

**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. 451249  
Westlake, OH 44145

**E-MAIL:**

[ETCBrokerage@ETCBrokerage.com](mailto: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	
ADDRESS		SOCIAL SECURITY NUMBER	DATE OF BIRTH
CITY	STATE	ZIP CODE	OWNERSHIP PERCENTAGE
			<b>Trading Authority</b> <input type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> None

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

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

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

**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