

WHEN TO USE THIS FORM

This form is used to add, change, or remove an Authorized Individual of a Legal Entity on an existing ETC Brokerage Services account.

SUBMISSION OPTIONS**OVERNIGHT:**

ETC Brokerage Services
1 Equity Way
Westlake, OH 44145

REGULAR MAIL:

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

E-MAIL:

ETCBrokerage@ETCBrokerage.com

Fax:

440-365-1447

IMPORTANT INSTRUCTIONS

- If you are adding an Authorized Individual that is a 25% or more owner of a U.S. based Legal Entity (either directly or indirectly), we also require an updated Certification of Beneficial Owners Form. Federal regulations require ETC Brokerage Services to obtain, verify and record information about beneficial owners of Legal Entity customers.
- You must include supporting documentation based on the entity type.
 - Corporations - Corporate Resolution
 - Partnerships - Updated Partnership Agreement
 - Other Entity Types – A copy of the meeting minutes or appropriate documentation recording the change(s) authorized on this form.

CONTACT INFORMATION

For assistance, please contact a customer Service Representative. Our service team is available 7:00 am to 5:00 pm MT.

TOLL FREE:

877-819-8918

DO NOT FAX OR MAIL THIS COVER PAGE

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

1 ENTITY INFORMATION			
NAME OF LEGAL ENTITY		ACCOUNT NUMBER(S)	
ENTITY'S LEGAL ADDRESS			
CITY		STATE	ZIP CODE
DESIGNATED REPRESENTATIVE		TAX ID NUMBER	PHONE NUMBER
ENTITY TYPE <input type="checkbox"/> S Corp <input type="checkbox"/> C Corp <input type="checkbox"/> Non-Incorporated Organization <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership			

2 AUTHORIZED INDIVIDUAL, PARTNER, OR OFFICER INFORMATION					
Update the Authorized Individuals on the Legal Entity account(s) listed above with the following:					
___ Add		___ Update		___ Remove	
AUTHORIZED INDIVIDUAL'S FIRST NAME	AUTHORIZED INDIVIDUAL'S MIDDLE NAME	AUTHORIZED INDIVIDUAL'S LAST NAME		Trading Authority <input type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> None	
ADDRESS		SOCIAL SECURITY NUMBER	DATE OF BIRTH		
CITY	STATE	ZIP CODE	OWNERSHIP PERCENTAGE		

___ Add		___ Update		___ Remove	
AUTHORIZED INDIVIDUAL'S FIRST NAME	AUTHORIZED INDIVIDUAL'S MIDDLE NAME	AUTHORIZED INDIVIDUAL'S LAST NAME		Trading Authority <input type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> None	
ADDRESS		SOCIAL SECURITY NUMBER	DATE OF BIRTH		
CITY	STATE	ZIP CODE	OWNERSHIP PERCENTAGE		

___ Add		___ Update		___ Remove	
AUTHORIZED INDIVIDUAL'S FIRST NAME	AUTHORIZED INDIVIDUAL'S MIDDLE NAME	AUTHORIZED INDIVIDUAL'S LAST NAME		Trading Authority <input type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> None	
ADDRESS		SOCIAL SECURITY NUMBER	DATE OF BIRTH		
CITY	STATE	ZIP CODE	OWNERSHIP PERCENTAGE		

___ Add		___ Update		___ Remove	
AUTHORIZED INDIVIDUAL'S FIRST NAME	AUTHORIZED INDIVIDUAL'S MIDDLE NAME	AUTHORIZED INDIVIDUAL'S LAST NAME		Trading Authority <input type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> None	
ADDRESS		SOCIAL SECURITY NUMBER	DATE OF BIRTH		
CITY	STATE	ZIP CODE	OWNERSHIP PERCENTAGE		

AFFILIATION INFORMATION:

1. Are any of the Authorized Individuals, or their spouses, or any member of their 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 any of the Authorized Individuals, or their spouses, or any member of their 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 any of the Authorized Individuals, or their spouses, a close associate, or any member of their immediate families 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:

4 AUTHORIZED SIGNATURE

LEGAL ENTITY NAME

AUTHORIZED INDIVIDUAL'S SIGNATURE

DATE

PRINT NAME AND TITLE