



Investment Account Application

* mail this application to Caspian Trading, Uppsala-Ekeby 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 ENTITY'S 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 FINANC DVISOR TO RECEIVE COPIES OF QUARTERLY ACCOUNT STATEMENTS.

UAL

Please attach a list of all 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 Return Program

Program period: 1 year 3 year 5 years 8 years

Dollar Amount Invested \$ _____ (min \$1000)

Fixed Annuities

Program period: 3 year 5 year 10 years 13 years

Quarterly Amounts Invested \$ _____ (min \$500)

Immediate Annuities

Program period: 3 year 5 year 8 years 10 years

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

Annual Fixed Return

Program period: 1 year 3 year 5 years 8 years

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

Fixed Monthly Return

Program period: 1 year 3 year 5 years 8 years

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

4 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: _____



5 SIGNATURES & 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.

Authorized Signature(s)

Signature Title

Date

Signature Title

Date