

**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		
<input type="checkbox"/> New Information	<input type="checkbox"/> Request to Update Information	<input type="checkbox"/> 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			
<input type="checkbox"/> Establish the Following Broker Dealer <input type="checkbox"/> Request to Change Broker Dealer <input type="checkbox"/> 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.				
<b>1</b>	FIRST NAME	LAST NAME	EMAIL	ACCESS TYPE <sup>1</sup>
	BRANCH NUMBER (if applicable)	REP NUMBER (if applicable)	BROKER DEALER (if applicable)	NIGO CONTACT <sup>2</sup>
	ADDRESS (if different than firm address)		CITY	STATE      ZIP CODE
	LAST 4 DIGITS OF SSN	SPECIAL INSTRUCTIONS		
<b>2</b>	FIRST NAME	LAST NAME	EMAIL	ACCESS TYPE <sup>1</sup>
	BRANCH NUMBER (if applicable)	REP NUMBER (if applicable)	BROKER DEALER (if applicable)	NIGO CONTACT <sup>2</sup>
	ADDRESS (if different than firm address)		CITY	STATE      ZIP CODE
	LAST 4 DIGITS OF SSN	SPECIAL INSTRUCTIONS		

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

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

<b>3</b>	FIRST NAME	LAST NAME	EMAIL	ACCESS TYPE <sup>1</sup>
	BRANCH NUMBER (if applicable)	REP NUMBER (if applicable)	BROKER DEALER (if applicable)	NIGO CONTACT <sup>2</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	ACCESS TYPE <sup>1</sup>
	BRANCH NUMBER (if applicable)	REP NUMBER (if applicable)	BROKER DEALER (if applicable)	NIGO CONTACT <sup>2</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	ACCESS TYPE <sup>1</sup>
	BRANCH NUMBER (if applicable)	REP NUMBER (if applicable)	BROKER DEALER (if applicable)	NIGO CONTACT <sup>2</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	ACCESS TYPE <sup>1</sup>
	BRANCH NUMBER (if applicable)	REP NUMBER (if applicable)	BROKER DEALER (if applicable)	NIGO CONTACT <sup>2</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>**Access Type:** This is used to set up various systems, such as Orion, Accelerayte, Wealth Station, etc.

- 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 system access.

<sup>2</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.

**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
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