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Member FINRA / SIPC

AUTHORIZED AGENT / ATTORNEY – IN – FACT INFORMATION

Account Number _____

Agent Name _____

Social Security Number _____

Date of Birth _____

U. S. Citizen Yes _____ No _____

If no, what country ? _____

BANK ACCOUNT REFERENCE

Name of Bank _____

Address _____

Account Number _____

Account Type : _____ Checking _____ Savings _____ Moneymarket

EMPLOYMENT INFORMATION

Name of Company _____

Position _____

Do you or the owner of this account work for or are affiliated
With a securities firm, bank insurance or trust company ? If yes,
Please specify _____

Are you or the owner of this account a director, officer, or 10%
shareholder on any publicly owned company? If yes, please
specify _____