



INDIVIDUAL ACCOUNT APPLICATION

Please call or email our Customer Support at service@mgforex.com if you need help with this application.

The information provided in this application form will not be shared, sold, or divulged to anyone outside Money Garden Corporation (MG Corp) except for government authorities, regulators, auditing firms, and other institutions with oversight functions with respect to MG Corp.

If any other person(s) will guarantee or have financial interest in this account, do not fill out the Individual Account Application. You will need to submit the Joint Account Application and the Managed Account Authorization and Risk Disclosure Limited Power of Attorney Form and, if necessary, the Integrated Managed Account Acknowledgement Form.

*Omnibus accounts will need special approval to trade. Persons presenting false information may face prosecution by law enforcement.

PLEASE BE SURE TO PRINT LEGIBLY AND ANSWER EVERY QUESTION COMPLETELY:

Full Name: _____ Date of Birth: _____
 Email Address (IN ALL CAPS): _____ Male Female
 Street Address: _____ Apartment/Suite: _____
 City: _____ State/Province/Land: _____
 Country: _____ Postal/Zip Code: _____
 Telephone #1: _____ When is the best local time to call? _____
 Telephone #2: _____ Fax #: _____
 Marital Status: _____ Number of Dependents: _____
 U.S. Citizen: Yes No (If no, what country?): _____
 (For US residents or US citizens) Social Security # or Tax ID: _____
 (For non-US residents or non-US citizens) Passport number or Country ID: _____

If you do not wish to receive periodic email updates from MG Financial Group, please check this box:
 Clients should keep in mind that discontinuing may prevent them from receiving important announcements regarding their MG accounts.

To ensure better communication, please let us know if your contact information including home address, phone number or email changes.

Employer's Name: _____ # of Years there: _____
 Nature of Business: _____ Position: _____ Telephone: _____
 Employer's Address: _____
 If less than 2 years employment at current occupation, please detail previous employment history:
 Employer's Name: _____ # of Years there: _____
 Nature of Business: _____ Position: _____ Telephone: _____
 Employer's Address: _____

1. Do you have experience trading:

	Yes	# of Years?	No		Yes	# of Years?	No
Securities	<input type="checkbox"/>	_____	<input type="checkbox"/>	Options on Futures	<input type="checkbox"/>	_____	<input type="checkbox"/>
Stock Options	<input type="checkbox"/>	_____	<input type="checkbox"/>	Currencies	<input type="checkbox"/>	_____	<input type="checkbox"/>
Commodity Futures	<input type="checkbox"/>	_____	<input type="checkbox"/>	Currency Futures	<input type="checkbox"/>	_____	<input type="checkbox"/>

2. How did you hear about us? (Please be specific): _____

If you were referred to us, please provide the name of Referring Broker: _____

3. What is your total Estimated Annual Income? \$ _____

4. Net worth (Assets Minus Liabilities) \$ _____

5. Liquid Assets (Assets that can be quickly converted to Cash) \$ _____

6. Estimated Initial Deposit \$ _____

Clients can earn rollover credits on a margin of 1% (or a \$2000 per unit margin) as long as they are long the currency with the higher interest rate. Please indicate your margin preference below:

Percentage Based _____ % (if other than 1%) OR Dollars Per Unit

If you choose Dollar Per Unit Margin, then your Required Margin will be determined by the Account Equity level. For details, please review the margin section on MG's website.

**Omnibus Accounts can receive approval if the Account Manager is registered and operates within the guidelines of the National Futures Association (NFA).*

Page 1 0813 (RBID:) Initials X: _____ Date X: _____
siteid: (siteref:noref)



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7. Have you ever declared bankruptcy? Yes No

If Yes, provide date and details:

8. **Bank Information:** Bank Name:

Bank Address:

Person to contact:

Telephone:

Account in the name of:

ABA or SWIFT # (if applicable):

Your Account Number:

9a. Do you have or have you ever had a live account(s) with MG Co.? Yes No

If Yes, provide live account User name:

9b. Do you have or have you ever had a demo account(s) with MG Co.? Yes No

If Yes, provide demo account User name:

If lost, or misplaced, please confirm your MG demo account by marking an "X" in this box: []

10. Are you a member of any commodity exchange or are you employed by or affiliated with any other securities or commodity brokerage firm or any other Forex trading or brokerage firm? Yes No

If Yes, please list:

11a. Will any person other than you control, manage, or direct the trading in this account? Yes No

If Yes, please fill out Limited Power of Attorney Risk Disclosure (Supplemental Form).

11b. Will any other person(s) have a financial interest in this account or provide a guarantee for it? Yes No

If Yes, please Name:

IRS ID #:

Address:

Contact Information:

12. Please specify any special arrangements, agreements or promises made between you, or any person having interest in this account. (Use additional sheet if needed) Note: If someone else has been designated to trade this account, then the Limited Power of Attorney form will need to be submitted.

13. Will this account be joining an Integrated Managed Account ? Yes No

If so, be sure to submit the Integrated Managed Account (IMA) Acknowledgement Form. If this account will be part of an IMA, then you will not submit passwords for trading; rather you will submit passwords that will enable you to access your Status Reports. The IMA manager will provide MG Co. with passwords for trading the IMA account.

14. Have you ever made an oral or written complaint regarding a past commodity futures, currency or securities account or do you have pending litigation, disputed accounts, or other unresolved matters with any currency Interbank, futures or securities broker(s)? Yes No

If Yes, please explain:

15. Do you currently have interest in additional account(s) held by MG Co. or its successors, assigns or affiliates other financial institution recognized by MG Co.? Yes No

If Yes, list the account number(s) and institution(s):

16. Monthly Statements: Please select one of the following options:

[] Customer agrees to receive electronic transmissions of Internet-hyperlinks to password-protected monthly statements and daily trade confirmations FREE OF CHARGE, to the following email address:

[] Customer agrees to have debited from his/her Trading Account \$25 for every Quarterly Statement, \$10 for every Monthly Statement and \$3 for every Daily Trade Confirmation delivered by post mail.

17. Please submit one form of photo identification (ID) with your signature to complete this application.

Credit Card with your photograph is NOT an acceptable form of Photo ID.

18. If the Customer is joining an IMA, it is the Customer's responsibility to perform necessary due diligence to find qualifications of the Designated Trading Agent and to make sure that all arrangements are discussed and clearly understood prior to any trading activity.

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Initials X: _____

Date X: _____



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ACCOUNT OWNER PASSWORD AND CONTACT INFORMATION

*Online password (6-12 symbols)

*Phone password (different from online password)

If you will be trading this account yourself, you should provide the passwords for this account here. If you have designated a Trading Agent (authorized via the Limited Power of Attorney Form) to trade the account, you should use this form to provide passwords that will enable you to access your account's Status Report on the MG Corp. website. On the next page, the Trading Agent will select passwords to allow trading.

Customer's Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Male Female

Email Address (IN ALL CAPS): _____

Street Address: _____

Apartment/Suite: _____

City: _____

State/Province/Land: _____

Country: _____

Postal/Zip Code: _____

Telephone #1: _____

When is the best local time to call? _____

Telephone #2: _____

Fax #: _____

Customer's Signature: _____

Customer's Name: _____

Date: _____

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Initials X: _____

Date X: _____



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PASSWORD AND CONTACT INFORMATION (TO ALLOW TRADING) - To be completed by the Trading Agent:

*Online password (4-8 symbols) _____

*Phone password (different from online password) _____

Trading Agent's Full Name: _____

Date of Birth (DD/MM/YYYY): _____ Male Female

Email Address (IN ALL CAPS): _____

Street Address: _____ Apartment/Suite: _____

City: _____ State/Province/Land: _____

Country: _____ Postal/Zip Code: _____

Telephone #1: _____ When is the best local time to call? _____

Telephone #2: _____ Fax #: _____

Trading Agent's Signature: _____

Trading Agent's Name: _____

Date: _____



INDIVIDUAL ACCOUNT APPLICATION

THIS IS A BINDING AGREEMENT; DO NOT SIGN UNTIL YOU HAVE READ THE FOREGOING CAREFULLY

The undersigned hereby attests and certifies to be a sophisticated investor fully aware of the risks involved in foreign exchange trading. The undersigned also attest(s) the information in this application is complete and accurate. The undersigned hereby authorize(s) MG Co. to verify any or all of the foregoing information.

The undersigned acknowledges having received, read, understood, and agrees to abide by the terms and conditions of the Customer Agreement and all other agreements made in condition with this document.

By signing the Agreement, the Customer authorizes MG Co. and its associates to use the Currencies, or the ownership thereof, as collateral for a loan, the proceeds of which are used to pay for the currencies until rollover of the currency or commodity to a new settlement date and/or payment in full by Customer. This authorization shall apply to all accounts carried by MG Co. and associates for Customer. This shall remain in effect until the account is closed and all financial responsibilities are completed.

I, the undersigned Customer, received a copy of the Risk Disclosure Statement, the Off Exchange Transaction Disclosure, the Margin Policy, and the Trading On-Line Acknowledgement, as part of the Customer Agreement, and I read, understand, and agree to them.

By signing this Application and the Customer Agreement, I acknowledge that any money I lose will not negatively affect my lifestyle.

Customer's Signature: _____

Customer's Name: _____

Date: _____

CHECKLIST

Have you included all of the following in your Application?

For US Applicants:

- Account Application Form
- One form of Photo Identification (eg. Passport or Drivers License)
- Signed & Executed Customer Agreement

For Non-US Applicants:

- Account Application Form
- One form of Photo Identification (eg. Passport or Country ID)
- Signed & Executed Customer Agreement

To open an account traded by a party other than the Customer, Customer must complete and submit all portions listed in Section 1 as well as:

- Limited Power of Attorney Form

In order to participate in an Integrated Management Account (IMA), the Customer must understand, complete, and submit the following sections:

- All of the above
- Integrated Management Account Acknowledgement

Note: all applicants must be 21 years or older to be approved for an account or trading.