



## ADULT/GUARDIAN INFORMATION

Please fill in the information below **ONLY** if you are opening an account for a minor.

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. ETC Brokerage Services is requesting the following information from the adult/guardian opening the account for a minor.

### 1 MINOR(S) ACCOUNT INFORMATION

For each minor account you are opening, please fill in the requested information. If you are opening more than 5 minor accounts use an additional form. **IMPORTANT:** Each minor listed below must also have a completed application.

#### MINOR ACCOUNT #1

MINOR'S NAME ON ACCOUNT (First, MI, Last)

MINOR'S SOCIAL SECURITY NUMBER

#### MINOR ACCOUNT #2

MINOR'S NAME ON ACCOUNT (First, MI, Last)

MINOR'S SOCIAL SECURITY NUMBER

#### MINOR ACCOUNT #3

MINOR'S NAME ON ACCOUNT (First, MI, Last)

MINOR'S SOCIAL SECURITY NUMBER

#### MINOR ACCOUNT #4

MINOR'S NAME ON ACCOUNT (First, MI, Last)

MINOR'S SOCIAL SECURITY NUMBER

#### MINOR ACCOUNT #5

MINOR'S NAME ON ACCOUNT (First, MI, Last)

MINOR'S SOCIAL SECURITY NUMBER

### 2 ADULT/GUARDIAN OPENING MINOR ACCOUNT(S)

LEGAL NAME (First, MI, Last)

Mr.  Mrs.  Ms.  Dr.

HOME STREET ADDRESS (Required - No P. O. Box)

CITY

STATE

ZIP CODE

MAILING ADDRESS (If different from above - P.O. Box may be used)

CITY

STATE

ZIP CODE

SOCIAL SECURITY NUMBER

PRIMARY PHONE NUMBER

DATE OF BIRTH (MM/DD/YYYY)

COUNTRY OF CITIZENSHIP

USA  Other \_\_\_\_\_

ACCOUNT OWNER'S MARITAL STATUS

SINGLE

MARRIED

DIVORCED

WIDOWED

ADULT/GUARDIAN:  Driver's License  Passport  State ID  Other Government-issued ID

PLACE/COUNTRY OF ISSUANCE

ID NUMBER

ISSUE DATE (MM/DD/YYYY)

EXPIRATION DATE (MM/DD/YYYY)

<b>EMPLOYMENT INFORMATION:</b>		
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Other _____		
<b>If Employed, complete the following information:</b>		OCCUPATION
EMPLOYER NAME	ADDRESS	
CITY	STATE	ZIP CODE
<b>If Unemployed/Retired, complete the following information:</b>		SOURCE OF INCOME

**AFFILIATIONS:**

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:

### 3 SIGN AND DATE

\_\_\_\_\_  
 Adult/Guardian's Signature

\_\_\_\_\_  
 Date