

Plus mutual fund IRA application



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261
Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833
Phone: 1-866-747-3421 | **Email:** SecuritiesNB@sfgmembers.com

Instructions

Use this application for the LiveWell® Plus Mutual Fund IRA only. **The minimum initial contribution is \$50,000.**

USA Patriot Act requirements: To help the government fight the funding of terrorism and money laundering activities, the U.S. government passed the USA Patriot Act, requiring financial institutions to obtain, verify, and record information that identifies persons who engage in certain transactions with or through Sammons Institutional Group®, Inc. This means we will need to obtain certain information that allows us to verify your identity. The following information is required for each person associated with the account:

- Name
- Residence address (P.O. Box is not accepted; APO/FPO is accepted)
- Date of birth
- Social Security number (SSN)

Please make checks payable to: UMB Bank NA FBO: (Account Holder's name)

UMB Bank n.a. is the custodian for the LiveWell® Mutual Fund IRA Series. The mutual funds offered through the LiveWell® Mutual Fund IRA Series are made available through Sammons Financial Network®, LLC., member FINRA, 8300 Mills Civic Parkway, West Des Moines, IA 50266. Information about the LiveWell® Mutual Fund IRA Series and its funds can be obtained by calling 866-747-3421. Securities distributed by Sammons Financial Network®, LLC., member FINRA. Sammons Institutional Group®, Inc. provides administrative services. Sammons Retirement Solutions® is a division of Sammons Institutional Group®, Inc. Sammons Financial Network®, LLC., member FINRA, Sammons Institutional Group®, Inc., and Sammons Retirement Solutions® are not affiliated with UMB Bank n.a.

1. Account Holder information

If the Account Holder is a non-resident alien, submit IRS Form W-9. This form is available at www.IRS.gov.

Name (first, middle initial, last)		Social Security number	
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident alien/Citizen of: _____		Date of birth (mm/dd/yyyy)
Street address (P.O. Boxes are not allowed)*			Apartment/Suite number
City	State	ZIP	Phone number

2. Beneficiary information

The total percentage of beneficiary shares must equal 100%. Please list in whole percentages only. If the beneficiary information is missing or incomplete, the beneficiary designation will default to the Account Holder's estate until the information is provided. Please list additional beneficiaries and/or trustees on a separate piece of paper that includes the date signed and the Account Holder's signature.

Per stirpes definition: A common way of distributing proceeds where if one or more beneficiaries has died, his or her children share equally in his or her share of the proceeds.

Per capita definition: Proceeds are split amongst the beneficiaries that survive the owner. If one of the beneficiaries does not survive the owner, then the remaining beneficiaries receive the proceeds split equally. If neither per stirpes or per capita is selected, we will default to per capita.

Select one: Primary Contingent | Select one: Per stirpes Per capita

Name (first, middle initial, last)	Social Security number	Percentage %
Relationship to Account Holder	Phone number	Date of birth (mm/dd/yyyy)
Mailing address	Email address	

* If your mailing address is different than your street address, please list on a separate piece of paper with the Account Holder's signature and date.

Beneficiary information continued on page 2 ►

NOT FDIC/NCUA INSURED, MAY LOSE VALUE INCLUDING LOSS OF PRINCIPAL, NO BANK/ CU GUARANTEE, NOT A DEPOSIT, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY.

2. Beneficiary information (continued)

Select one: Primary Contingent | Select one: Per stirpes Per capita

Name (first, middle initial, last)	Social Security number	Percentage %
Relationship to Account Holder	Phone number	Date of birth (mm/dd/yyyy)
Mailing address	Email address	

Select one: Primary Contingent | Select one: Per stirpes Per capita

Name (first, middle initial, last)	Social Security number	Percentage %
Relationship to Account Holder	Phone number	Date of birth (mm/dd/yyyy)
Mailing address	Email address	

Select one: Primary Contingent | Select one: Trust

Full trust name	Tax Identification number (TIN)	Percentage %
Trustee name (first, middle initial, last)	Trustee phone number	Trust date (mm/dd/yyyy)
Trustee mailing address	Trustee email address	

Select one: Primary Contingent | Corporation (additional forms may be required) Estate Other

Entity name	Phone number	Tax Identification number (TIN)	Percentage %
Mailing address	Email address		

3. Qualified plan type

Traditional IRA Roth IRA* SEP IRA**

Contribution year and amount: Year _____ Amount \$ _____ | Year _____ Amount \$ _____

* Roth IRA: If transfer, provide original conversion/establishment date and amount: _____

** Employer name (For SEP IRA only): _____

4. Initial contribution

Minimum initial contribution is \$50,000. **MAKE CHECKS PAYABLE TO: UMB Bank NA FBO: (Account Holder's name)**

Initial contribution: \$ _____ Rollover* Transfer*

* If you checked rollover or transfer, please name the Trustee/Custodian/Insurance carrier below.

Trustee/Custodian/Insurance carrier: _____

Trustee/Custodian/Insurance carrier: _____

Trustee/Custodian/Insurance carrier: _____

5. Dollar cost averaging

CHECK HERE to elect dollar cost averaging. If you elect dollar cost averaging, please submit the dollar cost averaging form with this application.

6. Automatic portfolio rebalancing

This is optional and may not be used with dollar cost averaging.

CHECK HERE to elect automatic portfolio rebalancing. The account value will rebalance to the portfolios selected in the initial account allocations section of this application. Rebalancing will occur on the account anniversary of the month according to the elected frequency, provided that is a business day. If you elect automatic portfolio rebalancing but do not indicate a frequency below, automatic portfolio rebalancing will default to quarterly.

Frequency: Quarterly Semi-annually Annually

Please consult the sales materials provided at account opening for details regarding this feature as well as restrictions, minimum or maximum limitations, fees, and other applicable information. Automatic portfolio rebalancing cannot be elected if you participate in dollar cost averaging.

7. Initial account allocations

Please designate your allocations in whole percentages only. No matter which funds are chosen, the total allocations must equal 100%, or the application will not be considered in good order.

LiveWell® Models

Accumulation	Percent
Conservative	_____ %
Moderate	_____ %
Moderate Growth	_____ %
Growth	_____ %
Aggressive Growth	_____ %

POWERED BY
MORNINGSTAR®

The model portfolios will not automatically rebalance unless automatic portfolio rebalancing is elected.

Ticker	Fund name	Percent
Large Value		
AVURX	American Century Value R	_____ %
MDDVX	BlackRock Equity Dividend A	_____ %
CDIRX	Columbia Dividend Income R	_____ %
RSOOX	Columbia Dividend Opportunity R	_____ %
SLVRX	Columbia Select Large-Cap Value R	_____ %
ERSTX	Eaton Vance Large-Cap Value R	_____ %
PQIRX	Pioneer Equity Income R	_____ %
PEQRX	Putnam Large Cap Value R	_____ %
RRFDX	T. Rowe Price Equity Income R	_____ %
Large Blend		
AFDRX	American Century Sustainable Equity R	_____ %
AICFX	American Funds Invmt Co of Amer F1	_____ %
WSHFX	American Funds Washington Mutual F1	_____ %
LMMRX	ClearBridge Dividend Strategy R	_____ %

Risk-based allocation funds

Ticker	Fund name	Percent
FTTNX	Fidelity Advisor Asset Manager 30% M	_____ %
FFTMX	Fidelity Advisor Asset Manager 50% M	_____ %
FTASX	Fidelity Advisor Asset Manager 70% M	_____ %
FEYTX	Fidelity Advisor Asset Manager 85% M	_____ %

Target date allocation funds

Ticker	Fund name	Percent
ARCRX	American Century One Choice 2030 R	_____ %
ARDRX	American Century One Choice 2040 R	_____ %
ARFWX	American Century One Choice 2050 R	_____ %
ARGRX	American Century One Choice 2060 R	_____ %
ARSRX	American Century One Choice in Retirement R	_____ %

Ticker	Fund name	Percent
CCCRX	Columbia Contrarian Core R	_____ %
DESRX	DWS ESG Core Equity R	_____ %
FRDRX	Franklin Rising Dividends R	_____ %
VADRX	Invesco Equally-Weighted S&P 500 R	_____ %
OMGNX	Invesco Main Street R	_____ %
MMINX	MM S&P 500® Index R3	_____ %
PSPRX	PIMCO StocksPLUS R	_____ %
PIORX	Pioneer R	_____ %
PCAOX	Principal Capital Appreciation R3	_____ %
PMYZX	Putnam Core Equity Fund R	_____ %
PRSRX	Putnam Research R	_____ %

Continued on page 4 ►

7. Initial account allocations (continued)

Please designate your allocations in whole percentages only. No matter which funds are chosen, the total allocations must equal 100%, or the application will not be considered in good order.

Ticker	Fund name	Percent
Large Growth		
ACARX	Alger Capital Appreciation Instl R	_____ %
AULRX	American Century Ultra R	_____ %
GFAFX	American Funds Growth Fund of Amer F1	_____ %
LMPLX	ClearBridge Large Cap Growth R	_____ %
FAEGX	Fidelity Advisor Equity Growth M	_____ %
FAGOX	Fidelity Advisor Growth Opportunities M	_____ %
FNITX	Fidelity Advisor New Insights M	_____ %
FDNRX	Franklin DynaTech R	_____ %
JDCRX	Janus Henderson Forty R	_____ %
LGLRX	Lord Abnett Growth Leaders R3	_____ %
MBCNX	MassMutual Blue Chip Growth R3	_____ %
PFGRX	Pioneer Fundamental Growth R	_____ %
PGBEX	Principal Blue Chip Fund R3	_____ %
PGORX	Putnam Large Cap Growth R	_____ %
RRBGX	T. Rowe Price Blue Chip Growth R	_____ %
RRGSX	T. Rowe Price Growth Stock R	_____ %
Mid Value		
AMVRX	American Century Mid Cap Value R	_____ %
CMVRX	Columbia Select Mid Cap Value R	_____ %
FASPX	Fidelity Advisor Value Strategies M	_____ %
JDPRX	Janus Henderson Mid Cap Value R	_____ %
IIVAX	Transamerica Small/Mid Cap Value A	_____ %
Mid Blend		
CCAFX	Calvert Mid-Cap A	_____ %
LMREX	ClearBridge Mid Cap R	_____ %
ERSMX	Eaton Vance Atlanta Capital SMID-Cap R	_____ %
FITIX	Fidelity Advisor Mid Cap II M	_____ %
Mid Growth		
OEGNX	Invesco Discovery Mid Cap Growth R	_____ %
JDMRX	Janus Henderson Enterprise R	_____ %
PFPPX	Principal MidCap Growth R3	_____ %
RRMGX	T. Rowe Price Mid-Cap Growth R	_____ %
Small Value		
CCTRX	Columbia Small Cap Value II R	_____ %
VSFRX	Federated Hermes Clover Small Value R	_____ %
FCVTX	Fidelity Advisor Small Cap Value M	_____ %
JDSRX	Janus Henderson Small Cap Value R	_____ %
ROFRX	Royce Small-Cap Opportunity R	_____ %

Ticker	Fund name	Percent
Small Blend		
OSCNX	Invesco Main Street Small Cap R	_____ %
SMERX	Invesco Small Cap Equity R	_____ %
PSBMX	Principal SmallCap R3	_____ %
Small Growth		
ANORX	American Century Small Cap Growth R	_____ %
LMPOX	ClearBridge Small Cap Growth R	_____ %
CCRIX	Columbia Small Cap Growth R	_____ %
ERSGX	Eaton Vance Small-Cap R	_____ %
FKKSX	Federated Hermes Kaufmann Small Cap R	_____ %
JGMRX	Janus Henderson Triton R	_____ %
International Large		
AEGFX	American Funds Europacific Growth F1	_____ %
LMGRX	ClearBridge International Growth R	_____ %
FIATX	Fidelity Advisor Intl Capital App M	_____ %
OIDNX	Invesco International Diversified R	_____ %
OIGNX	Invesco Oppenheimer International Growth R	_____ %
JDIRX	Janus Henderson Overseas R	_____ %
PINRX	Principal Diversified International R3	_____ %
RRIGX	T. Rowe Price International Value Equity R	_____ %
TEFRX	Templeton Foreign R	_____ %
TRWAX	Transamerica International Equity A	_____ %
International Small		
FTISX	Fidelity Advisor Intl Small Cap M	_____ %
OSMNX	Invesco International Small-Mid Company R	_____ %
Emerging Markets		
GOPRX	abrdn China A Share Equity R	_____ %
GEMRX	abrdn Emerging Markets R	_____ %
AEMRX	American Century Emerging Markets R	_____ %
PEMLX	Putnam Emerging Markets Equity R	_____ %
TDMRX	Templeton Developing Markets R	_____ %
World Stock		
NPFFX	American Funds New Perspective F1	_____ %
MDGCM	BlackRock Advantage Global A	_____ %
FEATX	Fidelity Advisor Emerging Asia M	_____ %
FMURX	Franklin Mutual International Value R	_____ %
GLVNX	Invesco Global Focus R	_____ %
OGLNX	Invesco Global R	_____ %
OGINX	Invesco Global Opportunities R	_____ %
JDWRX	Janus Henderson Global Research R	_____ %

Continued on page 5 ►

7. Initial account allocations (continued)

Please designate your allocations in whole percentages only. No matter which funds are chosen, the total allocations must equal 100%, or the application will not be considered in good order.

Ticker	Fund name	Percent
Commodities/Precious Metals		
BRCRX	Invesco Balanced-Risk Commodity Strat R	_____ %
OGMNX	Invesco Gold & Special Minerals R	_____ %
PCSRX	PIMCO Commodity Real Return Strategy R	_____ %
Communications		
FTUTX	Fidelity Advisor Telecommunications M	_____ %
Consumer Staples		
FDTGX	Fidelity Advisor Consumer Staples M	_____ %
Energy		
FAGNX	Fidelity Advisor Energy M	_____ %
Natural Resources		
FMFTX	Fidelity Advisor Materials M	_____ %
Financial		
FAFSX	Fidelity Advisor Financials M	_____ %
Health		
ERHSX	Eaton Vance Worldwide Health Science R	_____ %
FBTTX	Fidelity Advisor Biotechnology M	_____ %
PHSRX	Putnam Global Health Care R	_____ %
Industrials		
FCLTX	Fidelity Advisor Industrials M	_____ %
Real Estate		
ARYWX	American Century Global Real Estate R	_____ %
RRRSX	DWS RREEF Real Estate Securities R	_____ %
PGRKX	Principal Global Real Estate Securities R3	_____ %
PRERX	Principal Real Estate Securities R3	_____ %
Technology		
SGTRX	Columbia Seligman Global Technology R	_____ %
FELTX	Fidelity Advisor Semiconductors M	_____ %
FATEX	Fidelity Advisor Technology M	_____ %
Utilities		
FRURX	Franklin Utilities R	_____ %

Ticker	Fund name	Percent
Balanced		
BALFX	American Funds American Balanced F1	_____ %
CSIFX	Calvert Balanced A	_____ %
CBURX	Columbia Income Builder R	_____ %
ERIFX	Eaton Vance Balanced R	_____ %
FAIGX	Fidelity Advisor Balanced M	_____ %
FTSDX	Fidelity Advisor Strategic Div & Inc M	_____ %
FISRX	Franklin Income R	_____ %
JDBRX	Janus Henderson Balanced R	_____ %
CBPRX	Pioneer Balanced ESG R	_____ %
PACRX	Putnam Dynamic Asset Allocation Cnsv R	_____ %
PASRX	Putnam Dynamic Asset Allocation Gr R	_____ %
IBALX	Transamerica Multi-Managed Balanced A	_____ %
Tactical		
PATRX	PIMCO All Asset R	_____ %
PNARX	Principal Spectrum Preferred and Cap Sec Income R3	_____ %
Global Allocation		
MDLOX	BlackRock Global Allocation A	_____ %
EDIRX	Eaton Vance Global Income Builder R	_____ %
FMQSX	Franklin Mutual Quest R	_____ %
Bank Loan		
LRRRX	Lord Abbett Floating Rate R3	_____ %
Convertible Bond		
LCFRX	Lord Abbett Convertible R3	_____ %
Emerging Markets Bond		
CMBRX	Columbia Emerging Markets Bond R	_____ %
Government Bond		
AGMWX	American Century Ginnie Mae R	_____ %
ERGOX	Eaton Vance Government Opportunities R	_____ %
High Yield Bond		
CHBRX	Columbia High Yield Bond R	_____ %
ERIBX	Eaton Vance Income Fund of Boston R	_____ %
LHYRX	Lord Abbett High Yield R3	_____ %
PHYRX	PIMCO High Yield R	_____ %

Continued on page 6 ►

7. Initial account allocations (continued)

Please designate your allocations in whole percentages only. No matter which funds are chosen, the total allocations must equal 100%, or the application will not be considered in good order.

Ticker	Fund name	Percent
Inflation Protection		
AIARX	American Century Inflation-Adjusted Bond R	_____ %
PRRRX	PIMCO Real Return R	_____ %
Intermediate Bond		
OPBNX	Invesco Core Bond R	_____ %
OFINX	Invesco Intermediate Bond Factor Fund R	_____ %
LAURX	Lord Abbett Income R3	_____ %
PTRRX	PIMCO Total Return R	_____ %
PBFRX	Pioneer Bond R	_____ %
PTRKX	Putnam Core Bond Fund R	_____ %
WAPRX	Western Asset Core Plus Bond R	_____ %
Multisector Bond		
ERSIX	Eaton Vance Strategic Income R	_____ %
FSIAX	Fidelity Advisor Strategic Income M	_____ %

Ticker	Fund name	Percent
LBNRX	Lord Abbett Bond-Debenture R3	_____ %
PONRX	PIMCO Income R	_____ %
Nontraditional Bond		
CSNRX	Columbia Strategic Income R	_____ %
PUBRX	PIMCO Dynamic Bond R	_____ %
Short-Term Bond		
LDLRX	Lord Abbett Short Duration Income R3	_____ %
PLDRX	PIMCO Low Duration R	_____ %
PTSRX	PIMCO Short-Term R	_____ %
World Bond		
PFRRX	PIMCO International Bond (USD-Hedged) R	_____ %
FGBRX	Templeton Global Bond R	_____ %
Money Market		
GORXX	Federated Government Obligations Trust	_____ %
Total investment election		100%

Morningstar Investment Management LLC is a registered investment adviser and subsidiary of Morningstar, Inc. Morningstar Investment Management provides nondiscretionary consulting services to Sammons Institutional Group®, Inc. (SIG) but is not acting in the capacity of adviser to individual investors. Morningstar Investment Management provides recommendations to SIG regarding asset allocation targets, for certain LiveWell® products/programs, which are subject to change without notice. Morningstar Investment Management establishes the allocations using its proprietary asset classifications. If alternative classification methods are used, the allocations may not meet the asset allocation targets. The Morningstar name and logo are registered marks of Morningstar, Inc. Morningstar Investment Management is not affiliated with SIG.

Asset allocation (and/or diversification) does not ensure a profit or guarantee against loss; it is a method used to help manage risk.

Funds are current as of 08/01/2024. Please see www.srslivewell.com for any applicable changes.

8. Electronic information and document delivery consent (eDelivery)

Do you consent to electronic delivery of documents? Yes No

Check the box(es) next to the type of documents you wish to receive electronically. If electronic delivery is authorized but no document type is selected, the selection will default to "All Documents."

All Documents Transaction Confirmations Statements (quarterly, annual, anniversary) General Correspondence

Account Holder's email address: _____

I understand that Sammons Institutional Group (SIG) will send me an email that will require my agreement and confirmation to begin receiving documents electronically, and that I will receive a notification email each time a new document is available for viewing. I confirm I have access to a computer and a web browser to view these documents. I understand I will need Adobe Acrobat Reader software to access any PDF documents. A free download of this software is available at <http://get.adobe.com/reader>. I understand that all documents provided in electronic or paper format from SIG will be considered received and binding.

I understand I can receive a paper copy of documents and/or revoke my consent at any time by calling SIG at 866-747-3421. This consent will terminate a) when I notify SIG to terminate; or b) when the account is terminated. I understand that SIG, at its sole discretion, reserves the right to discontinue electronic provision of documents and that notice of any such termination or change will be provided to me as required by law. SIG does not charge a fee for providing electronic documents; however, I may incur internet access charges, telephone charges, and other third-party charges when receiving electronic documents or downloading required software.

This consent applies to this account only. If multiple accounts are owned, electronic delivery must be elected for each. I understand that if I have a change of email, I will notify the company of this change.

9. Telephone, internet, and electronic medium transaction authorization

By initialing below, I hereby authorize and direct Sammons Institutional Group (SIG) to act on telephone, Internet or other electronic medium instructions, when proper identification is furnished (Social Security number, Tax Identification or other established identifiers) concerning, but not limited to, exchange of units between the funds, to change allocation of future contributions, to request partial withdrawals, and/or other authorized transactions. I agree that SIG is not liable for any losses or expenses arising from any exchange, change in allocation of future contributions or partial withdrawal by acting in accordance with telephone, Internet or other electronic medium instructions that they believe to be genuine. SIG will employ reasonable procedures to confirm that telephone instructions are genuine.

I understand that a confirmation statement for all transactions will be mailed to me at the address of record, or emailed to me if the electronic information and document delivery consent has been given; I acknowledge that I am responsible for promptly reviewing all confirmation statements. I agree to notify SIG of any erroneous or unauthorized transaction within thirty (30) days of my receipt of such confirmation statement.

Account Holder's initials

I authorize my Registered Representative(s) and their assistant(s) to enact changes to my Account on my behalf.

Account Holder's initials

I authorize the following individuals to enact changes to my Account on my behalf.

Name (first, middle initial, last): _____ Social Security number: _____

Name (first, middle initial, last): _____ Social Security number: _____

If a Social Security number is not provided, the proposed individual will not be authorized for certain transactions.

This authorization will remain in effect until: 1) SIG receives written or telephone notification from the Account Holder, or 2) the Account is terminated. In absence of initials, SIG will default to no authorization given for electronic and telephone transactions.

10. Acknowledgment, taxpayer certification, and signature

By signing this application, the Account Holder named above appoints UMB Bank n.a., or its successors, as Custodian of the Account established under the LiveWell® Individual Retirement Account custodial agreement and Traditional IRA Disclosure Statement, or Roth IRA Disclosure Statement, included with the application materials. The Account Holder states that he/she has received, read, and accepted the terms of the LiveWell® Individual Retirement Account custodial agreement and the LiveWell® Traditional IRA Account Disclosure Statement or Roth IRA Account Disclosure Statement. The Account Holder acknowledges receipt of current prospectus(es) of the mutual fund companies in which the assets of the Account may be invested. The Account Holder also consents to the Recordkeeping Fee(s) as specified in the Disclosure Statement, agrees to promptly give instructions to the Custodian necessary to enable the Custodian to carry out its duties under the Disclosure Statement, and represents that whenever information as to any taxable year is required to be filed with the Internal Revenue Service, the Account Holder will file such information with the Internal Revenue Service unless what is filed by the Custodian represents that any rollover contributions are eligible for rollover pursuant to the terms of the Internal Revenue Code, including but not limited to the requirement to reinvest such amounts within 60 days of the date of receipt of the distribution and the Custodian hereby agrees to accept this Agreement. The Account Holder and the Custodian agree to be bound by all of the provisions of the Account Agreement and Disclosure Statement incorporated herein by reference. I further understand that I must carefully review each Account confirmation statement or other documentation of transaction that I receive to ensure that my instructions have been properly acted upon. If any discrepancies are noted, I agree to notify Sammons Institutional Group (SIG) in a timely manner but in no event more than 30 days from receipt of such confirmation statement or documentation of transaction. Failure to notify one of the above entities on a timely basis will relieve such entities of any liability with respect to the transaction and any other discrepancy.

Under penalties of perjury, my signature certifies that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me);
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding;
3. I am a U.S. citizen or U.S. resident alien; and
4. I am exempt from FATCA reporting.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I confirm that I have access to a computer with internet access to view the fund prospectuses.

Account Holder's signature	Date signed (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>

11. Client BIN/Networking/Linking number

Client BIN/Networking/Linking number (For Registered Representative use only – not required by SIG) _____

12. Registered Representative's statement

I certify I have reviewed this application, determined all questions are answered fully, completely and accurately as supplied by the applicant, and recorded in full detail as required.

Registered Representative's full name (please print)

Business email address (REQUIRED)

Percentage (whole percentages only)

External Broker-Dealer ID

CRD number (REQUIRED)

Registered Representative's signature

Date signed (mm/dd/yyyy)

Additional Registered Representative's full name (please print)

Business email address (REQUIRED)

Percentage (whole percentages only)

External Broker-Dealer ID

CRD number (REQUIRED)

Additional Registered Representative's signature

Date signed (mm/dd/yyyy)

