, that tenant's interest in the Account will be paid to the legal heirs with reference to the Customer Agreement.

For all Joint Accounts, each tenant has authority:

- a) To trade for the Account subject to the agreements of the Account.
- b) To receive all correspondence and documents in respect of the Account.
- c) To receive or withdraw cash and other property.
- d) To execute agreements relating to the account.
- e) To deal fully with FXDD.

A Funds Redemption Form should be signed by all the joint applicants. This form can be downloaded at www.fxdd.com.

FXDD has the authority to require joint action by the parties to the Account in matters of the Account. FXDD has possession over the security of the Account individually or jointly. If a death occurs to one or more of the tenants, FXDD shall be notified in writing. All expenses due to the date of notification shall be charged to the Account. **If no percentage (%) is indicated, each tenant is presumed to have an equal share, with a total of 100%.**

7. FINANCIAL INFORMATION (Required)

Estimated Annual Income: (in USD):	Net Worth (in USD) (estimated total value of all your assets minus your liabilities):	Liquid Net Worth (in USD) (estimated total value of all your assets, minus your liabilities that are in cash or cash equivalents, or could easily be converted to cash):
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Customers should use only their own available Risk Capital for trading foreign exchange. Risk Capital means funds, which if lost, would not change your lifestyle or your family's lifestyle. This information is necessary to assist FXDD in assessing your suitability for trading foreign currencies. Completing the information will not have the effect of limiting you potential losses to the amount indicated.

***If your risk capital is greater than 25% of your Net Worth, in order for you to be considered for an FXDD trading account, you will be required to complete and sign an **"Additional Risk Disclosure Document"** (Applies to Primary and Co-Applicant).

8. PREVIOUS TRADING & INVESTMENT EXPERIENCE (Required)

Foreign Exchange (Check one):	<input type="checkbox"/> None	<input type="checkbox"/> 0-6 Months	<input type="checkbox"/> 6 mo. To 2 yrs.	<input type="checkbox"/> 2 yrs. And above
Stocks (Check one):	<input type="checkbox"/> None	<input type="checkbox"/> 0-6 Months	<input type="checkbox"/> 6 mo. To 2 yrs.	<input type="checkbox"/> 2 yrs. And above

Bonds (Check one):	<input type="checkbox"/> None	<input type="checkbox"/> 0-6 Months	<input type="checkbox"/> 6 mo. To 2 yrs.	<input type="checkbox"/> 2 yrs. And above
Futures (Check one):	<input type="checkbox"/> None	<input type="checkbox"/> 0-6 Months	<input type="checkbox"/> 6 mo. To 2 yrs.	<input type="checkbox"/> 2 yrs. And above
Options (Check one):	<input type="checkbox"/> None	<input type="checkbox"/> 0-6 Months	<input type="checkbox"/> 6 mo. To 2 yrs.	<input type="checkbox"/> 2 yrs. And above

***If you do not have at least 6 months of futures, securities, or foreign exchange investment or trading experience, in order for you to be considered for an FXDD trading account, you will be required to complete and sign an **“Additional Risk Disclosure Document”** (Applies to Primary and Co-Applicant).

9. BANK REFERENCE INFORMATION (Combined)			
Name of Bank:			
Bank Address:			
City:	State/Region:	ZIP/Postal Code:	Country:
Account Number:	Name of Account Holder:	ABA or Swift Number:	
By signing this application, the applicant(s) authorizes FXDD and its banking partner(s) to inquire from your financial institution as to the standing of your account. Such authorization includes your consent to release information regarding your account to FXDD, its banking partner(s) and/or any regulatory agency that may request such information from FXDD.			

10. SOCIAL SECURITY OR TAX ID CERTIFICATION & BACK UP WITHHOLDING STATEMENT (U.S. CLIENTS ONLY)
Under penalties of perjury, I (We) the undersigned client, certify (1) the Social Security or Tax Identification number shown on this application agreement is the correct Social Security or Tax Identification number and (2) the ownership, or beneficiary, of this account is not subject to backup withholding under the Section #3406 (a)(1)(C) of the Internal Revenue Code.

11. MISCELLANEOUS ACCOUNT INFORMATION (Required)	
Will any person or entity have control or manage the trading or investing in this account	<input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, you must include a Limited Power of Attorney Form with your application. This form can be downloaded at www.fxdd.com .	
Will any person or entity have a financial interest in this account?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If “YES” please provide their name, address, social security number and telephone number:	
Has there been, or is there currently, pending litigation between you and ANY brokerage firm, exchange, state or federal agency, Forex firm, securities firm or registered representative of any of the preceding?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If "YES", please explain the details and list the dates of all litigations:
(If your explanation does not fit here, please attach on a separate sheet of paper.)

Litigation A Explanation: _____ Date: _____

Litigation A Explanation: _____ Date: _____

Have you left a debit balance at another firm? (i.e. you still owe money to that firm)	If Yes, please state which firm and how much money you owe:	
<input type="checkbox"/> YES <input type="checkbox"/> NO		
Do you work for a financial institution?	If Yes, please state which one.	Date of Employment:
<input type="checkbox"/> YES <input type="checkbox"/> NO		

Please check the corresponding box for the highest level of education completed (required):

High School 2-Year Degree Bachelor's Degree Master's Degree Doctorate

12. SIGNATURES (Required)

***These disclosures must be checked off (✓) below as part of your acknowledgment that you have read and understand the FXDD Customer Agreement (pg. 11-32). Required for all applicants.

			Primary Account Holder	Joint Account Holder
			_____	_____
1. Scope of Agreement	Pg. 3	Required	_____	_____
2. Risk Acknowledgements	Pg. 4	Required	_____	_____
3. Customer's Representations & Warranties	Pg. 5	Required	_____	_____
4. Trading	Pg. 6	Required	_____	_____
5. Margin Requirements	Pg. 9	Required	_____	_____
6. Security Agreement	Pg. 9	Required	_____	_____
7. Liquidations of Accounts & Deficit Balances	Pg. 10	Required	_____	_____
8. Trading Recommendations	Pg. 12	Required	_____	_____
9. Entire Agreement	Pg. 15	Required	_____	_____
10. Law and Jurisdiction	Pg. 16	Required	_____	_____
11. FXDirectDealer Risk Disclosure	Pg. 17	Required	_____	_____
12. Trading Rules and Regulations	Pg. 23	Required	_____	_____

CUSTOMER INFORMATION: I (We) hereby represent that the information provided in this application document is true and correct. I (We) further represent that I (We) will notify FXDD of any material changes in writing. FXDD reserves the right, but has no duty, to verify the accuracy of information provided, and to contact such bankers, brokers and others as it deems necessary.

<hr/> <p>Account Holder Signature</p> <hr/> <p>Print Client Name</p> <hr/> <p>Date (MM/DD/YYYY)</p>	<hr/> <p>Joint Account Holder Signature <i>(If Applicable)</i></p> <hr/> <p>Print Client Name</p> <hr/> <p>Date (MM/DD/YYYY)</p>
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Please fax a signed copy to: +1.212.937.3845, or sign and scan a copy to sales@fxdd.com