



# Investment Account Application

\*mail this application to Caspian Investments, Uppsala-Ekbey Industrihus ing. A21, Uppsala-Sweden

## 1. COMPANY INFORMATION

### FULL NAME OF ENTITY

### TYPE OF ENTITY ( SELECT ONE)

- CORPORATION A COPY OF THE ARTICLES OF INCORPORATION OR A COPY OF THE BUSINESS LICENSE OF THE CORPORATION MUST BE ATTACHED
- PARTNERSHIP A COPY OF THE PARTNERSHIP AGREEMENT MUST BE ATTACHED
- OTHER A COPY OF THE ARTICLES OF INCORPORATION OR OTHER SIMILAR DOCUMENT LISTING YOUR ENTITYS NAME, ADDRESS AND TAX ID

NUMBER MUST BE ATTACHED

Tax Identification Number \_\_\_\_\_

## 2. ADDRESS

IF the mailing address is a post office box, a street address is also required Registrant Street

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Email Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_ State \_\_\_\_\_

Mailing Address \_\_\_\_\_ Daytime Phone \_\_\_\_\_ State \_\_\_\_\_

THIS SECTION SHOULD BE COMPLETED ONLY IF YOU WOULD LIKE ANOTHER INDIVIDUAL OR FINANCE ADVISOR TO RECEIVE COPIES OF QUARTERLY ACCOUNT STATEMENTS.

Please attach a list of a additional parties who should receive copies of account statements. Be sure to include full name and mailing address.

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_



### 3. Investment Amount

#### Fixed Income Programs

##### Fixed Return Program

Program period:  1 year  3 year  5 year  8 years

Dollar Amount Invested \$ \_\_\_\_\_ (min \$2000)

#### Fixed Annuities

Program period:  3 year  5 years  10 years  13 years

Quarterly Amounts Invested \$ \_\_\_\_\_ (min \$1000)

#### Immediate Annuities

Program period:  3 year  5 year  8 years  10 years

Dollar Amount Invested \$ \_\_\_\_\_ (min \$10000)

#### Annual Fixed Return

Program period:  1 year  3 year  5 year  8 years

Dollar Amount Invested \$ \_\_\_\_\_ (min \$5000)

#### Fixed Monthly Return

Program period:  1 year  3 year  5 year  8 years

Dollar Amount Invested \$ \_\_\_\_\_ (min \$10000)

### 4. How Did You Hear About Caspian Investments?

Please select one or several options:

Newspaper/Magazine  Television Commercial  Mosque Appearance  Internet Banner

Search Engine

Other: \_\_\_\_\_



### 5. Are you interested in receiving your statements and reports electronically?

Please send my account statements by email (weekly)

### 6. Account Management Information

Please specify a secret word that would be asked if you would like to manage your account by phone: \_\_\_\_\_

Please provide answers to three secret questions that would be asked if your IP address is different from your usual one:

Your mother's maiden name: \_\_\_\_\_

Your pet's name: \_\_\_\_\_

Your favorite game: \_\_\_\_\_

### 7. Signatures And Other Required Information

I understand and certify that I have the financial resources to enter into this agreement and that I fully understand the trading objectives of my agent and attorney-in-fact designated above which have been thoroughly explained to me.

\_\_\_\_\_  
Signature of Account Owner Date

\_\_\_\_\_  
Signature of Joint Account Owner Date