

Morgan Keegan & Company, Inc.  
IRA NEW ACCOUNT FORM

Please note that the Identity Information provided on this form will be verified as required by the USA Patriot Act of 2001.

TYPE OF ACCOUNT: CASH		ACCOUNT DESCRIPTION: IRA - TRADITIONAL IRA		FA #	ACCOUNT NUMBER
ACCOUNT TITLE:			SSN/TID or FOREIGN #	DATE OF BIRTH (mm/dd/yyyy)	
			MARITAL STATUS:	FEE SCHEDULE	
			SPOUSE'S NAME	ANNUAL CUSTODIAL FEE \$35	
US CITIZEN/RESIDENT ALIEN (GREEN CARD) Yes					TERMINATION FEE \$95
CITIZEN OF WHAT COUNTRY					A custodial fee will be debited annually from the account. Upon termination of the account for any reason other than death or disability, a termination fee will be charged.
TELEPHONE #: HOME		MOBILE		NUMBER OF DEPENDENTS:	
HOME ADDRESS					
CITY STATE ZIP					
PRIMARY OWNER EMPLOYMENT INFORMATION: EMPLOYED					
EMPLOYER NAME			TYPE OF BUSINESS		
ADDRESS					
POSITION/TITLE		TELEPHONE		FAX	
APPROXIMATE ANNUAL INCOME:		APPROXIMATE LIQUID NET WORTH		APPROXIMATE NET WORTH:	
Over \$125,000		Over \$1,000,000		\$1,000,000 - \$5,000,000	
				TAX BRACKET: 33%	
<b>INVESTMENT OBJECTIVES</b>					
1 GROWTH SEEKS CAPITAL APPRECIATION PRIMARILY WITH EQUITY ORIENTED INVESTMENTS THAT HAVE POTENTIAL FOR SIGNIFICANT GROWTH			2 INCOME SEEKS INCOME VIA FIXED-INCOME OR EQUITY INVESTMENTS THAT OFFER HIGHER YIELDS.		
3 TAX ADVANTAGE PREFERENCE FOR INVESTMENTS WHICH OFFER TAX-FREE INCOME OR TAX-DEFERRED ADVANTAGES.			4 SPECULATION SEEKS TO MAXIMIZE RETURN VIA A BROAD RANGE OF INVESTMENT STRATEGIES THAT INVOLVE A HIGH DEGREE OF RISK, VOLATILITY, AND/OR TRADING ACTIVITY		
<b>INVESTMENT EXPERIENCE</b>					
STOCKS OVER 5		TAX-FREE BONDS OVER 5		TAXABLE BONDS OVER 5	
MUTUAL FUNDS OVER 5		OPTIONS UNDER 1		COMMODITIES UNDER 1	
INSURANCE/ANNUITIES UNDER 1		OTHER UNDER 1			
IS THIS CLIENT A MORGAN KEEGAN EMPLOYEE? No			IS THIS CLIENT RELATED TO A MORGAN KEEGAN EMPLOYEE? NAME: RELATIONSHIP:		
DOES THIS CLIENT HAVE OTHER ACCOUNTS AT MORGAN KEEGAN? Yes			DOES THE CLIENT HAVE ACCOUNTS AT OTHER FIRMS? No FIRM NAMES:		
IS THIS CLIENT A REGIONS EMPLOYEE? No		IS CLIENT OR IMMEDIATE FAMILY MEMBER A DIRECTOR, CORPORATE OFFICER OR >= 10% SHAREHOLDER OF A PUBLICLY TRADED COMPANY? No COMPANY:			
IS CLIENT OR IMMEDIATE FAMILY MEMBER AN EMPLOYEE OF A FINANCIAL INSTITUTION OR NASD MEMBER FIRM? NAME OF FINANCIAL INSTITUTION OR NASD MEMBER FIRM:					
DOES THE BROKER HAVE A BENEFICIAL INTEREST IN THIS ACCOUNT? No					
WILL THIS ACCOUNT BE OPERATED BY ANY OTHER PERSON OR INVESTMENT ADVISOR WITH TRADING AUTHORIZATION? No NAME OF AUTHORIZED AGENT/INVESTMENT ADVISOR:					
FUND OPTION					
DELIVER: Hold street name	PAYMENT: Hold proceeds	DIVIDEND: Credit Account	PRINCIPAL: Credit Account	MATURITY: Credit Account	
BENEFICIARY (IES) of your IRA: In the event of my death before this account is distributed, I hereby designate the following person(s) as my beneficiary:					
BENEFICIARY	DATE OF BIRTH	RELATIONSHIP	%	PRIMARY/CONTINGENT	
NOT FDIC INSURED	MAY LOSE VALUE	NO BANK GUARANTEE	SEE ACCOUNT AGREEMENT RISK OF LOSS DISCLOSURES		
By signing below, I acknowledge that I have read, received, understand and agree to abide by all the terms and conditions set forth in the Custodial Account Agreement and Disclosure Statement incorporated herein by this reference. The Custodial Account Agreement contains a binding arbitration clause and other provisions substantially affecting my rights. I HAVE REVIEWED THE FINANCIAL INFORMATION AND INVESTMENT OBJECTIVES AND AGREE THAT THIS INFORMATION IS CORRECT. I have retained a copy of the Custodial Account Agreement and Disclosure Statement for my records. I have been advised that the above identity information provided will be verified. *The arbitration agreement is set forth in Section 5, Pages 3-5 of the accompanying Custodial Account Agreement and Disclosure Statement.					
FINANCIAL ADVISOR SIGNATURE		DATE	BK	08/30/2005	BRANCH MANAGER SIGNATURE
CLIENT SIGNATURE		DATE			

You must sign in blue or black ink.

8/31/06