



One Route 17 South • Suite 260 • Saddle River, NJ 07458 USA
Phone: 201-345-2210 • Fax: 201-345-2520

ACCOUNT APPLICATION 开户申请表

The Information below must be completed in FULL.
以下信息必须填写完整

SECTION I 第一节

Account Type: 帐户类型

- Individual Account 个人帐户
- Joint Account 联名帐户
- Business Account 公司帐户
- Trust Account 信托帐户
- IRA Account 个人退休帐户

Primary Account Holder Email Address: 帐户主要持有者邮件地址

Primary Email Address:
主要邮件地址 (Our Primary Method of Contact) (我们联系的主要方式)

Security Questions: (please choose one) 帐户安保问题: (选一项)

- Mother's maiden name 母亲的姓氏
- Pet's name 宠物的名字
- Last four digits of SS# 身份证号码后四位
- City of birth 出生地

Introducing Broker: (if applicable) 经济商(如果适用)

Broker Name: 代理商姓名

How did you hear about FX Solutions? 您是怎么了解到FX Solution的

- Publication 出版物
- Seminar 讲座
- Search Engine 搜索
- Friend 朋友
- Referral 他人推荐

Referral Name: INFINITE FX 推荐者姓名

Primary Account Holder (or Business Owner)-Personal Information: 帐户第一持有者-个人信息

Last Name: 姓 First Name/Middle: 名

Gender: Male 男 Female 女 Marital Status: Yes 已婚 No 未婚 Title (if applicable) 称谓(如果适用)

Citizenship: US Citizen Yes 是 No 否 *Date of Birth: (MM/DD/YEAR) 出生日期 (月/日/年)

Social Security Number: *US Resident must provide 美国居民必须提供 社安号: Passport #, Driver's License #, Other: (Non US Resident) 证件号

*If you are 65 years of age or older, please review "Additional High Risk Notice" p.5

Home Address: 家庭住址(与证件地址相同):

Street Address: 街道/门牌 Mailing Address (Non US Resident) 邮寄地址

City: State/Province: 城市 省

Postal/Zip Code: Country: UNITED STATES 邮编 国家

Home Telephone # 固定电话 Home Fax # 传真 Mobile Phone # 手机

Secondary Email Address: 备用邮箱

FLEXI Contract and Leverage: (Select your Flexi Contract and Leverage size.) 合约与杠杆

Select Unit Size 选择和约

- 1K Units (1 lot equals 1,000) "Super Mini Account"
- 5K Units (1 lot equals 5,000)
- 10K Units* (1 lot equals 10,000) "Mini Account"
- 50K Units (1 lot equals 50,000)
- 100K Units (1 lot equals 100,000) "Standard Account"

*10,000 is the default unit size, unless otherwise selected

Select Leverage Size 选择杠杆

- 50:1
- 100:1*
- 200:1
- 250:1
- 300:1
- 400:1

* FX Solutions asks that you consider the risks associated with levels of leverage greater than 100:1. A relatively small market movement will have a proportionately larger impact on the funds you have deposited or will have to deposit, this may work against you as well as for you. You may sustain a total loss of initial margin.

**100:1 is the default leverage, unless otherwise selected *(These can be changed after your account has been opened simply by filling out a Flexi Lot/Leverage Change Form, which can be retrieved from our website at www.fxsol.com.)

FX Solutions提醒您关注提高经济杠杆的同时产生的风险,市场上发生一次相对较小的波动将对您投入的或即将投入的资金产生比例放大的影响,这种杠杆可能对您有利,也可能对您不利.您最多可以承受的损失将不得超过您最初投入的保险金.

SECTION I (cont'd) 第一节(续上页)

Investment Experience: 投资经验:

	是	否	#Years 年份
Stock/Bonds 股票/债券	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Foreign Currency 外汇	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Funds 基金	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Options 期权	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Mutual Funds 共有基金	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

**What is the highest level of education completed?
您所接受过的最高层次的教育是?**

<input type="checkbox"/> No High School 高中以下	<input type="checkbox"/> High School Degree 高中
<input type="checkbox"/> College Degree 大学	<input type="checkbox"/> Graduate Degree 研究生

SECTION II 第二节

Current Employment Information: (of Primary Account Holder) * Must Check At Least One Box 帐户持有人当前就业信息(选择一项)

Employment Details: Employed Self-Employed Student Homemaker Unemployed *Retired
 就业信息: 在职 自主经营 学生 主妇 失业 退休

Employer Name: _____ Business Type: _____
 公司名称: _____ 业务类型: _____

Business Mailing Address: _____ Business Telephone #: _____
 办公地址: _____ 办公电话: _____

City: _____ State/Province: _____
 城市: _____ 省: _____

Postal/Zip Code: _____ Country: UNITED STATES
 办公传真: _____
 Business Email Address: _____
 办公

*If you indicate "Retired", please refer to "Additional High Risk Notice" p.5 如果您已经退休,须另外签署一份(附加风险说明)

Financial Information: (for Joint Account, please use combined financial information)

帐户信息: (联名帐户请填写双方总数) <\$ 15,000 > \$ 50,000

1. What is your estimated Annual Income? Less than \$15,000 \$15,000 to \$30,000 \$30,000 to \$50,000 Over \$50,000
 您的年收入约为?

2. What is your Net Worth? (excluding equity in home) Less than \$35,000 \$35,000 to \$50,000 \$50,000 to \$100,000 Over \$100,000
 您的净资产有多少?(不包括房屋类资产)

3. What is your Liquid Net Worth? Less than \$15,000 \$15,000 to \$30,000 \$30,000 to \$50,000 Over \$50,000
 您的流动资金有多少?

*If your annual income is Less than \$15,000, please refer to "Additional High Risk Notice" p.5
 如果您的年收入少于\$15,000,须另签署一份(附加风险协议)

SECTION III 第三节

Joint Account Holder-Personal Information: (For Joint Account Only) 联名帐户持有人个人信息:(仅限联名帐户)

Last Name: _____ First Name/Middle: _____
 姓 名

Home Address: _____ Email Address: _____
 家庭住址 电子邮件

Gender: Male Female Marital Status: Yes No Citizenship: US Citizen Yes No
 性别: 男 女 婚姻状况: 已婚 未婚 国籍: 美国公民 是 否

*Date of Birth: (MM/DD/YEAR) _____
 出生日期: (月/日/年)

Social Security Number: *US Resident must provide _____
 社安号: 美国公民填写

Passport #, Driver's License #, Other: (Non US Resident) _____
 护照号/驾驶证号/其它证件号: (非美国公民填写)

Relationship To Primary Account Holder: _____
 您与帐户第一持有人的关系

SECTION V 第四节

Signature Section: 签署部分

BY SIGNING BELOW, THE UNDERSIGNED REPRESENTS AND COVENANTS TO HAVE READ AND UNDERSTAND THIS FX SOLUTIONS, LLC CUSTOMER ACCOUNT APPLICATION(THE "APPLICATION"), WHICH INCLUDES: 通过以下签署,签署方谨此声明和保证其已经仔细阅读和充分理解了这份FX Solutions,LLC 客户帐户申请书 (简称申请书), 其中包括了:

Risk Disclosure Statement and Notices p. 1 风险披露说明与通告,在本申请书中第1页;

Privacy Policy p.2 隐私政策通告,在本书第2页;

Money Laundering Abatement and Anti-Terrorist Notification p.1 国际洗钱法防制和反恐怖主义金融法的通告,在第6页;

Notice to Foreign Customers p.1,2 外国客户通告,在本申请书的第1-2页;

Foreign Currency Customer Agreement p.2 外国客户协议书,在本申请书中的第2页;

Additional High Risk Transactions Notice p.5 附加高风险披露说明,在本申请书中第5页;

Social Security or Tax ID Certification and Back Up Withholding Statement p.5 社会安全或缴税证号的备份与存档声明,在第5页;

Customer Responsibility p.5 客户责任,在本申请书第5页;

Arbitration Agreement p.5 仲裁协议书,在本申请书第5页;

Consent to Receive Electronic Transmission of Confirmations and Account Statements p.5

客户同意接受电邮格式的交易确认和对帐单的声明,在本申请书第5页;

FX Solutions, LLC may at its sole and absolute discretion ask for documents to confirm your identity or may use a 3rd party for verification purposes p.14

FURTHER, THE UNDERSIGNED:

- ATTESTS AND AGREES THAT ALL INFORMATION REQUESTED IN THIS APPLICATION IS COMPLETE AND ACCURATE, INCLUDING, BUT NOT LIMITED TO, THE CUSTOMER APPLICATION FORM, FOUND ON PAGES 1-2 OF THIS APPLICATION;
- REPRESENTS THAT THE INFORMATION REQUESTED FOR IN THIS APPLICATION HAS BEEN COMPLETED IN THE UNDERSIGNED'S OWN HANDWRITING;
- HEREBY AUTHORIZES FX SOLUTIONS, LLC TO VERIFY ANY OR ALL OF THE FOREGOING INFORMATION PROVIDED IN THIS APPLICATION; AND
- ACKNOWLEDGES UNDERSTANDING THE FOREGOING TERMS OF THIS APPLICATION INCLUDING RISK OF LOSS, MARGIN POLICY AND INCURRING DEFICIT BALANCES AND AGREE TO BE BOUND THEREBY.

Primary Customer Signature

主要客户签名

Date

日期

Joint Customer Signature

联名帐户客户签名

Date

日期

Print Primary Name

主要客户姓名打印体

Print Joint Name

联名帐户客户姓名打印体

Beneficiary Designation: (if applicable) 指定受益人(如果适用)

Name:

姓名

Relation:

关系

Address:

地址

Notes: 备注

INFORMATIONAL RESOURCES

Commodity Futures Trading Commission

Three Lafayette Centre
1155 21st Street, N.W.
Washington, DC 20581
202.418.5000

www.cftc.gov

National Futures Association

200 W. Madison
Suite 1600
Chicago, IL 60606-3447

www.nfa.futures.org

BASIC contains Commodity Futures Trading Commission (CFTC) registration and NFA membership information and futures-related regulatory and non-regulatory actions contributed by NFA, the CFTC and the U.S. futures exchanges.

<http://www.nfa.futures.org/basicnet/>



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ID INSERTION PAGE

FX Solutions, LLC may at its sole and absolute discretion ask for documents to confirm your identity or may use a 3rd party for verification purposes.

客户姓名 Customer Name:	<input type="text"/>	交易帐号(如果没有可不填写) (if applicable) Account # FX	<input type="text"/>
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Photo ID (Driver's License, Passport etc.)
此栏贴身份证明(如身份证,驾驶证,护照,等)

Proof of Residency (utility bill, phone bill etc.)
住址证明(如户籍证,有效帐单,电话帐单,等) 该证件上显示的地址必须与帐户申请表上所填写一致



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COMMISSION AUTHORIZATION /NON AUTHORIZATION

佣金授权与撤回

Introducing Broker 代理商
Customer Name 客户名
Customer Account # 客户帐号

PLEASE SELECT ONE: 请选择一项

Commission Authorization 佣金授权

This authorization is a continuing one and shall remain in full force and effect until revoked by the undersigned or an authorized person on his/her behalf, by written notice given to FX Solutions. Such revocation shall become effective only upon the actual receipt thereof by FX Solutions but shall not affect any liability in any way resulting from transactions initiated prior to its receipt. This authorization shall inure to the benefit of FX Solutions, its successors and assigns. The provisions hereof shall be in addition to and in no way shall it limit or restrict any right that FX Solutions may have under any agreement with the undersigned. In addition, FX Solutions is further authorized and directed to deduct from the undersigned's account and pay the Broker the amount of all brokerage commissions to be paid to the Broker pursuant to FX Solutions' Introducing Broker agreement with said broker. The undersigned hereby agrees to indemnify and hold harmless FX Solutions and its affiliates and employees from any loss, damage or dispute arising out of or relating to the calculation and payment of such commissions. The undersigned Account Owner hereby authorizes FX Solutions to deduct commissions from his/her account according to the below indicated schedule.

Commission Revocation 佣金撤回

Commission authorization applying to the account below is revoked by the undersigned. Such revocation shall become effective only upon the actual receipt thereof by FX Solutions but shall not affect any liability in any way resulting from transactions initiated prior to its receipt. This revocation shall inure to the benefit of FX Solutions, its successors and assigns. The provisions revoked hereof shall be in addition to and in no way shall limit or restrict any right that FX Solutions may have under any agreement with the undersigned. FX Solutions' authorization to deduct from the undersigned's account and pay the Broker the amount of all brokerage commissions to be paid to the Broker pursuant to FX Solutions' Introducing Broker agreement with said broker is hereby revoked. The undersigned agrees to indemnify and hold harmless FX Solutions and its affiliates and employees from any loss, damage or dispute arising out of or relating to the calculation and payment of such commissions. The undersigned Account Owner hereby instructs FX Solutions to cease deducting commissions from his/her account. The commission schedule below is void.

Commission Change 佣金变更

Update to the current commission setting.更新当前佣金设置

Notes:

FLEXI ACCOUNT LOT SIZE

- 1 lot = 1,000**
 Brokerage Commissions: \$ _____ per ROUND TURN LOT, 1 round turn = 2,000 traded currency volume
- 1 lot = 5,000**
 Brokerage Commissions: \$ _____ per ROUND TURN LOT, 1 round turn = 10,000 traded currency volume
- 1 lot = 10,000**
 Brokerage Commissions: \$ _____ per ROUND TURN LOT, 1 round turn = 20,000 traded currency volume
- 1 lot = 50,000**
 Brokerage Commissions: \$ _____ per ROUND TURN LOT, 1 round turn = 100,000 traded currency volume
- 1 lot = 100,000**
 Brokerage Commissions: \$ _____ per ROUND TURN LOT, 1 round turn = 200,000 traded currency volume

Customer Signature 客户签名	Date 日期	Joint Customer Signature 联名客户签名	Date 日期
Print Customer Name 影印客户姓名		Print Joint Name 影印联名客户姓名	

Please Fax all requests to: 201-345-2520 for processing.

**Certificate of Foreign Status of Beneficial Owner
for United States Tax Withholding**

OMB No. 1545-1621

▶ **Section references are to the Internal Revenue Code.** ▶ **See separate instructions**
▶ **Give this form to the withholding agent or payer. Do not send to the IRS.**

- Do not use this form for:**
- A U.S. citizen or other U.S. person, including a resident alien individual. W-9
 - A person claiming an exemption from U.S. withholding on income effectively connected with the conduct of a trade or business in the United States W-8ECI
 - A foreign partnership, a foreign simple trust, or a foreign grantor trust (see instructions for exceptions). W-8ECI or W-8IMY
 - A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession that received effectively connected income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (see instructions). W-8ECI or W-8EXP
- Note:** *These entities should use Form W-8BEN if they are claiming treaty benefits or are providing the form only to claim they are a foreign person exempt from backup withholding.*
- A person acting as an intermediary. W-8IMY

Note: See instructions for additional exceptions.

Part I Identification of Beneficial Owner (See instructions.)

1 Name of individual or organization that is the beneficial owner 姓名或公司名字	2 Country of incorporation or organization 公司注册国家
3 Type of beneficial owner:	
<input type="checkbox"/> Individual 个人 <input type="checkbox"/> Corporation 公司 <input type="checkbox"/> Disregarded entity <input type="checkbox"/> Partnership <input type="checkbox"/> Simple trust <input type="checkbox"/> Grantor trust <input type="checkbox"/> Complex Trust <input type="checkbox"/> Estate <input type="checkbox"/> Government <input type="checkbox"/> International organization <input type="checkbox"/> Central bank of issue <input type="checkbox"/> Tax-exempt organization <input type="checkbox"/> Private Foundation	
4 Permanent residence address (street, apt. or suite no., or rural route). Do not use P.O. box or in-care-of address. 街道地址	
City or town, state or province. Include postal code where appropriate. 城市, 省, 邮编	
Country (do not abbreviate) 国家	
5 Mailing address (if different from above) 通信地址 (如果和以上地址不同)	
City or town, state or province. Include postal code where appropriate.	
Country (do not abbreviate)	
6 U.S. taxpayer identification number (if required, see instructions) 社会安全号 <input type="checkbox"/> SSN or ITIN <input type="checkbox"/> EIN	7 Foreign tax identifying number, if any (optional)
8 Reference number(s) (see instructions)	

Part II Claim of Tax Treaty Benefits (if applicable)

9 I certify that (check all that apply):

- a The beneficial owner is a resident of China within the meaning of the income tax treaty between the United States and that country.
- b If required, the U.S. taxpayer identification number is stated on line 6 (see instructions).
- c The beneficial owner is not an individual, derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits (see instructions).
- d The beneficial owner is not an individual, is claiming treaty benefits for dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation, and meets qualified resident status (see instructions).
- e The beneficial owner is related to the person obligated to pay the income within the meaning of section 267(b) or 707(b), and will file Form 8833 if the amount subject to withholding received during a calendar year exceeds, in the aggregate, \$500,000.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article of the treaty identified on line 9a above to claim a % rate of withholding on (specify type of income):
Explain the reasons the beneficial owner meets the terms of the treaty article:

Part III Notional Principal Contracts

11 I have provided or will provide a statement that identifies those notional principal contracts from which the income is **not** effectively connected with the conduct of a trade or business in the United States. I agree to update this statement as required.

Part VIII Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the beneficial owner (or am authorized to sign for the beneficial owner) of all the income to which this form relates,
- The beneficial owner is not a U.S. person,
- The income to which this form relates is not effectively connected with the conduct of a trade or business in the United States or is effectively connected but is not subject to tax under an income tax treaty, **and**
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income for which I am providing this form or any withholding agent that can disburse or make payments of the income for which I am the beneficial owner.

Sign Here ▶ 签名 日期

Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY) Capacity in which acting