BLB&B

BURKE, LAWTON, BREWER & BURKE, LLC

NEW ACCOUNT FORM

General Information

Account Data: ______ Date Opened ______ Rep Number ______ Account Number

Title Of Account: ______ Name ______ Tax I.D. or Social Security No.

______ Name ______ Driver's License #, Issue Date, Expiration Date (or other official ID)

______ Name ______ Date of Birth

Mailing Address: ______ Street ______ Home Phone

______ City, State, Zip ______ Business Phone

______ If Post Office box or drawer used above, must provide street address ______ Fax Number

Client Profile (for Primary Only)

Employer/Former: ______ Employer Address: ______

Title/Occupation: ______ ______

Is Client a ______ U.S. Citizen ______ Resident Alien ______ Non-Resident Alien Complete if non-resident alien: Country ________________ Prov. ________________

Spouse's Name: ______ Spouse's D.O.B: __________________ Spouse's S.S.# ______

** For Joint Account, complete "Joint Owner/Associated Person Information" Form

Is client or immediate family member employed by Introducing Firm, another NASD Member, a financial services company, the NASD or other regulator, or the AMEX? Yes _______ No _______

Is client or immediate family member a director, policy-making officer, or 10% shareholder in any publicly traded company? Yes _______ No _______

Other Brokerage Accounts? Yes _______ No _______ If "YES" Firm Names: ______

Related Brokerage Accounts (account numbers): ______

	$0-$49,999 (A)	$50,000-$99,999 (B)	$100,000-$199,999 (C)	$200,000-$499,999 (D)	$500,000-$999,999 (E)	$1,000,000-$4,999,999 (G)	$5,000,000-$9,999,999 (H)	$10,000,000 or More (I)
Annual Income (*all sources*)								
Net Liquid Assets								
Net Worth (*ex. residence*)								

Investment Experience: Stocks __________ Yrs. Bonds __________ Yrs. Mutual Funds __________ Yrs.

Tax Bracket: __________________________% Client Signature: ______

Account Control

Will anyone else have authority over this account? Yes _______ No _______ If NO, provide the following BLB&B documents: _______ Business Continuity Policy _______ Privacy Policy

If Yes, type of POA: Full _______ Limited _______ Discretionary _______ Also, provide the following document: ________ BLA Disclosure Booklet

Name: ______ Is POA investment advisor? Yes _______ No _______ If Yes, did you (RR) recommend POA? Yes _______ No _______

Client's CPA and Firm: ______

Is RR registered in client's state of domicile? Yes _______ No _______ Date amended U-4 submitted _______________ Manager's approval ____________________

Account Coding

Standing Instructions: (CSI) 4C or __________ Dividends (DIV) ____________

Money Market Dividends: Reinvest? Yes _______ No _______ Money Market Sweeps: Cash & Margin _______ Cash Only _______

Suggested Investment Objectives (IO) *Check one*:			
A	Income + Conservative	G	Income + Moderate
B	Growth & Income + Conservative	H	Growth + Conservative
C	Growth + Moderate	I	Income + Long Term
D	Growth & Income + Moderate	K	Growth & Income + Long Term
E	Growth + Long Term	L	Trading & Speculation

ACCT Category _____________ Cash Dividends Reinvest? Yes _______ No _______ Managed? Yes _______ No _______

ICON Delivery vs. Payment Accounts Only: DTC # _________________ ID Inst. # ________________________

Agent Bank # ______________________________ Client # _________________ FINS ID #________________________

Approvals

______ RR Signature ______ Date ______ Manager/Authorized Signature ______ Date