



ACCOUNT MAINTENANCE FORM

WHEN TO USE THIS FORM

When you need to update information on your account such as:

- Name
- Address (Physical and/or Mailing)
- Contact Information
- Social Security Number
- Marital Status
- Equity Dividend Payment Instructions
- Employment Information
- Compliance Questions
- Investor Profile
- Financial Information
- Investment Experience

If the information you need to change is not listed above, please contact a Client Service Representative at 877-819-8918 for assistance. Our service team can be reached Monday through Friday, from 7:00 a.m. to 5:00 p.m., Mountain Time.

INSTRUCTIONS & GUIDELINES

When completing the Account Maintenance form please follow these guidelines:

- If you are changing your name or updating a social security number, ETC Brokerage Services will require a copy of the legal document supporting the change.

SUBMISSION OPTIONS

BY FAX:

(440) 365-1447

REGULAR MAIL:

ETC Brokerage Services
P. O. Box 451340
Westlake, OH 44145

OVERNIGHT MAIL:

ETC Brokerage Services
1 Equity Way
Westlake, OH 44145

BY E-MAIL:

ETCBrokerage@ETCBrokerage.com

DO NOT FAX OR MAIL THIS COVER PAGE

INVESTMENT PRODUCTS: NOT FDIC INSURED - NO BANK GUARANTEE - MAY LOSE VALUE

1. ACCOUNT INFORMATION

Your current name, as titled on your Account, and account number(s) are required so we can properly identify your account(s):

ACCOUNT REGISTRATION(S)

ACCOUNT NUMBER(S)

2. INFORMATION TO UPDATE

 Please fill in **ONLY** the information you wish to add or change on your account(s):

ACCOUNT OWNER'S NAME*

SOCIAL SECURITY NUMBER*

EMAIL ADDRESS

PRIMARY DAYTIME PHONE NUMBER

SECONDARY PHONE NUMBER

Address Update:
 Physical Address Only

 Mailing Address Only

 Physical and Mailing Address

 Physical Address (No P. O. Boxes)

 My Physical Address and Mailing Address are the same

STREET ADDRESS

CITY

STATE

ZIP CODE

Mailing Address (If different from Physical Address)

STREET ADDRESS

CITY

STATE

ZIP CODE

Note: If you have moved to a new state and have a qualified account with standing distribution instructions, the state withholding will be updated to the residence provided on this form. If the state withholding instructions should be remitted to another state, please provide an updated IRA Distribution Form with those instructions.

ACCOUNT OWNER'S MARITAL STATUS

 SINGLE

 MARRIED

 DIVORCED

 WIDOWED

EMPLOYMENT INFORMATION:
 Employed
 Unemployed
 Retired
 Other _____

If Employed, complete the following information:

OCCUPATION

EMPLOYER NAME

ADDRESS

CITY

STATE

ZIP CODE

If Unemployed/Retired, complete the following information:

SOURCE OF INCOME

EQUITY DIVIDEND PAYMENT STANDING INSTRUCTION UPDATE

Indicate below if you are updating your Equity Dividend Payment Standing Instruction.

Select how equity (stock and ETF) dividends are paid to your account. Choose one:

 Dividends paid in cash

 Dividends reinvested**

Note: Stock and ETF dividends will default to be paid to Cash unless you select Reinvested above.

** Reinvestment option may not be available for certain securities. Consult with your Designated Representative for reinvestment availability.

AFFILIATION INFORMATION:

1. Are you, or your spouse, or any member of your immediate families living in the same household, including parents, in-laws, siblings, and dependents licensed, employed by, or associated with a broker-dealer firm, FINRA or a financial services regulator, securities exchange, or member of a securities exchange. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this form)

Yes No If yes, please specify below:

2. Are you, or your spouse, or any member of your immediate families living in the same household, including parents, in-laws, siblings, and dependents, a member of the board of directors (or similar governing body), 10% shareholder, or policy-making officer of a publicly traded company.

Yes No Specify the company name, ticker symbol, address, city, and state:

3. Are you, your spouse, a close associate, or any member of your immediate family a current or former politically exposed person or public official (including but not limited to U.S. & foreign individuals who serve/d in a governmental role, high ranking officer in the armed forces or financial institution, etc.)

Yes No If yes, please provide that Person's name, relevant organization and years of service:

COMPLIANCE QUESTIONS		
What best describes the initial source of funds for this account? (Check any that apply)		
<input type="checkbox"/> Employment/Wages	<input type="checkbox"/> Retirement Funds	<input type="checkbox"/> Gift
<input type="checkbox"/> Inheritance/Trust	<input type="checkbox"/> Investments	<input type="checkbox"/> Unemployment/Disability
<input type="checkbox"/> Lottery/Gaming	<input type="checkbox"/> Spousal/Parental Support	<input type="checkbox"/> Other (describe source of funds): _____
What is the purpose and expected use of the account? (choose only one)		
<input type="checkbox"/> Current Income (Dividends and Interest Payments)	<input type="checkbox"/> Major Purchase / Expense	<input type="checkbox"/> Healthcare / Long Term Care
<input type="checkbox"/> Wealth Accumulation / Investment	<input type="checkbox"/> Education Planning	<input type="checkbox"/> Charitable (Donations or Philanthropic Objectives)
<input type="checkbox"/> Estate / Legacy Planning	<input type="checkbox"/> Retirement	<input type="checkbox"/> Active / Day Trading
INVESTOR PROFILE		
PRIMARY OWNER Net Worth (Excluding Primary Residence) <input type="checkbox"/> Under \$50,000 <input type="checkbox"/> \$ 500,001-\$1,000,000 <input type="checkbox"/> \$ 50,001-\$100,000 <input type="checkbox"/> \$1,000,001-\$3,000,000 <input type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> Over \$3,000,000	Liquid Net Worth (Cash, Stocks, etc.) <input type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$200,001-\$500,000 <input type="checkbox"/> \$25,001-\$ 50,000 <input type="checkbox"/> \$500,001-\$1,000,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$1,000,001-\$3,000,000 <input type="checkbox"/> \$100,001-\$200,000 <input type="checkbox"/> Over \$3,000,000	Gross Annual Income <input type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$200,001 - \$500,000 <input type="checkbox"/> \$25,001-\$50,000 <input type="checkbox"/> \$500,001 - \$1,000,000 <input type="checkbox"/> \$50,001 -\$100,000 <input type="checkbox"/> Over \$1,000,000 <input type="checkbox"/> \$100,001-\$200,000
CO-OWNER (if applicable) Net Worth (Excluding Primary Residence) <input type="checkbox"/> Under \$50,000 <input type="checkbox"/> \$ 500,001-\$1,000,000 <input type="checkbox"/> \$ 50,001-\$100,000 <input type="checkbox"/> \$1,000,001-\$3,000,000 <input type="checkbox"/> \$100,001-\$500,000 <input type="checkbox"/> Over \$3,000,000	Liquid Net Worth (Cash, Stocks, etc.) <input type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$200,001-\$500,000 <input type="checkbox"/> \$25,001-\$ 50,000 <input type="checkbox"/> \$500,001-\$1,000,000 <input type="checkbox"/> \$50,001-\$100,000 <input type="checkbox"/> \$1,000,001-\$3,000,000 <input type="checkbox"/> \$100,001-\$200,000 <input type="checkbox"/> Over \$3,000,000	Gross Annual Income <input type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$200,001 - \$500,000 <input type="checkbox"/> \$25,001-\$50,000 <input type="checkbox"/> \$500,001 - \$1,000,000 <input type="checkbox"/> \$50,001 -\$100,000 <input type="checkbox"/> Over \$1,000,000 <input type="checkbox"/> \$100,001-\$200,000

FINANCIAL INFORMATION				
Annual Income	Net Worth	Liquid Net Worth	Risk Tolerance	
<input type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$25,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$200,000 <input type="checkbox"/> \$200,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million <input type="checkbox"/> Over \$1 million (specify) _____	(excluding primary residence) <input type="checkbox"/> Under \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million <input type="checkbox"/> \$1,000,001 - \$3 million <input type="checkbox"/> Over \$3 million (specify) _____	<input type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$25,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$200,000 <input type="checkbox"/> \$200,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million <input type="checkbox"/> \$1,000,001 - \$3 million <input type="checkbox"/> Over \$3 million (specify) _____	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Aggressive <input type="checkbox"/> Speculative	
Estimated Value of Current Investments	Liquidity Needs	Time Horizon	Annual Expenses	Special Expenses
<input type="checkbox"/> under \$10,000 <input type="checkbox"/> up to \$24,000 <input type="checkbox"/> up to \$50,000 <input type="checkbox"/> up to \$200,000 <input type="checkbox"/> under \$500,000 <input type="checkbox"/> over \$500,000	<input type="checkbox"/> less than 1 year <input type="checkbox"/> 1 – 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> 10 – 15 years <input type="checkbox"/> Over 15 years <input type="checkbox"/> Not applicable	<input type="checkbox"/> Undefined <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1 – 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> 10 – 15 years <input type="checkbox"/> Over 15 years	<input type="checkbox"/> \$50,000 and under <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$250,000 <input type="checkbox"/> \$250,001 - \$500,000 <input type="checkbox"/> Over \$500,000 Investment Knowledge <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> \$50,000 and under <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$250,000 <input type="checkbox"/> \$250,001 - \$500,000 <input type="checkbox"/> Over \$500,000 Timeframe <input type="checkbox"/> Within 2 years <input type="checkbox"/> 3 – 5 years <input type="checkbox"/> 6 – 10 years
Investment Objective				
<input type="checkbox"/> Current Income (N) - Preservation of capital with a primary consideration on current income <input type="checkbox"/> Balanced (O) - A balance between capital appreciation and current income with the primary consideration being current income <input type="checkbox"/> Growth & Income (P) - A balance between capital appreciation and current income with the primary consideration being capital appreciation		<input type="checkbox"/> Growth (Q) - Capital appreciation through quality equity investment and little or no income <input type="checkbox"/> Maximum Growth (R) - Maximum capital appreciation with higher risk and little to no income. <input type="checkbox"/> Speculation (S) - Maximum total return potential, involving a higher degree of risk through investment in a broad spectrum of securities.		

INVESTMENT EXPERIENCE

Investment	Years of Experience			Transactions per year		
Mutual Funds/Exchange Traded Funds	<input type="checkbox"/> 0	<input type="checkbox"/> 1 - 5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0 - 5	<input type="checkbox"/> 6 - 15	<input type="checkbox"/> Over 15
Individual Stocks	<input type="checkbox"/> 0	<input type="checkbox"/> 1 - 5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0 - 5	<input type="checkbox"/> 6 - 15	<input type="checkbox"/> Over 15
Bonds	<input type="checkbox"/> 0	<input type="checkbox"/> 1 - 5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0 - 5	<input type="checkbox"/> 6 - 15	<input type="checkbox"/> Over 15
Options	<input type="checkbox"/> 0	<input type="checkbox"/> 1 - 5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0 - 5	<input type="checkbox"/> 6 - 15	<input type="checkbox"/> Over 15
Securities Futures	<input type="checkbox"/> 0	<input type="checkbox"/> 1 - 5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0 - 5	<input type="checkbox"/> 6 - 15	<input type="checkbox"/> Over 15
Annuities	<input type="checkbox"/> 0	<input type="checkbox"/> 1 - 5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0 - 5	<input type="checkbox"/> 6 - 15	<input type="checkbox"/> Over 15
Alternative*	<input type="checkbox"/> 0	<input type="checkbox"/> 1 - 5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0 - 5	<input type="checkbox"/> 6 - 15	<input type="checkbox"/> Over 15
Margin	<input type="checkbox"/> 0	<input type="checkbox"/> 1 - 5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0 - 5	<input type="checkbox"/> 6 - 15	<input type="checkbox"/> Over 15

*May include structured products, hedge funds, etc.

Select requested Risk Level – Note: Some levels may require margin approval or be restricted in certain account types. For more information concerning the description of the strategies corresponding to each Risk Level, please consult the Options Disclosure Document entitled “Characteristics and Risks of Standardized Options” (“ODD”) issued by the Options Clearing Corporation (“OCC”).

3. UPDATE ASSET SPONSOR THIRD PARTY INFORMATION (OPTIONAL)

If you receive Third Party correspondence from one or more Asset Sponsors and have requested an address or name change, please specify which asset(s) you would like us to notify of this change.

Some asset sponsors require their own paperwork to update the Third Party Information. Please include their form if required.

ASSET TO UPDATE:

ASSET TO UPDATE:

ASSET TO UPDATE:

ASSET TO UPDATE:

ASSET TO UPDATE:

4. SIGN and DATE

PLEASE READ BEFORE SIGNING:

If you are submitting this form to change your name, ETC Brokerage Services will require a copy of the legal documents supporting the change (e.g., copy of Marriage Certificate).

Acknowledgement: *I (Account Owner) authorize ETC Brokerage Services to update its records with regard to my Account in accordance with the instructions set forth above.*

ACCOUNT OWNER'S OR AUTHORIZED INDIVIDUAL'S SIGNATURE	DATE	JOINT ACCOUNT OWNER'S SIGNATURE (If applicable)	DATE