



IRA Account Application

Please complete and send via email to
cs@alpari-us.com or fax to +1 646.825.5761.

Alpari (US), LLC
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IRA Type (choose one): Rollover Traditional Roth Other: _____

Account Type (choose one): Individual Joint

Trading Platform (choose one): MT4 Standard MT4 Pro Alpari Direct Alpari Direct Pro

Name of Trust Company: _____

Initial Deposit to be sent from Trust Company: _____

Deposit Method: Wire Check

Introduced By (for Introduced Accounts): _____

GENERAL INFORMATION (Primary Accountholder)

First Name (as it appears on passport): _____

Last Name (Surname): _____ **Middle Name:** _____

Home Address: _____ **Suite/Apt#:** _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____

Country of Residence: _____ **Country of Citizenship:** _____

Relationship to Primary Account Holder: _____ **Gender:** _____

Telephone #: _____ **Fax #:** _____

Date of Birth (MM/DD/YYYY): _____ **SSN/Passport #:** _____

Email: _____ **Preferred Language:** _____

GENERAL INFORMATION (Joint Accountholder, if applicable)

First Name (as it appears on passport): _____

Last Name (Surname): _____ **Middle Name:** _____

Home Address: _____ **Suite/Apt#:** _____

City: _____ **State/Province:** _____ **Zip/Postal Code:** _____

Country of Residence: _____ **Country of Citizenship:** _____

Relationship to Primary Account Holder: _____ **Gender:** _____

Telephone #: _____ **Fax #:** _____

Date of Birth (MM/DD/YYYY): _____ **SSN/Passport #:** _____

Email: _____ **Preferred Language:** _____



FINANCIAL INFORMATION *(Continued)*

7. Have you ever held any other account(s) with Alpari? Yes No
If yes, indicate which Alpari company and provide trading account number: _____.
8. Are you currently or have you previously been a registered person/entity with the CFTC, NFA, SEC, FINRA or other regulator? Yes No
If yes, please indicate which regulator and provide your ID number: _____.
9. Are you an employee of any exchange or regulatory organization? Yes No
If yes, please indicate which regulator: _____.

TRADING EXPERIENCE *(Please use your combined trading information for joint accounts.)*

1. Do you have experience trading securities? Yes No Years? _____
2. Do you have experience trading commodities? Yes No Years? _____
3. Do you have experience trading currencies through OTC Forex? Yes No Years? _____
4. Do you have experience trading options? Yes No Years? _____
5. Do you have experience trading futures? Yes No Years? _____
6. Do you have experience trading bullion/precious metals? Yes No Years? _____

REFERRAL

How did you hear about Alpari (US), LLC? Magazine Online Ad Friend
 Newspaper Seminar Search Engine

Other: _____



CUSTOMER ACKNOWLEDGEMENT

I/WE HEREBY REPRESENT THAT, AND BY SIGNING BELOW, THE INFORMATION PROVIDED ON THIS IRA TRADING ACCOUNT APPLICATION IS TRUE AND ACCURATE. I/WE FURTHER REPRESENT THAT WE WILL NOTIFY ALPARI (US), LLC (“ALPARI”) OF ANY MATERIAL CHANGES TO THIS APPLICATION IN WRITING. ALPARI RESERVES THE RIGHT, BUT HAS NO DUTY, TO VERIFY THE ACCURACY OF INFORMATION PROVIDED, AND TO CONTACT ANY BANKS, BROKERS OR OTHERS REFERENCED ON THIS APPLICATION AS IT DEEMS NECESSARY.

PRIMARY ACCOUNTHOLDER’S SIGNATURE

Full Name (*print*): _____

Signature: _____

Date (*MM/DD/YYYY*): _____

JOINT ACCOUNTHOLDER’S SIGNATURE (*If applicable*)

Full Name (*print*): _____

Signature: _____

Date (*MM/DD/YYYY*): _____