

HOUSEHOLDING AUTHORIZATION (ACCOUNT STATEMENTS)

STERNE, AGEE & LEACH, INC. INVESTMENTS SINCE 1901

Member SIPC

Account Information

Primary Account Number: _____

Primary Account Name: _____

Primary Account Address: _____

You are hereby authorized to send my periodic account statements to the individual(s) at the address identified above under the heading "Primary Account". I specifically request that copies of my account (identified below as "sub account") statements not be sent to any other address. I acknowledge that Sterne, Agee & Leach, Inc. will rely on my signature as indication that I have made arrangements to receive and review information on the statements sent to the "Primary Account" address. I understand that this arrangement will remain in effect until I notify Sterne, Agee & Leach, Inc. in writing to arrange to send my periodic account statements to another address.

Sub Account Information

Sub Account Number: _____

Sub Account Name: _____

Sub Account Owner(s) Authorization (all owners of account must sign):

Signature: _____ Date: _____

Signature: _____ Date: _____

Sub Account Number: _____

Sub Account Name: _____

Sub Account Owner(s) Authorization (all owners of account must sign):

Signature: _____ Date: _____

Signature: _____ Date: _____

Sub Account Number: _____

Sub Account Name: _____

Sub Account Owner(s) Authorization (all owners of account must sign):

Signature: _____ Date: _____

Signature: _____ Date: _____

Please return this form to: _____
(Branch Office Address)

Attention: _____

FOR OFFICE USE ONLY

Branch Office Manager Approval _____ New Accounts Acknowledgement _____