

ACCOUNT WORKSHEET

Last Updated.

Account No.

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RR No.

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Client's Social Security Number Tax Payer ID Exempt from Federal withholding Tax

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If joint account, the SS# should be for the first name listed. For UGMA/UTMA account, use minor's SS#

Account Type
 Cash DVP
 Margin

ACCOUNT DESIGNATION

Retail Brokerage Other
 Non-Brokerage

TYPE OF ACCOUNT (Check One)

<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership*
<input type="checkbox"/> JTWR0S	<input type="checkbox"/> Estate*
<input type="checkbox"/> TIC	<input type="checkbox"/> Trust*
<input type="checkbox"/> Community Property	<input type="checkbox"/> ERISA: Defined Benefits*
<input type="checkbox"/> Third Party IRA	<input type="checkbox"/> ERISA: Money Purchase*
<input type="checkbox"/> 403(B)	<input type="checkbox"/> ERISA: Profit Sharing*
<input type="checkbox"/> Custodian(UGMA/UTMA)	<input type="checkbox"/> ERISA: 401(K)*
<input type="checkbox"/> Guardian/Conservator	<input type="checkbox"/> ERISA: Keogh*
<input type="checkbox"/> Corporate Account*	<input type="checkbox"/> ERISA: SEP*
<input type="checkbox"/> Sole Proprietorship*	<input type="checkbox"/> Other
<input type="checkbox"/> Investment Club*	

*Please forward all support documents with application

Discretionary Authority Yes No

Marital Status Married Single

Is the client of legal age? Yes No

Client Birth Date _____ (If UGMA/UTMA refer to custodian)

Joint Client Birth Date _____

Number of Dependents _____

Known Rep Since _____

Power of Attorney: _____ Full _____ Limited
 (forward necessary papers)

Held by: _____

CLIENT ACCOUNT REGISTRATION & MAILING ADDRESS

P.O.BOX IS NOT ACCEPTABLE ABSENT PRIOR APPROVAL OF THE COMPLIANCE DEPARTMENT.

HOME PHONE _____ BUSINESS PHONE _____

HOME ADDRESS (If mailing address is different or a P.O.Box)

***FOR INSTITUTIONAL OR TRUST ACCOUNTS ONLY: Name & Title of Person Authorized To:**

Open Account: _____ Enter Orders: _____

FINANCIAL PROFILE

Amounts should represent combined totals for all parties on the account registration. If UGMA/UTMA, refer to custodian if minor has none.

Approximate Annual Income \$ _____

Approximate Net Worth \$ _____

(Exclusive of Personal residence and automobiles)

Liquid Assets \$ _____

INVESTMENT OBJECTIVES

If more than one, number in order of priority.

Capital Preservation
 Tax Advantage
 Income
 Growth
 Speculative
 Capital Appreciation

RISK TOLERANCE

Check One

Conservative
 Mod. Conservative
 Moderate
 Mod. Aggressive
 Aggressive

TAX BRACKET

Check One

0-15%
 16-28%
 29-33%
 Over 34%

CITIZENSHIP

U.S. Citizen

State of Residence
 Resident Alien
 Non-Resident Alien

Country of residence - if Non-resident

Client's Employer	Date of Employment	SA Company Affiliate? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Type of Business	Related to SA Affiliate? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Profession	If yes, Name of Affiliate _____ Relationship _____
Co-Applicant Employer	Date of Employment	Owner/CoOwner is a director, senior officer or controlling person of a publicly traded company. <input type="checkbox"/> Yes <input type="checkbox"/> No
	Type of Business	If yes, Name of Institution _____
	Profession	Owner/CoOwner is employed by a member firm of a stock exchange or other broker or dealer. <input type="checkbox"/> Yes <input type="checkbox"/> No
		If yes, Name of Institution _____
		Prior Consent obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No

BANK REFERENCE

Name _____
 Address _____
 City _____ State _____ Zip _____

Checking
 Savings
 Other
 ABA

BANK ACCOUNT NUMBERS

INVESTMENT EXPERIENCE:

Experience None Stocks Bonds Mutual Funds Options* Annuities Managed Accounts Other
Load No Load

Years _____
 Amount _____

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For Brokerage Accounts ONLY, if applicable.

INTERESTED PARTIES:

DUPLICATE: CONFIRMS STATEMENTS

DUPLICATE: CONFIRMS STATEMENTS

***FOR ACCOUNTS DESIRING OPTIONS TRADING CAPABILITIES:**

Type	Years	Avg Trans	Avg Cont/Yr
Index Options			
Stock Options			
Spreads/Straddles			
Buying			
Covered Writing			
Uncovered Writing			

Disclosure sent on: _____

SERVICE INSTRUCTIONS:

Money Market Funds*

We recommend that your securities be held in street name in this account to facilitate any sales for you and collect all dividends and interest due to you.

- Dividends/Interest Hold Send to Customer SunAmerica Municipal Money Market Federated Insured Account
 Proceeds Of Sale Hold Remit SunAmerica Money Market Other
 Securities Purchased Hold Transfer to Customer Federated Government Reserves

Required for all accounts

USA PATRIOT ACT (check at least one)

- Driver's License # _____ Issuing State _____
 ID Card # _____ Issuing State _____
 Passport # _____ Issuing Country _____
 Alien Registration Card # _____

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Last Updated. Account No. [] [] [] [] [] [] [] [] [] [] RR No. [] [] [] []

[] [] [] [] [] [] [] [] [] [] Client's Social Security Number Tax Payer ID

SIGNATURE PAGE

1. CUSTOMER AGREEMENT: To be signed by all parties in order to open and establish an Account.

TO: AIG FINANCIAL ADVISORS, INC. ("AIGFA")

PERSHING LLC ("Pershing") (ALL REFERENCES TO PERSHING RELATE TO BROKERAGE ACCOUNTS ONLY)

In consideration of your opening and/or carrying one or more accounts on my behalf, I hereby acknowledge that I have received, read, understand and agree to the terms set forth in the Customer Agreement of this application and the Disclosure of Credit Terms on Transactions.

I hereby acknowledge that AIGFA is acting as a broker-dealer only with respect to this account. AIGFA is not acting as an advisor or fiduciary unless I have executed a separate advisory contract.

The Customer Agreement contains a pre-dispute Arbitration Provision. This Provision is contained on Page 1, Section I of the Customer Agreement and appears in bold print. I hereby acknowledge by my signature below, receipt of a copy of this agreement.

X _____ X _____
CLIENT SIGNATURE DATE JOINT SIGNATURE* (if applicable)

2. W-9 INFORMATION

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. person (including a U.S. resident alien).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

X _____ X _____
SIGNATURE OF U.S. PERSON DATE

3. MARGIN AGREEMENT To be signed by all parties in order to open and establish a Margin Account. FOR BROKERAGE ACCOUNTS ONLY.

In consideration of your opening and/or carrying one or more accounts on my behalf, I hereby acknowledge that I have read and understand and agree to the terms set forth in the Customer Agreement, Margin Agreement and the Disclosure of Credit Terms on Transactions. Furthermore, Pershing or its successors, whether by merger, consolidation or otherwise, is authorized to lend itself as principal or otherwise, or to others, any securities held by Pershing on margin for any of my accounts or as collateral therefore, either separately or with other securities or the securities of others. I further acknowledge the receipt of the separate Margin Disclosure Statement.

X _____ X _____
CLIENT SIGNATURE DATE JOINT SIGNATURE* (if applicable)

4. OPTION AGREEMENT To be signed by all parties in order to open and establish an Option Account. FOR BROKERAGE ACCOUNTS ONLY.

In consideration of your opening and/or carrying one or more accounts on my behalf, I certify that the financial information is accurate and acknowledge that it is being relied upon by AIGFA I have read and understand the Option Agreement, Allocation Disclosure Statement, the Customer Agreement, Margin Agreement and the Disclosure of Credit Terms on Transactions. I agree to the terms of the Option Agreement. I am aware of the risk factors involved in options trading, and I have determined, given my financial situation and investment objectives, that options trading is suitable for me. I will promptly tell AIGFA of any material change in my financial situation and investment objectives. A copy of the Options Disclosure Document has been received by me.

X _____ X _____
CLIENT SIGNATURE DATE JOINT SIGNATURE* (if applicable)

*BE SURE THAT YOU HAVE READ THE JOINT ACCOUNT AGREEMENT

REP _____ SIGNATURE _____ DATE _____

BRANCH MANAGER _____ SIGNATURE _____ DATE _____

OSJ _____ SIGNATURE _____ DATE _____

AIGFA USE ONLY

OPTIONS DISCLOSURE DOCUMENT SENT (DATE)
ROP APPROVAL _____ DATE _____ OPTIONS APPROVAL LEVEL 1 2 3 (Circle One)

ALL CLIENTS MUST REFER TO THE IMPORTANT DISCLOSURES INCLUDED IN THE ATTACHED CUSTOMER AGREEMENT