



ACCOUNT NO.	AE#	DATE

Account Carried By:
 STERNE, AGEE & LEACH
 DIRECT INVESTMENT - (REITS, Mutual Funds, Insurance, Annuities)

ACCOUNT NAME - ADDRESS - DISCLOSURES

* Please also include a copy of your driver's license if not currently on file.

ACCOUNT NAME	SOC. SEC. OR TAX I.D. NO.	DL NUMBER*	DATE OF ISSUE
	DATE OF BIRTH		DATE DL EXPIRES
JOINT TENANT NAME/MINOR IF CUSTODIAL/TTEE NAME	SOC. SEC. OR TAX I.D. NO.	DL NUMBER*	DATE OF ISSUE
	DATE OF BIRTH		DATE DL EXPIRES
HOME TELEPHONE NO. ()	BUSINESS TELEPHONE NO. ()	E-MAIL ADDRESS	
MAILING ADDRESS	CITY	STATE	ZIP CODE
LEGAL ADDRESS (IF DIFFERENT) (NO P.O. BOX)	CITY	STATE	ZIP CODE
<input type="checkbox"/> YES <input type="checkbox"/> NO Are you affiliated with or related to any employee or financial representative of Capital? Specify person and relationship. _____ <input type="checkbox"/> YES <input type="checkbox"/> NO Are you associated with or related to someone who is an employee of a member firm of a stock exchange or FINRA or an officer of a bank, trust company, or insurance company? Indicate person, firm, and relationship. _____ <input type="checkbox"/> YES <input type="checkbox"/> NO Are you or a related person a director, a 10% shareholder, or policy-making executive of a publicly traded company? Indicate company's name and relationship. _____ <input type="checkbox"/> YES <input type="checkbox"/> NO I want my name, address, and security position disclosed to requesting companies in which I hold securities in street or nominee name. (See Section 20.)			

FOR PERSONAL ACCOUNTS

EMPLOYED BY	OCCUPATION	ANNUAL INCOME	NET WORTH	LIQUID NET WORTH
BUSINESS ADDRESS		CITIZENSHIP	MARRIED?	TAX BRACKET
CITY	STATE	ZIP CODE	SPOUSE/JT.TEN/TTEE INCOME	SPOUSE/JT.TEN/TTEE OCCUPATION

ACCOUNT INFORMATION

TYPE OF ACCOUNT TO BE OPENED:	<input type="checkbox"/> CASH	<input type="checkbox"/> MARGIN (FORWARD ADDITIONAL INFORMATION)	<input type="checkbox"/> OPTION (FORWARD ADDITIONAL INFORMATION)
ACCOUNT REGISTRATION:	INVESTMENT ADVISOR ACCOUNTS		
<input type="checkbox"/> INDIVIDUAL (001) <input type="checkbox"/> IRA (074) <input type="checkbox"/> NON-PROFIT ORG. (065) <input type="checkbox"/> TRUST (073) <input type="checkbox"/> JT.WROS (002) <input type="checkbox"/> ROTH IRA (074) <input type="checkbox"/> CUSTODIAN FOR MINOR (010) <input type="checkbox"/> ESTATE (071) <input type="checkbox"/> CORPORATION (003) <input type="checkbox"/> SIMPLE (076) <input type="checkbox"/> JT TENANTS IN COMMON (020) <input type="checkbox"/> DVP/RVP (050) <input type="checkbox"/> PARTNERSHIP (056) <input type="checkbox"/> SEP (076) <input type="checkbox"/> 529 PLAN <input type="checkbox"/> OTHER	<input type="checkbox"/> CAPITAL INVESTMENT COUNSEL <input type="checkbox"/> CIC ADVISERS, LLC <input type="checkbox"/> CAPITAL ADVISERS <input type="checkbox"/> OTHER _____		

INVESTMENT OBJECTIVES, RISK TOLERANCE, AND EXPERIENCE

<p>PRIMARY OBJECTIVE & RISK TOLERANCE Select only one objective and time horizon.</p> <input type="checkbox"/> PRESERVATION OF CAPITAL + CONSERVATIVE (A) <input type="checkbox"/> PRESERVATION OF CAPITAL + MODERATE (B) <input type="checkbox"/> INCOME + CONSERVATIVE (C) <input type="checkbox"/> INCOME + MODERATE (D) <input type="checkbox"/> CAPITAL APPRECIATION/GROWTH + CONSERVATIVE (E) <input type="checkbox"/> CAPITAL APPRECIATION/GROWTH + MODERATE (F) <input type="checkbox"/> CAPITAL APPRECIATION/GROWTH + AGGRESSIVE (G) <input type="checkbox"/> SPECULATION + AGGRESSIVE (H) <p>TIME HORIZON</p> <input type="checkbox"/> <5 YEARS <input type="checkbox"/> 5-10 YEARS <input type="checkbox"/> >10 YEARS	<p>SECONDARY OBJECTIVE & RISK TOLERANCE Select one objective and risk tolerance (not required).</p> <input type="checkbox"/> PRESERVATION OF CAPITAL + CONSERVATIVE (A) <input type="checkbox"/> PRESERVATION OF CAPITAL + MODERATE (B) <input type="checkbox"/> INCOME + CONSERVATIVE (C) <input type="checkbox"/> INCOME + MODERATE (D) <input type="checkbox"/> CAPITAL APPRECIATION/GROWTH + CONSERVATIVE (E) <input type="checkbox"/> CAPITAL APPRECIATION/GROWTH + MODERATE (F) <input type="checkbox"/> CAPITAL APPRECIATION/GROWTH + AGGRESSIVE (G) <input type="checkbox"/> SPECULATION + AGGRESSIVE (H) <p>TIME HORIZON</p> <input type="checkbox"/> <5 YEARS <input type="checkbox"/> 5-10 YEARS <input type="checkbox"/> >10 YEARS	<p>INVESTMENT EXPERIENCE Provide your experience in years.</p> Stocks _____ Bonds _____ Mutual Funds _____ ETFs _____ Variable Insurance _____ Variable Annuities _____ Options _____ LPs/REITs _____ Margin Trading _____ Other _____
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SERVICE INSTRUCTIONS

WHEN BUYING SECURITIES: <input type="checkbox"/> DELIVER CUSTOMER NAME (1) <input type="checkbox"/> HOLD CERTIFICATES (4)	SETTLEMENT INSTRUCTIONS: <input type="checkbox"/> SEND CHECK ON SETTLEMENT (A) <input type="checkbox"/> PURCHASE/MONEY MARKET FUND (C)	CASH DIVIDENDS/INTEREST: <input type="checkbox"/> MAIL CHECK (5) <input type="checkbox"/> HOLD IN ACCOUNT (1)
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MONEY MARKET

<input type="checkbox"/> PRIME CASH	<input type="checkbox"/> GOVERNMENT	<input type="checkbox"/> TREASURY	<input type="checkbox"/> MUNICIPAL
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ADDITIONAL INFORMATION

INITIAL TRANSACTION <input type="checkbox"/> BUY <input type="checkbox"/> SELL <input type="checkbox"/> DEPOSIT <input type="checkbox"/> TRANSFER <input type="checkbox"/> ROLLOVER DESCRIPTION: _____
HOW WAS CUSTOMER INTRODUCED? <input type="checkbox"/> BANK CUSTOMER <input type="checkbox"/> PERSONAL ACQUAINTANCE <input type="checkbox"/> CALL IN <input type="checkbox"/> SOLICITATION <input type="checkbox"/> SEMINAR <input type="checkbox"/> WALK-IN <input type="checkbox"/> ADVERTISING
HOW LONG HAVE YOU KNOWN CUSTOMER? _____ BANK REFERENCE _____
NOTES INCLUDING RELATED/OTHER ACCOUNTS TO BE LINKED FOR BREAKPOINTS (Account Name/Account Number/Location): _____

INTERNAL REVENUE SERVICE—Required Information (W-9 Form): Under penalties of perjury, I certify (1) that the Taxpayer I.D. Number shown above is my correct taxpayer identification number; and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding. (Internal Revenue Service regulations require you to strike out the language certifying that you are not subject to backup withholding due to notified payee under reporting if you have been notified that you are subject to this type of withholding, and you have not received a notice from the Internal Revenue Service advising you that backup withholding has terminated.) (3) I am a U.S. person (including a U.S. resident alien).

BANK CUSTOMER ACKNOWLEDGEMENT: IN CONSIDERATION OF CAPITAL INVESTMENT GROUP, INC. (CIG) ACCEPTING FOR THE UNDERSIGNED ONE OR MORE ACCOUNTS, THE UNDERSIGNED HEREBY ACKNOWLEDGES THAT CIG IS AN INDEPENDENT REGISTERED SECURITIES BROKER/DEALER, AND THAT ALL SECURITIES SERVICES PROVIDED TO THE UNDERSIGNED BY CIG OR ITS DESIGNATED CLEARING AGENT(S), ARE SOLELY THE RESPONSIBILITY OF CIG OR ITS DESIGNATED CLEARING AGENT(S), ARE NOT FDIC INSURED, AND ARE NOT BEING PROVIDED BY, AND ARE NOT THE RESPONSIBILITY OF THE SUBSCRIBING INSTITUTION ON WHOSE PREMISES CIG'S OFFICES ARE LOCATED.

INITIALS _____

In consideration of your accepting one or more accounts, I hereby affirm that the information above is correct and I have read and understand and agree to the terms set forth in the Customer Agreement on the reverse of this application. By signing this form, I acknowledge I have or will receive a copy of the New Account Form with Customer Agreement. **THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE IN SECTION 10 ON THE REVERSE SIDE.**

X _____	X _____
Customer Signature	Joint Party(ies) Signature
Date	Date
Registered Representative Signature	Registered Principal
Date	Date

