tastyfx

LEGAL ENTITY TRADING ACCOUNT APPLICATION

In this document "tastyfx," "our," "us," and "we" refers to tastyfx LLC, a limited liability company organized under Delaware law, registered Retail Foreign Exchange Dealer (RFED) and Introducing Broker (IB) with the CFTC and Forex Dealer Member (FDM) of the National Futures Association ("NFA") (NFA ID 0509630). You, the customer, may be referred to as "you," "your," "yours," or "yourself," as appropriate. Defined terms used within this document hold meaning as assigned in the Customer Agreement, except as otherwise defined herein.

This form is for LLCs, corporations, partnerships, or trusts to apply for a trading account with tastyfx LLC ("tastyfx"). tastyfx will use the information provide herein to open and service your account, communicate with you, provide you with information about products and services, and to verify the identity of the entity and its authorized individuals, control persons, and beneficial owners.

01 DOCUMENTATION WE NEED FROM YOU

All entities must provide:

- ☐ Proof of entity's government issued tax identification number (TIN or EIN).
- ☐ Recent bank statement confirming the bank details that will be used to fund the account.

In addition to the above, please provide the following documents for your entity type:

LLC:

- ☐ Articles of Organization and/or Certification of Formation
- ☐ Operating Agreement
- ☐ Certificate of Good Standing and/or proof of active status from Secretary of State
- ☐ Evidence of ownership (if not included in other, provided documents)

Corporation:

- ☐ Certificate of Incorporation
- ☐ Certificate of Good Standing and/or proof of active status from Secretary of State
- ☐ Bylaws or Articles of Incorporation
- ☐ Stock Ledger/Stock Certificates/Official List of Shareholders/Other evidence of ownership

Partnership:

- ☐ Partnership Agreement
- ☐ Evidence of ownership (if not included in Partnership Agreement)

Trust:

- ☐ Trust Agreement
- ☐ Official List of Beneficiaries, Trust Grantor/Settlor, and Fiduciaries/Trustees
- ☐ Amendments to Trust Agreement, if applicable
- ☐ For revocable (i.e., living) trusts, Certificate of Trust or notarized document stating that the Trust hasn't been revoked

Individual identification information provided below will be submitted to our third-party identification service for verification. We may request additional documentation, such as a passport, government issued identification card, proof of social security number, and/or utility bill in the event we are unable to verify identification information provided.

Please complete all sections below, and if you have any questions, please call us at +1 (312) 981-0499 or email newaccounts.us@tastyfx.com.

02 ENTITY INFORMATION

Full name of entity: _____(the "Entity")

Desired tastyfx username: _____

Registered address: _____

Business (postal) address: ☐ Same as registered address; or: _____

Tax identification number or Employer Identification Number (TIN or EIN): _____

Nature of the business/how does this Entity generate income: _____

Please provide the source of funds that will be deposited in the account:_____

Entity's net assets: _____ Entity's annual income: _____

State of incorporation/organization: _____ Date of incorporation/organization: _____

Indicate how many times you have invested or traded in the below listed products within the last 3 years:

Stocks and Bonds: _____ ETFs, Futures, and Options: _____ Forex: _____

Do you have any experience or qualifications relevant to the understanding of our products?

☐ Yes, from a relevant role in a financial institution ☐ Yes, from both of the previously listed

☐ Yes, a relevant professional qualification or education ☐ No

03 REGULATION

Is the Entity subject to regulation by any regulatory authority (e.g., FINRA, SEC, CFTC, NFA, etc.)? ☐ Yes ☐ No

If "Yes" please state the name of the regulator and registration number: _____

Does this entity solicit, accept, or invest third party funds? ☐ Yes ☐ No

Is this a pooled asset Entity? ☐ Yes ☐ No

Does this Entity qualify for any registration exemptions? ☐ Yes ☐ No

If "Yes" please state the relevant exemption and explain why the Entity qualifies: _____

Is this Entity an eligible contract participant ("ECP")? ☐ Yes ☐ No

If you become an ECP you must notify helpdesk.us@tastyfx.com.

Is the Entity connected with politically exposed persons ("PEPs," i.e., person holding prominent public function)? ☐ Yes ☐ No

If "Yes" please provide a detailed explanation: _____

Is the Entity directly or indirectly involved in any sanctioned countries/regions? ☐ Yes ☐ No

If "Yes" please provide a detailed explanation: _____

Does the firm deal with Crypto assets? ☐ Yes ☐ No

If "Yes" please provide a detailed explanation: _____

Does the company have direct or indirect involvement in any of the following: Adult entertainment; Cannabis operations; Cryptocurrency services; Debt collection; Licensed firearms dealing; Online gambling; Payday lending; Tobacco products; Unlicensed money transmission ☐ Yes ☐ No

If "Yes" please provide a detailed explanation: _____

04 CONTACT DETAILS

While the Entity's control persons, owners, and authorized individuals will be identified later in this form, please list the individuals to be contacted regarding application and account correspondence, below.

Please note that the individuals listed below must be affiliated with the entity in an official capacity.

Primary contact individual name: _____

Primary contact number: _____

Primary contact email address: _____

Secondary contact individual name: _____

Secondary contact number: _____

Secondary contact email address: _____

05 BANK DETAILS

Name of bank: _____

Account number: _____ Routing number: _____

06 IDENTIFICATION OF CONTROL PERSONS

Please complete the below for all individuals with significant responsibility to control, manage or direct the Entity, including an executive officer or senior manager or any other individual who regularly performs similar functions.

CONTROL PERSON 1:

Full name and title: _____ Date of Birth: _____

Address: _____

Social security number (SSN) **or** Individual Tax Identification Number (ITIN): _____

CONTROL PERSON 2:

Full name and title: _____ Date of Birth: _____

Address: _____

Social security number (SSN) **or** Individual Tax Identification Number (ITIN): _____

CONTROL PERSON 3:

Full name and title: _____ Date of Birth: _____

Address: _____

Social security number (SSN) **or** Individual Tax Identification Number (ITIN): _____

CONTROL PERSON 4:

Full name and title: _____ Date of Birth: _____

Address: _____

Social security number (SSN) **or** Individual Tax Identification Number (ITIN): _____

Have any of the above listed individuals and/or entities been bankrupt and/or the subject of any enforcement action by a financial regulator in the past or at present? ☐ Yes ☐ No

If the answer above is “Yes,” please provide details: _____

07 IDENTIFICATION OF OWNERS

Complete the below for each individual, if any, who directly or indirectly, through any contract, arrangement, understanding, relationship, or otherwise, owns 25% or more of the equity interests of the Entity or any legal entity which directly owns 25% or more of the equity interest of the Entity.

OWNER 1:

Full name: _____ Date of Birth/Date of Inception: _____

Address: _____ Percentage ownership: _____% ☐ Direct, or ☐ Indirect

Social Security Number (SSN), Individual Tax Identification Number (ITIN), or Employer Identification Number (EIN), **or**,

Foreign person/entity, government issued identification number and country where registered: _____

OWNER 2:

Full name: _____ Date of Birth/Date of Inception: _____

Address: _____ Percentage ownership: _____% ☐ Direct, or ☐ Indirect

Social Security Number (SSN), Individual Tax Identification Number (ITIN), or Employer Identification Number (EIN), **or**,

Foreign person/entity, government issued identification number and country where registered: _____

OWNER 3:

Full name: _____ Date of Birth/Date of Inception: _____

Address: _____ Percentage ownership: _____% ☐ Direct, or ☐ Indirect

Social Security Number (SSN), Individual Tax Identification Number (ITIN), or Employer Identification Number (EIN), **or**,

Foreign person/entity, government issued identification number and country where registered: _____

OWNER 4:

Full name: _____ Date of Birth/Date of Inception: _____

Address: _____ Percentage ownership: _____% ☐ Direct, or ☐ Indirect

Social Security Number (SSN), Individual Tax Identification Number (ITIN), or Employer Identification Number (EIN), **or**,

Foreign person/entity, government issued identification number and country where registered: _____

OWNER 5:

Full name: _____ Date of Birth/Date of Inception: _____

Address: _____ Percentage ownership: _____% ☐ Direct, or ☐ Indirect

Social Security Number (SSN), Individual Tax Identification Number (ITIN), or Employer Identification Number (EIN), **or**,

Foreign person/entity, government issued identification number and country where registered: _____

OWNER 6:

Full name: _____ Date of Birth/Date of Inception: _____

Address: _____ Percentage ownership: _____% ☐ Direct, or ☐ Indirect

Social Security Number (SSN), Individual Tax Identification Number (ITIN), or Employer Identification Number (EIN), **or**,

Foreign person/entity, government issued identification number and country where registered: _____

Have any of the above listed individuals and/or entities been bankrupt and/or the subject of any enforcement action by a financial regulator in the past or at present? ☐ Yes ☐ No

If the answer above is “Yes,” please provide details: _____

08 AUTHORIZED INDIVIDUALS

Authorized Signatories are authorized by the Entity to execute any and all types of transactions, including deposit, withdraw, and transfer funds, on behalf of the Entity through the account, to sign contracts, waivers, and releases; and otherwise conduct business with tastyfx on behalf of the Entity.

Authorized Traders are authorized by the Entity to execute any and all types of transactions, including deposit, withdraw, and transfer funds, on behalf of the Entity through the account.

tastyfx has no obligation of inquiry with respect to the validity of, or authority with respect to, any transaction or instruction provided by an Authorized Signatory.

Please complete the below for each individual Authorized Individual and indicate whether the listed individual is an Authorized Signatory or an Authorized Trader.

AUTHORIZED PERSON 1: ☐ AUTHORIZED SIGNATORY, or ☐ AUTHORIZED TRADER

Full name: _____

Address: _____

Date of Birth: _____

Social security number (SSN)/individual tax identification number (ITIN): _____

Phone number: _____ Email: _____

Signature: _____

AUTHORIZED PERSON 2: ☐ AUTHORIZED SIGNATORY, or ☐ AUTHORIZED TRADER

Full name: _____

Address: _____

Date of Birth: _____

Social security number (SSN)/individual tax identification number (ITIN): _____

Phone number: _____ Email: _____

Signature: _____

AUTHORIZED PERSON 3: ☐ AUTHORIZED SIGNATORY, or ☐ AUTHORIZED TRADER

Full name: _____

Address: _____

Date of Birth: _____

Social security number (SSN)/individual tax identification number (ITIN): _____

Phone number: _____ Email: _____

Signature: _____

AUTHORIZED PERSON 4: ☐ AUTHORIZED SIGNATORY, or ☐ AUTHORIZED TRADER

Full name: _____

Address: _____

Date of Birth: _____

Social security number (SSN)/individual tax identification number (ITIN): _____

Phone number: _____ Email: _____

Signature: _____

09 CONSENT RESOLUTION AND DECLARATION

CONSENT RESOLUTION

The Entity has duly passed, by a binding resolution, that:

1. Account(s) (the "Account(s)") be opened with tastyfx in the name of the Entity for the purpose of entering into OTC forex contracts and any transactions related or ancillary to any of the contracts.

2. An agreement be entered into with tastyfx in connection with the opening of the Accounts in such form as tastyfx shall require (the "Agreement") and that all transactions entered into by the Entity will be subject to the terms of the Agreement as amended from time to time.

3. Each of the persons whose names and specimen signatures appear in the above authorized individuals list (the "Authorized Individual(s)") is authorized to trade on behalf of the Entity, and the Entity accepts full responsibility for any and all trades entered by the Authorized Individual(s).

4. Each Authorized Individual whose names and specimen signature appear as "Authorized Signatories" in the above authorized individuals list shall be and are hereby jointly and severally authorized to sign any document in connection with the opening or operation of the Account(s), including, but without limitation, the Agreement and to give any oral or written instructions to tastyfx with respect to the Account(s) including, but without limitation, instructions to effect or otherwise enter into transactions with or on behalf of the Entity.

5. Any transactions of any description whatsoever previously entered into by the Entity with or through tastyfx be and are hereby ratified and approved.

6. These Resolutions be communicated to tastyfx and shall remain in force and that tastyfx shall be entitled to rely on the same until an amending resolution shall be passed and a copy certified by an officer of the Entity shall have been received by tastyfx. I further certify that there is no legal or other reason why the Entity should not conduct this business.

DECLARATION

OTC forex trading is complex and comes with a high risk of losing money rapidly due to leverage. You should consider whether you understand how OTC forex trading works, and whether you can afford to take the high risk of losing money. You can lose more than you deposit.

I confirm that each individual named herein and the Entity understands the nature and risks of margin trading via OTC forex.

I confirm that the information provided in the application is true and correct as of the date of the application. I confirm that I will notify tastyfx immediately of any changes to the information provided within this form, including, but not limited to, any change in beneficial ownership (control persons and/or owners).

I further represent that each individual named herein has read and agrees to comply with and be bound by the tastyfx Access Policy, Conflicts Policy, Customer Agreement, Privacy Policy, Risk Disclosure, and Website Terms and Conditions, and each individual named that has received the BASIC Disclosure and Complaints Procedure.

Name of Authorized Signatory signing below: _____

Signature of Authorized Signatory: _____

Date: _____