



# Power of Attorney Information Form

Use this form to authorize a third-party, Power of Attorney (POA), to act on your behalf on one or more of your ETC Brokerage Services' accounts.

This form must be submitted with a copy of court ordered Power of Attorney document.

## 1. ACCOUNT INFORMATION

ACCOUNT REGISTRATION(S)
ACCOUNT NUMBER

## 2. ATTORNEY IN FACT INFORMATION

ATTORNEY IN FACT FIRST NAME	ATTORNEY IN FACT MIDDLE NAME	ATTORNEY IN FACT LAST NAME	
SOCIAL SECURITY NUMBER		DATE OF BIRTH	
PHYSICAL ADDRESS (NO P. O. BOXES)			
CITY	COUNTY	STATE	ZIP CODE
PHONE NUMBER	EMAIL ADDRESS		

### MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS)

CITY	COUNTY	STATE	ZIP CODE

EMAIL ADDRESS (NOTE: This field is required in the event you elect to receive Account documents electronically - See Section 11)

ATTORNEY IN FACT'S MARITAL STATUS     SINGLE     MARRIED     DIVORCED     WIDOWED

**Attorney in Fact:**     Driver's License     Passport     State ID     Other Government-issued ID

PLACE/COUNTRY OF ISSUANCE	ID NUMBER	ISSUE DATE (MM/YYYY)	EXPIRATION DATE (MM/YYYY)
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IF YOU HAVE BEEN AT YOUR CURRENT ADDRESS FOR LESS THAN SIX MONTHS, PLEASE PROVIDE YOUR PREVIOUS ADDRESS:

ADDRESS	CITY	STATE	ZIP CODE
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### EMPLOYMENT INFORMATION:

Employed     Unemployed     Retired     Other \_\_\_\_\_



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<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	

### 3. AFFILIATIONS

- 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 other 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 application)  
 Yes     No    If yes, please specify below:
  
- 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, 10% shareholder, or policy-making officer of a publicly traded company.  
 Yes     No    Specify the company name, ticker symbol, address, city, and state:
  
- 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 and relevant organization:

SIGNATURE	
ACCOUNT OWNER'S OR AUTHORIZED INDIVIDUAL'S SIGNATURE	DATE