

**IMPORTANT:**

This form is required by ETC Brokerage Services, LLC and Equity Advisor Solutions to document important information about your Firm and its Authorized Individuals. You are required to promptly update ETC Brokerage Services and Equity Advisor Solutions using this form if any information changes.

**1 TYPE OF REQUEST**

New Information
  Request to Update Information
  Request to Remove Individuals

If you are a Registered Investment Advisor, complete section 2 below. If you are a Registered Investment Advisor with a Broker Dealer relationship complete sections 2 and 3. If you are a Broker Dealer complete section 3.

**2 FIRM INFORMATION**

|           |       |               |              |
|-----------|-------|---------------|--------------|
| FIRM NAME |       | TAX ID NUMBER | CRD #        |
| ADDRESS   |       |               |              |
| CITY      | STATE | ZIP CODE      | PHONE NUMBER |

**3 BROKER DEALER INFORMATION**

Establish the Following Broker Dealer
  Request to Change Broker Dealer
  Not Applicable

|                    |              |                       |      |
|--------------------|--------------|-----------------------|------|
| BROKER DEALER NAME |              | CRD                   | MPID |
| ADDRESS            |              |                       |      |
| CITY               | STATE        | ZIP CODE              |      |
| CONTACT PERSON     | TITLE        | CRD # (if applicable) |      |
| EMAIL              | PHONE NUMBER |                       |      |

**4 FIRM'S AUTHORIZED INDIVIDUALS (see definitions/instructions on last page)**

Provide the information and system access below for each of the Authorized Individuals at your Firm.

| 1 | FIRST NAME                               | LAST NAME                  | EMAIL                         |                                   |                           | ORION ACCESS TYPE <sup>1</sup> |
|---|--|----------------------------|-------------------------------|-----------------------------------|---------------------------|--------------------------------|
|   | BRANCH NUMBER (if applicable)            | REP NUMBER (if applicable) | BROKER DEALER (if applicable) | WEALTHSTATION ACCESS <sup>2</sup> | NIGO CONTACT <sup>3</sup> | BOX <sup>4</sup>               |
|   | ADDRESS (if different than firm address) |                            | CITY                          | STATE                             | ZIP CODE                  |                                |
|   | LAST 4 DIGITS OF SSN                     | SPECIAL INSTRUCTIONS       |                               |                                   |                           |                                |
| 2 | FIRST NAME                               | LAST NAME                  | EMAIL                         |                                   |                           | ORION ACCESS TYPE <sup>1</sup> |
|   | BRANCH NUMBER (if applicable)            | REP NUMBER (if applicable) | BROKER DEALER (if applicable) | WEALTHSTATION ACCESS <sup>2</sup> | NIGO CONTACT <sup>3</sup> | BOX <sup>4</sup>               |
|   | ADDRESS (if different than firm address) |                            | CITY                          | STATE                             | ZIP CODE                  |                                |
|   | LAST 4 DIGITS OF SSN                     | SPECIAL INSTRUCTIONS       |                               |                                   |                           |                                |

| <b>4 FIRM'S AUTHORIZED INDIVIDUALS CONT. (see definitions/instructions on last page)</b>             |  |                            |                               |                                   |                                |                  |
|--|--|----------------------------|-------------------------------|-----------------------------------|--------------------------------|------------------|
| Provide the information and system access below for each of the Authorized Individuals at your firm. |  |                            |                               |                                   |                                |                  |
| <b>3</b>   | FIRST NAME                               | LAST NAME                  | EMAIL                         |                                   | ORION ACCESS TYPE <sup>1</sup> |                  |
|  | BRANCH NUMBER (if applicable)            | REP NUMBER (if applicable) | BROKER DEALER (if applicable) | WEALTHSTATION ACCESS <sup>2</sup> | NIGO CONTACT <sup>3</sup>      | BOX <sup>4</sup> |
|  | ADDRESS (if different than firm address) |                            | CITY                          |                                   | STATE                          | ZIP CODE         |
|  | LAST 4 DIGITS OF SSN                     | SPECIAL INSTRUCTIONS       |                               |                                   |                                |                  |
| <b>4</b>   | FIRST NAME                               | LAST NAME                  | EMAIL                         |                                   | ORION ACCESS TYPE <sup>1</sup> |                  |
|  | BRANCH NUMBER (if applicable)            | REP NUMBER (if applicable) | BROKER DEALER (if applicable) | WEALTHSTATION ACCESS <sup>2</sup> | NIGO CONTACT <sup>3</sup>      | BOX <sup>4</sup> |
|  | ADDRESS (if different than firm address) |                            | CITY                          |                                   | STATE                          | ZIP CODE         |
|  | LAST 4 DIGITS OF SSN                     | SPECIAL INSTRUCTIONS       |                               |                                   |                                |                  |
| <b>5</b>   | FIRST NAME                               | LAST NAME                  | EMAIL                         |                                   | ORION ACCESS TYPE <sup>1</sup> |                  |
|  | BRANCH NUMBER (if applicable)            | REP NUMBER (if applicable) | BROKER DEALER (if applicable) | WEALTHSTATION ACCESS <sup>2</sup> | NIGO CONTACT <sup>3</sup>      | BOX <sup>4</sup> |
|  | ADDRESS (if different than firm address) |                            | CITY                          |                                   | STATE                          | ZIP CODE         |
|  | LAST 4 DIGITS OF SSN                     | SPECIAL INSTRUCTIONS       |                               |                                   |                                |                  |
| <b>6</b>   | FIRST NAME                               | LAST NAME                  | EMAIL                         |                                   | ORION ACCESS TYPE <sup>1</sup> |                  |
|  | BRANCH NUMBER (if applicable)            | REP NUMBER (if applicable) | BROKER DEALER (if applicable) | WEALTHSTATION ACCESS <sup>2</sup> | NIGO CONTACT <sup>3</sup>      | BOX <sup>4</sup> |
|  | ADDRESS (if different than firm address) |                            | CITY                          |                                   | STATE                          | ZIP CODE         |
|  | LAST 4 DIGITS OF SSN                     | SPECIAL INSTRUCTIONS       |                               |                                   |                                |                  |

Note: Please provide additional copies of this form as needed to authorize individuals at your firm.

All Authorized Individual's above will have authorization to place trades unless specifically indicated otherwise. Use the Special Instructions field to provide any additional information.

**Definitions and Instructions:**

<sup>1</sup>**Orion Access Type:** This is used to set up permissions in the Orion Portfolio Management System.

**a. Principal** - Access to all clients. Full trading, billing and system integration rights. Can update Firm and/or Authorized Individual information.

**b. Advisor** - Access to all clients. Full trading, billing and system integration rights.

*Note: If you are the Principal, or requesting Advisor level access, indicate that on for your authorized individual set-up. Also, authorize New Representative so your clients can be set-up under you as their Representative.*

**c. Rep Access** - Access to only Representative's clients. Set-up logins with full trading, billing and system integration rights.

**d. Ops** - Operations access. Access to all clients. Full trading, billing and system integration rights. Specify any limitations necessary.

**e. Ops No Trading** - Operations access to all clients without access or authorization to place trades.

**f. Ops Rep Level** - Operations access. Access to only Representative's clients. Full trading and billing rights on Representative's clients.

**g. Ops Rep Level No Trading** - Operations access to just Representative's accounts, without trading access or authorization.

*Note: For Ops Rep Level users, list which Representatives they should have access to in Special Instructions.*

**h. No Access** - No Orion system access.

<sup>2</sup>**Wealthstation Access:** Select and enter one of the following for each of the Authorized Individuals. This is used to set-up Users in Wealthstation.

**TDQ** – Full Access with Trading. Delayed quotes.

**TRT** – Full Access with Trading. Real time quotes (fee applies).

**LTD** – Access without Trading capabilities.

**LTD2** – Access without Trading and Open New Account capabilities

<sup>3</sup>**NIGO Contact:** Indicate **Yes** or **No** to let us know which Authorized Individuals need to receive Not In Good Order (NIGO) emails. You can enter a group email address as an Authorized Individual and indicate the group email address to use this method.

<sup>4</sup>**Box:** Indicate **Yes** or **No** to let us know which Authorized Individuals need access to Box.com, the secure file sharing system that allows us to transfer forms and other sensitive information between your firm and Equity.

## 5 ACKNOWLEDGEMENT and SIGNATURE

Authorized Individuals shall remain in full force until updated by Principal.

The undersigned Firm acknowledges and agrees that it shall indemnify, defend and hold harmless ETC Brokerage Services, its affiliates and its and their directors, officers, members, employees and agents from and against any liabilities, claims, actions, losses, expenses and costs, including reasonable attorney's fees, arising out of or related to the actions or omissions of the Firm and/or Authorized Individuals identified herein with respect to the performance as an Authorized Individual for Account Owners.

FIRM NAME

PRINCIPAL'S NAME AND TITLE

PRINCIPAL'S SIGNATURE

DATE