



# Altruist

## ENTITY ACCOUNT DUE DILIGENCE QUESTIONNAIRE

BRANCH-ACCOUNT NUMBER

All questions must be completed and questionnaire must be signed by the Broker's Representative.

<b>ACCOUNT INFORMATION</b>	ACCOUNT NAME:		COUNTRY OF INCORPORATION:		
	GEOGRAPHIC LOCATION(S) IN WHICH BUSINESS IS CONDUCTED:				
	DOES THIS CLIENT HAVE OTHER ACCOUNTS HELD WITH YOUR FIRM?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF YES, PLEASE IDENTIFY THE RELATED ACCOUNT NUMBER(S) & NAME(S):		ACCOUNT NUMBER(S)		
		ENTITY NAME:			
<b>POLITICALLY EXPOSED PERSONS (PEPs)</b>	ARE ANY DIRECT/INDIRECT OWNERS, OR MEMBERS OF SENIOR MANAGEMENT (I.E. CHAIRMAN, PRESIDENT, CEO, CFO, ETC.) OF THIS ENTITY, CURRENT OR FORMER POLITICALLY EXPOSED PERSON OR FOREIGN PUBLIC OFFICIAL?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF YES, PLEASE COMPLETE THE TABLE BELOW BY PROVIDING THE NAMES OF THE OFFICIAL(S) AND THE OFFICIAL'S IMMEDIATE FAMILY MEMBERS (INCLUDING FORMER SPOUSES) AND THE RELATED POLITICAL ORGANIZATION.				
	NAME(S) OF OFFICIAL(S) & ROLE(S) WITHIN ENTITY:		POLITICAL TITLE & ORGANIZATION:		
	IMMEDIATE FAMILY MEMBERS & FORMER SPOUSES:				
<b>ACCOUNT ACTIVITY</b>	WHAT WILL BE THE PRIMARY TYPE OF ACCOUNT ACTIVITY?		DESCRIBE THE EXPECTED WITHDRAWALS FROM THE ACCOUNT:		
	<input type="checkbox"/> ACTIVE TRADING <input type="checkbox"/> SHORT – TERM INVESTING <input type="checkbox"/> LONG – TERM INVESTING		<input type="checkbox"/> FREQUENT <input type="checkbox"/> OCCASIONAL <input type="checkbox"/> RARE		
	WHICH OF THE FOLLOWING WILL THE ACCOUNT BE TRANSACTING IN?		<input type="checkbox"/> FOREIGN BONDS <i>(Please note that certain bonds are not eligible for free receive)</i>	WHICH COUNTRIES?	
			<input type="checkbox"/> LOW PRICED SECURITIES <i>(Please refer to Apex's Policy on Low Priced Securities for limitations)</i>	PERCENTAGE FOR EACH COUNTRY:	
	WHAT IS THE CLIENT'S SOURCE AND EXPECTED AMOUNT OF THE INITIAL DEPOSIT?		INITIAL DEPOSIT AMOUNT:		
			SOURCE OF DEPOSIT:		
<b>ADDITIONAL ACCOUNTS</b>	LIST THE PRIMARY BANKING RELATIONSHIP. IF THERE IS MORE THAN ONE, PLEASE LIST THEM ALL. (I.E. CITIBANK, WELLS FARGO, HSBC, ECT.)				
	INSTITUTION NAME		INSTITUTION NAME		
	INSTITUTION NAME		INSTITUTION NAME		
	WHAT IS THE SCOPE OF YOUR BUSINESS?		PROVIDE THE PRIMARY SOURCE OF FUNDS THAT WILL BE DEPOSITED TO THE ACCOUNT:		
	<input type="checkbox"/> COMMERCIAL/RETAIL BUSINESS <input type="checkbox"/> FINANCIAL SERVICES BUSINESS <input type="checkbox"/> OTHER: _____		<input type="checkbox"/> CORPORATE INCOME <input type="checkbox"/> INVESTMENT CAPITAL <input type="checkbox"/> OTHER: _____		
	<b>APEX WILL NOT OPEN ENTITY ACCOUNTS THAT ISSUE BEARER SHARES.</b>				
<input type="checkbox"/> CONFIRMED – By checking this box, you certify that this entity does not issue bearer shares.					

<b>NEGATIVE NEWS</b>	ARE YOU AWARE OF ANY NEGATIVE INFORMATION CONCERNING THE ENTITY, ASSOCIATED INDIVIDUALS (I.E. SENIOR MANAGEMENT, BENEFICIAL OWNERS, ETC) OR RELATED ENTITIES?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	IF YES, PLEASE PROVIDE DETAILS BELOW:		
<b>RISK RATING</b>	BASED ON YOUR DUE DILIGENCE THE ENTITY IS ASSESSED THE FOLLOWING RISK:		
	<input type="checkbox"/> HIGH RISK	<input type="checkbox"/> MEDIUM RISK	<input type="checkbox"/> LOW RISK
<b>FOREIGN FINANCIAL INSTITUTION DUE DILIGENCE</b>	IS THE ACCOUNT MAINTAINED FOR A FOREIGN FINANCIAL INSTITUTION (FFI) AS DEFINED BY 31 C.F.R. 103.175(h)? <i>If yes, please complete the "Foreign Financial Institution Due Diligence" portion below. (Supporting documentation may be attached, however all questions must be answered below)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
	DESCRIBE THE NATURE OF THE FFI'S BUSINESS AND THE MARKET THAT IT SERVES.		
	NAME OF THE REGULATING BODY THAT OVERSEES THE FFI.		
	LIST ALL GEOGRAPHICAL MARKETS SERVED BY THE FFI. <i>(Please be specific and include names of the countries and regions, along with the percentage of business in each)</i>		
	WHAT IS THE NAME OF THE PARENT COMPANY? <i>(Respond N/A if the FFI does not have a parent company)</i>		
	WHAT TYPE OF ACCOUNT IS THIS? <i>(I.e. DVP, Margin, Consolidated, etc.)</i>		
	WHAT IS THE PURPOSE OF THE ACCOUNT?		
	WHAT IS THE ANTICIPATED ACTIVITY OF THE ACCOUNT? <i>(Include expected activity for money movements as well)</i>		
	DESCRIBE THE NATURE AND DURATION OF YOUR FIRM'S RELATIONSHIP WITH THE FFI. <i>(And any of its affiliates)</i>		
	PROVIDE THE NAME AND CONTACT INFORMATION OF THE OFFICER RESPONSIBLE SUPERVISING THE FFI'S AML PROGRAM.		
	DOES THE FFI'S AML PROGRAM COVER THE FOLLOWING?	CUSTOMER IDENTIFICATION PROGRAM (CIP)	<input type="checkbox"/> YES <input type="checkbox"/> NO
		KNOW YOUR CUSTOMER (KYC)	<input type="checkbox"/> YES <input type="checkbox"/> NO
		REGULARLY CHECK & FOLLOW OFAC, UNITED NATIONS, INTERPOL, & SIMILAR DATABASE RESTRICTIONS	<input type="checkbox"/> YES <input type="checkbox"/> NO
		IF THE RESPONSE WAS "NO" TO ANY OF THE ABOVE, PLEASE PROVIDE AN ANALYSIS AS TO HOW YOUR FIRM WILL PROCESS WITH THIS ACCOUNT AND ANY ADDITIONAL MEASURES THAT WILL BE TAKEN.	
ACCEPT POLITICALLY EXPOSED PERSONS (PEPS) AS CUSTOMERS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF THE FFI ACCEPTS PEPs AS CUSTOMERS, PLEASE EXPLAIN THEIR POLICY. PROVIDE DETAILS TO THE ENHANCED DUE DILIGENCE THAT IS DONE, IF ANY.			

<b>FOREIGN FINANCIAL INSTITUTION DUE DILIGENCE CONTINUED</b>	DOES THE FFI PROVIDE SERVICES TO THE FOLLOWING TYPES OF FINANCIAL INSTITUTIONS?	FINANCIAL INSTITUTIONS LOCATED OUTSIDE OF THE COUNTRY OF INCORPORATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		OFFSHORE BANKS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		SHELL BANKS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		MONEY SERVICE BUSINESSES INCLUDING MONEY TRANSMITTERS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	PROVIDE ANY NEGATIVE INFORMATION KNOWN OR READILY AVAILABLE TO THE FIRM ABOUT THE FFI'S AML RECORD. <i>(Include public information in standard guides, periodicals, and major publications)</i>			
	DOES THE FFI HAVE AN ANNUAL INDEPENDENT AUDIT OF THEIR AML PROGRAM?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
		IF YES, HAVE ANY OF THEIR AUDITS RESULTED IN A LESS THAN SATISFACTORY RATING? <i>(If yes, please provide a copy of the audit with this questionnaire)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>ENHANCED DUE DILIGENCE ON FOREIGN FINANCIAL INSTITUTIONS CONTINUED</b>	HAS THE FFI OR ANY OF ITS AFFILIATES, SUBSIDIARIES, ETC., EVER HAD ANY REGULATORY OR CRIMINAL ENFORCEMENT ACTIONS RESULTING FROM VIOLATIONS OF ANTI-MONEY LAUNDERING LAWS OR REGULATIONS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
		IF YES, PLEASE PROVIDE A DETAILED EXPLANATION ABOUT THE ENFORCEMENT AND THE OUTCOME (ATTACH ADDITIONAL PAGES IF NECESSARY):		
	HAS THE FFI, OR ANY OF ITS AFFILIATES, SUBSIDIARIES, ETC., EVER BEEN THE SUBJECT OF ANY INVESTIGATION INDICTMENT, CONVICTION, OR CIVIL ENFORCEMENT ACTION RELATED TO FINANCING TERRORISTS OR AML RELATED MATTERS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
		IF YES, PLEASE PROVIDE A DETAILED EXPLANATION OF THE EVENT AND THE OUTCOME (ATTACH ADDITIONAL PAGES IF NECESSARY):		
	WHAT PROCEDURES ARE IN PLACE AT YOUR FIRM TO MONITR TRANSACTIONS TO FROM, OR THROUGH THE FFI'S ACCOUNT THAT ARE REASONABLY DESIGNED TO DETECT MONEY LAUNDERING AND SUSPICIOUS ACTIVITY, SPECIFIC TO THIS ACCOUNT?			
PLEASE PROVIDE THE NAME OF THE INDIVIDUAL RESPONSIBLE FOR SUPERVISING THE ABOVE PROCEDURES:				
IS THE FFI A FOREIGN BANK OR WILL IT ESTABLISH ACCOUNTS FOR A FOREIGN BANK OR BANKS REQUIRING ENHANCED DUE DILIGENCE? <i>(If yes, provide Foreign Bank Certification along with this form)</i>	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
	31 CFR 103.176(c) defines a foreign bank requiring enhanced due diligence as a foreign bank that operates under: (1) an offshore banking license; (2) a banking license issued by a foreign country that has been designated as non-cooperative with international anti-money laundering principles or procedures by an intergovernmental group or organization of which the United States is a member and with which designation the U.S. representative to the group or organization concurs; or (3) a banking license issued by a foreign country that has been designated by the Secretary of the Treasury as warranting special measures due to money laundering concerns.			
HAS THE FFI'S ANTI-MONEY LAUNDERING POLICY BEEN REVIEWED BY AN APPROPRIATE PRINCIPAL AT YOUR FIRM?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
	NAME OF PRINCIPAL:			
	TITLE OF PRINCIPAL:			
	DATE OF REVIEW:			
<b>BROKER APPROVAL</b>	<b>The above due diligence was completed by the Registered Representative of the account and accepted by the Registered Principal.</b>			
	NAME OF REGISTERED REPRESENTATIVE	REGISTERED REPRESENTATIVE SIGNATURE	DATE	
NAME OF REGISTERED PRINCIPAL OR CCO	REGISTERED PRINCIPAL OR CCO SIGNATURE	DATE		