



Investment Account Application

Mail this application to Caspian Investments, Uppsala-Ekeby Industrihus ing. A21, Uppsala-Sweden

1 Individual or Joint Information

Type of registration: Individual registrant Joint registrant

Registrant

First Name: _____ MI: _____ Last Name: _____

Social Security Number (for US Citizens only): _____ Date of Birth: _____

Please select one: U.S. Citizen Non U.S. Citizen

Joint Registrant (leave blank if individual registrant)

First Name: _____ MI: _____ Last Name: _____

Social Security Number (for US Citizens only): _____ Date of Birth: _____

Please select one: U.S. Citizen Non U.S. Citizen

2 Contacts

If the mailing address is a post office box, a street address is also required.

Registrant Street Address

Street Address _____ City _____

State _____ Zip _____ Country _____

Registrant Mailing Address

Mailing Address _____ City _____

State _____ Zip _____ Country _____

Registrant Other Contacts

Email _____ Daytime Phone _____ Evening Phone _____

Joint Registrant Street Address (required if different than Registrant Street Address above)

Street Address _____ City _____

State _____ Zip _____ Country _____



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