

ACCOUNT APPLICATION

The Information below must be completed in FULL.

SECTION I

Account Type:

- Individual Account
 Joint Account
 Business Account
 Trust Account
 IRA Account

Primary Account Holder Email Address:

Primary Email Address _____
 (Our Primary Method of Contact)

Security Questions: (please choose one)

Answer:

Introducing Broker: (if applicable)

1. Mother's maiden name		
2. Pet's name		How did you hear about FX Solutions? <input type="checkbox"/> Publication <input type="checkbox"/> Seminar <input type="checkbox"/> Search Engine <input type="checkbox"/> Friend <input type="checkbox"/> Referral Referral Name _____
3. Last four digits of SS#		
4. City of birth		

Primary Account Holder (or Business Owner)-Personal Information:

Last Name		First Name/Middle	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Title (if applicable)	
Citizenship: US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		*Date of Birth: (MM/DD/YEAR)	
Social Security Number: *US Resident must provide		Passport #, Driver's License #, Other: (Non US Resident)	

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

Home Address:

Street Address (P.O. Boxes will not be accepted)		Mailing Address (Non US Customers Only)	
City	State/Province	Country	Postal/Zip Code
Home #	Mobile Phone #	Secondary Email Address	

FLEXI Contract and Leverage: (Select your Flexi Contract and Leverage size.)

Select Unit Size

- 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

- 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.)

SECTION I (cont'd)

Investment Experience:			# Years	What is the highest level of education completed?	
Stock/Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> No High School	<input type="checkbox"/> High School Degree
Foreign Currency	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	<input type="checkbox"/> College Degree	<input type="checkbox"/> Graduate Degree
Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____		
Options	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____		
Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____		

SECTION II

Current Employment Information: (of Primary Account Holder) * **Must Check At Least One Box**

Employment Details: Employed Self-employed Student Homemaker Unemployed * Retired

Employer Name	Business Type
Business Street Address	Business Telephone #
City	Business Fax #
State/Province	Postal/Zip Code
Business Email Address	

*If you indicate "Retired", please refer to "Additional High Risk Notice" p.5

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

1. What is your estimated Annual Income? * Less than \$15,000 \$15,000 to \$30,000 \$30,000 to \$50,000 Over \$50,000
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
3. What is your Liquid Net Worth? Less than \$15,000 \$15,000 to \$30,000 \$30,000 to \$50,000 Over \$50,000

*If your annual income is Less than \$15,000, please refer to "Additional High Risk Notice" p.5

SECTION III

Joint Account Holder-Personal Information: (For Joint Account Only)

Last Name	First Name/Middle
Home Address	Email Address
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married
Citizenship: US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth: (MM/DD/YEAR)
Social Security Number: (US Resident must provide)	Relationship To Primary Account Holder
-	Passport #, Driver's License #, Other: (Non US Resident)

SECTION V

Signature Section:

BY SIGNING BELOW, THE UNDERSIGNED REPRESENTS AND COVENANTS TO HAVE READ AND UNDERSTAND THIS FX SOLUTIONS, LLC CUSTOMER ACCOUNT APPLICATION (THE "APPLICATION"), WHICH INCLUDES:

Risk Disclosure Statement and Notices p.1

Privacy Policy p.2

Money Laundering Abatement and Anti-Terrorist Notification p.1

Notice to Foreign Customers p.1,2

Foreign Currency Customer Agreement p.2

Additional High Risk Transactions Notice p.5

Social Security or Tax ID Certification and Back Up Withholding Statement p.5

Customer Responsibility p.5

Arbitration Agreement and U.S. Bankruptcy Disclosure p.5

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

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	Date	Joint Customer Signature	Date
Print Primary Name		Print Joint Name	

Beneficiary Designation: (if applicable)

Name	Relation	Address
------	----------	---------

Notes:

--

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 Street
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/>

ID INSERTION PAGE

Customer Name

(if applicable) **Account # FX**

Photo ID (Driver's License, Passport etc.)

Proof of Residency (utility bill, phone bill etc.)