

Authorization to Release Account Information Online



Sub Firm #	BR Code	FA Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>(Office Use Only)</i>		

This form authorizes and directs your broker ("Introducing Firm") and First Clearing* to grant access to the individual listed below (the "Authorized Recipient") to view certain information relating to your account(s) ("View Only Access"). Such information may include the name, physical address, email address, Social Security number or tax identification number for the account holder(s), cash and securities balances, as well as transactional history ("Account Information"). The Authorized Recipient will also have View Only Access to all electronic account documents, including account statements, trade confirmations, tax documents, shareholder information including proxy material and information necessary to cast a proxy vote, and prospectuses. This form does NOT authorize the Authorized Recipient to set the delivery preferences for any account documents or to trade, transfer funds, pay bills, or otherwise transact in your account(s).

I understand that I must notify my Financial Advisor if I wish to revoke this authorization.

STEP 1 – ENTER ACCOUNT INFORMATION

Account Number	Account Number	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	Account Number	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number	Account Number	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

STEP 2 – IDENTIFY AUTHORIZED RECIPIENT

Name of Person to Receive/Access Account Information		User ID	
<input type="text"/>		<input type="text"/>	
Local Address 1			Social Security Number
<input type="text"/>			<input type="text"/>
Local Address 2			Date of Birth
<input type="text"/>			<input type="text"/>
Country	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Fax Number	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

STEP 3 – CLIENT AUTHORIZATION (If Client(s) instructions are verbal, skip to Step 4.)

DO NOT SIGN BELOW UNLESS YOU HAVE READ AND UNDERSTAND ALL TERMS AND CONDITIONS ON PAGE TWO OF THIS AUTHORIZATION

Signature	Print Name	Date
X	<input type="text"/>	<input type="text"/>
Signature	Print Name	Date
X	<input type="text"/>	<input type="text"/>

STEP 4 - DOCUMENTATION OF CLIENT(S) VERBAL INSTRUCTIONS

Name of Authorized Account Holder	Account holder(s) personally known to me; or	Account holder(s) confirmed by two pieces of identifying information. (e.g. SSN, DOB, recent account activity, home phone number)
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> 1. <input type="checkbox"/> 2.
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> 1. <input type="checkbox"/> 2.
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> 1. <input type="checkbox"/> 2.

STEP 5 - ASSOCIATE'S SIGNATURE AND ACKNOWLEDGEMENT

The undersigned certifies that the account holder(s) authorized the release of Account Information to the Authorized Recipient and the identity of the account holder(s) was verified by one of the above methods. **BY SIGNING THIS DOCUMENT, THE SIGNED ACKNOWLEDGES THAT HE/SHE HAS READ AND UNDERSTANDS THE FOREGOING.**

Associate's Name	Associate's Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

*Account(s) carried by First Clearing. First Clearing is a trade name used by Wells Fargo Clearing Services, LLC, a registered broker-dealer and non-bank affiliate of Wells Fargo & Company.

**ANY ACCOUNT OWNER OR PERSON SIGNING ON BEHALF OF THE ACCOUNT
HEREBY AGREES TO THE FOLLOWING TERMS AND CONDITIONS:**

Indemnification. In consideration of Introducing Firm and First Clearing (hereinafter referred to collectively as "you") accepting the instructions on the first page of this Authorization, I hereby release and discharge you and your affiliates from any liability or claims in connection with the release of Account Information to the Authorized Recipient and agree to indemnify and hold you harmless against any losses from any action, claim or demand of any person based upon you acting under these instructions.

Unauthorized Disclosure. I shall promptly advise you in writing of any misappropriation or unauthorized disclosure or use of my Account Information by any person other than the Authorized Recipient which may come to my attention and to take steps reasonably requested by you to limit, stop or otherwise remedy the misappropriation or unauthorized disclosure or use.

Privacy Policy. You have each provided me with a copy of your respective Privacy Policies, which explains that customers have the ability to "opt out" of sharing information about my account. I understand that I have the right at any time to discontinue access by the Authorized Recipient to my Account Information.