



Account Services: Required Forms & Procedures

ROXANNE MCCLAM-ACCOUNT SERVICES TEAM LEAD

About Us

The Account Services Dept is responsible for all account updates on existing accounts. We process National Financial, Pershing, Fidelity IWS, TD, and some Direct Business. Our Dept is also in charge of Incoming Account Transfers for all new and existing accounts.

MEET THE TEAM:

Roxanne McClam- Account Services Team Lead

Anne Henderson- Account Services Processor

Lilian Perez- Account Services Processor

Anida Reese- Account Transfers Processor

Account Services Overview

- ▶ Account Transfers
- ▶ Change of Ownerships, REIT Transfers, and Redemptions
- ▶ Account Update Request and Required forms
- ▶ Alerts, Reports, & Helpful Training Tools

Account Transfers

- ▶ Required sections of the ACAT Form
- ▶ Additional Required Forms
- ▶ Best practices
- ▶ Common Mistakes

Pershing ACAT Form

Account Transfer Form

STEP 1. RECEIVING FIRM INFORMATION

Receiving Firm/Clearing Number 0443	Account Number
Primary Account Holder SSN/Tax ID	Secondary Account Holder SSN/Tax ID

ONLY ONE RECEIVING FIRM PER FORM.

Account Type (two-character code)

Account Type Codes

NONRETIREMENT			RETIREMENT		
SN Single	CU Custodian	IR Traditional IRA	4K 401k	4B 403b	
JT Joint	ES Estate	RI Roth IRA	SI Simple IRA	7b 457 Plan	
TR Trust	BC Bank Custody	DR Direct Rollover	QP Qualified Plan	Sp s20 Plan	
CT Contract	AG Agency	BI Beneficiary	EI Education Savings Account	HS Health Savings Account	
CO Corporate	OT Other	BR Beneficiary Roth IRA			

STEP 2. DELIVERING ACCOUNT INFORMATION

Clearing Number	Account Number
Firm Name	
Account Title (as it appears on your statement)	

Delivering Firm Contact Information (mandatory when clearing number is not provided)

Contact Name	Telephone Number	
Firm Address (no P.O. box)		
City	State	Zip/Postal Code

A COMPLETE COPY OF YOUR MOST RECENT BROKERAGE ACCOUNT STATEMENT IS NECESSARY TO PROCESS THIS FORM. NON-U.S. POSITIONS BEING TRANSFERRED INTO YOUR ACCOUNT WILL BE HELD IN U.S. DOLLARS UNLESS YOUR FINANCIAL FIRM INSTRUCTS PERSHING TO HOLD THE NON-U.S. POSITIONS IN THEIR ORIGINAL CURRENCY.

Account Transfer Form

Account Number

STEP 3. TRANSFER TYPE

Choose only one.

Account Transfer

- Full (check one below)
- Transfer all assets in kind (skip to Step 7).
 - Liquidate all assets listed in Step 4 (liquidations are not for brokerage accounts).
 - Transfer all assets in kind except for the assets listed in Step 4, which require liquidation.
- Partial (complete Step 4)

DRS/DRIP

- Full (check one below)
- Sell fractions and close account.
 - Transfer all full shares only.
- Partial (list assets in Step 4)

Direct Mutual Fund

- Transfer mutual funds from the account held directly at the fund company (see list in Step 4 for exact instructions).

Bank Retirement Plan Accounts (select only one)

- Liquidate immediately and transfer cash. I am aware of and acknowledge any penalty I will incur from an early withdrawal.
- Liquidate at maturity and transfer cash. Specify maturity date _____ (submit two to three weeks before maturity date).

FOR TRANSFER AGENTS, ELECTRONICALLY SEND POSITIONS OR ISSUE A CERTIFICATE FOR WHOLE SHARES AND REDEEM FRACTIONAL SHARES.

ONLY ONE FUND FAMILY PER FORM.

LIQUIDATIONS INVOLVING BANK CDs, CHECKING ACCOUNTS, OR SAVINGS ACCOUNTS CAN ONLY BE PROCESSED FROM RETIREMENT ACCOUNTS.

STEP 4. PARTIAL TRANSFERS, DIRECT MUTUAL FUNDS, AND LIQUIDATIONS

If there are more than eight assets, attach a signed list to this form.

QUANTITY	ASSET DESCRIPTION	CUSIP/SYMBOL	FUND ACCOUNT NUMBER	TRANSFER INSTRUCTIONS ¹	DIVIDEND OPTIONS ¹	CAPITAL GAIN OPTION ¹	ESTIMATED \$ VALUE
				<input type="checkbox"/> Transfer in Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	
				<input type="checkbox"/> Transfer in Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	
				<input type="checkbox"/> Transfer in Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	
				<input type="checkbox"/> Transfer in Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	
				<input type="checkbox"/> Transfer in Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	
				<input type="checkbox"/> Transfer in Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	
				<input type="checkbox"/> Transfer in Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	
				<input type="checkbox"/> Transfer in Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	

¹ 1. PERSHING HELD IN U.S. DOLLARS UNLESS OTHERWISE SPECIFIED.

NFS/IWS ACAT FORM

Transfer of Assets

Use this form to authorize the transfer of assets, currently at another firm, to your brokerage account held at National Financial Services LLC ("NFS"). Refer to the instructions page at the end of this form for more information.

1. Receiving Account Information

Transaction ID: _____
 Clearing through National Financial Services LLC ("NFS"); Clearing # 0026

Account Number: _____
 Account Owner/Trust/Entity Name: _____
 Social Security Number/ taxpayer ID Number: _____
 Additional Account Owner/Trust/Entity Name: _____
 Social Security Number/ taxpayer ID Number: _____

Receiving Account Type Check one

Nonretirement Accounts

Individual
 Joint
 Trust
 Corp/Business
 UGMA / UTMA
 Estate
 Other _____

Retirement Accounts

Traditional, SEP, or Rollover IRA
 ROTH IRA
 SIMPLE IRA
 Beneficiary IRA
 ROTH Beneficiary IRA
 Qualified Plan*

2. Account Being Transferred

Account Number: _____
 Account Owner/Trust/Entity Name: _____
 Delivering Firm Name: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Delivering Firm Phone: _____

Delivering Account Type Check one

Nonretirement Accounts

Individual
 Joint
 Trust
 Corp/Business
 UGMA / UTMA
 Estate
 Other _____

Retirement Accounts

Traditional, SEP, or Rollover IRA
 ROTH IRA
 SIMPLE IRA
 Beneficiary IRA
 ROTH Beneficiary IRA
 Qualified Plan*

3. Transfer Instructions Complete A, B, C, D, or E

If you do not instruct us otherwise, we will default to transfer in kind all eligible positions in the account. Money market mutual funds may be liquidated. National Financial Services LLC is NOT responsible for market fluctuations on requests with written liquidation instructions. Complete a separate Additional Assets Schedule if you need to list more securities.

All or some of the assets are Alternative Investments and a completed Alternative Investment Addendum and Custody Agreement is on file. Note: Some alternative investments may be restricted to certain account registrations.

A. Brokerage or Trust Company Transfer

Brokerage account transfers are in kind; liquidate assets at current firm prior to submitting this form if you wish to have assets transferred in cash. For Annuities, complete Section 3.C.

1. Transfer the entire account, in kind. (Skip to Section 4.)

2. Transfer only part of my account in kind, as detailed below:

Security Name or Symbol	# of Shares or "All"
Security Name or Symbol	# of Shares or "All"
Security Name or Symbol	# of Shares or "All"

B. Mutual Fund Company Transfer

Fund Name/Symbol and Account Number	# of Shares or "All"
<input type="checkbox"/> In Kind <input type="checkbox"/> Liquidate	
Fund Name/Symbol and Account Number	# of Shares or "All"
<input type="checkbox"/> In Kind <input type="checkbox"/> Liquidate	
Fund Name/Symbol and Account Number	# of Shares or "All"
<input type="checkbox"/> In Kind <input type="checkbox"/> Liquidate	

C. Bank or Credit Union Transfer Do NOT use this form to transfer a nonretirement bank checking account.

1. Transfer cash only. All cash will be transferred unless you indicate a different amount to transfer here.

Cash Transfer Amount: \$ _____

2. Liquidate CD immediately and send cash. You may be charged a penalty for early withdrawal.

3. Liquidate CD at maturity and send cash.

CD Maturity Date (MM/DD/YYYY): _____ The request must be submitted at least 21 days before maturity, and no more than 60 days before maturity.

3. Transfer Instructions continued

D. Annuity Transfer

All annuities must be surrendered (cash in), which could mean tax implications, penalties, fees, and loss of product features.

1. Full Annuity Surrender: Transfer the entire amount in cash immediately.

2. Penalty-Free Surrender: Transfer ONLY the penalty-free portion. If the penalty-free portion is the full balance, transfer the full balance.

3. Partial Annuity Surrender: Transfer the following cash amount:

Cash Amount: \$ _____

E. Transfer Agent Transfer

Security Symbol or Name: _____

1. Transfer all whole shares and sell fractions.

2. Transfer all whole shares only.

3. Transfer all whole shares, sell fractions, and close account.

4. Partial transfer of the following number of eligible whole shares:

Number of Shares: _____

4. Signatures and Dates All owners of both accounts must sign this form.

By signing below you instruct NFS and the Delivering Firm to act on all instructions given on this form and you acknowledge and agree that:

- The Delivering Firm ("Delivering Firm") will transfer the assets in your account in accordance with your transfer instructions above, to National Financial Services LLC ("NFS") and, if it is a Premier Select IRA or Premier Select Retirement Plan account, to Fidelity Management Trust Company ("FMTCo") as successor Custodian/Trustee.
- Affirm that you are aware of any tax or financial implications that may arise in connection with this transfer or with the sale or liquidation of any assets prior to transfer, including penalties, fees, financial losses, or loss of product features or benefits.
- Any assets not readily transferable might not be transferred within the time frames set by FINRA or other applicable authorities.
- You authorize the Delivering Firm to sell any non-transferable money fund shares, and any shares of other mutual funds that you have requested be sold, and transfer the proceeds as cash.
- You authorize the Delivering Firm to contact you about any assets that cannot be transferred.
- You authorize the Delivering Firm to deduct from your account any fees that you owe, and, if necessary, to sell assets in your account to pay those fees.
- You instruct the Delivering Firm to transfer any physical certificate in good deliverable form, including any necessary tax returns.
- You authorize the Delivering Firm to cancel any open orders on your account when it receives this form.
- You have destroyed or returned any credit/debit cards and unvoided checks associated with your account at the Delivering Firm, if doing that.
- If you are 70½ or older, this transfer will not violate IRS rules on required minimum distributions.
- If you are transferring a ROTH IRA, it is your responsibility to track the Five-Year Aging Date.
- If you are requesting to transfer a Traditional IRA or rollover IRA that may differ from the receiving IRA you maintain at NFS, you hereby authorize NFS to complete your IRA assets and you acknowledge this could limit your options for reinvesting your rollover IRA assets in an employer-sponsored plan in the future.
- If you are transferring to a Beneficiary Distribution Account ("BDA"), you accept full responsibility for complying with all inherited IRA transfer requirements.
- If you are transferring a SIMPLE IRA, you accept that contributions are first deposited to your Premier Select SIMPLE IRA by your employer, unless you provide a Date of First Participation.

If you are transferring an account with different ownership or registration than your NFS Account, all owners of both accounts must sign below.

Next Account Owner Name - First, MI, Last	MEDALLION SIGNATURE GUARANTEE
Account Owner Signature	Date MM-DD-YYYY
SIGN	
Next Account Owner Name - First, MI, Last	MEDALLION SIGNATURE GUARANTEE
Account Owner Signature	Date MM-DD-YYYY
SIGN	
Next Account Owner Name - First, MI, Last	MEDALLION SIGNATURE GUARANTEE
Account Owner Signature	Date MM-DD-YYYY
SIGN	
For Custodian/Trustee Use Only: Letter of Acceptance <input type="checkbox"/> Fidelity Management Trust Company (FMTCo) or <input type="checkbox"/> Other _____	
accepts appointment as successor custodian/trustee for the retirement account referenced herein. Transfer the account as instructed on this form, on a trustee-to-trustee basis, to the appropriate successor custodian/trustee, c/o National Financial Services LLC (NFS). NFS is an agent for FMTCo.	
Successor/Custodian/Trustee Representative	Signature
_____	_____
MM-DD-YYYY	MM-DD-YYYY

Change of Ownership & Alternative Investments

- ▶ Form Requirements
- ▶ How to Avoid NIGO's
- ▶ Best Practices

Change of Ownership & Direct Business

CHANGE OF OWNERSHIP FORM



PLEASE USE THIS FORM ONLY TO CHANGE OWNERSHIP ON ACCOUNTS HELD DIRECTLY AT THE SPONSOR COMPANY.
This form does not replace paperwork required by the sponsor.

Please check the appropriate box:

- Mutual Fund/UIT Variable Annuity Variable Life Insurance Alternative Investment
 529 Plan EIA/FA RIA TAMP
 A Client/Entity Profile Form is attached. A Client/Entity Profile Form is on file and is current.

1. CURRENT ACCOUNT INFORMATION

Registration Type: Individual JT WROS Estate Trust Other: _____
Company Name: _____ Account Number: _____
Account Registration Name: _____
Primary SSN/TIN: _____ Secondary SSN/TIN: _____

2. REASON FOR TRANSFER

Select only one of the two options listed below.

Re-registration (change of ownership, divorce/separation, transfer to a trust, etc.)

OR

Death (Inheritance) Date of Death (required): _____ mm/dd/yyyy

3. RECIPIENT ACCOUNT INFORMATION

Registration Type: Individual JT WROS Estate Trust Other: _____

Note: If the recipient is an estate, the estate's TIN must be provided below.

Company Name: _____ Account Number: _____
Account Registration Name: _____
Primary SSN/TIN: _____ Secondary SSN/TIN: _____

Change of Ownership form cont'd

RISK PROFILE QUESTIONNAIRE

ALL QUESTIONS BELOW SHOULD BE ANSWERED ACCORDING TO THE SPECIFIC ACCOUNT BEING OPENED.

This questionnaire is designed to gather information that helps identify your investment objectives, time horizon and investment risk profile, in order to assist your advisor in constructing a portfolio that is suited to meet your investment needs.

Instructions: Review each question and check the square next to the answer that is most applicable to you. Once you have completed the form, a Risk Analysis Score will be calculated for you. RiskPro® will use that Risk Score in order to provide you with a Risk Budget—an Estimated Annual Percentage Downside Tolerance Range, and an Estimated Annual Dollar Downside Tolerance—based on your account value.

1. What is your age?*

- a. Over 66 (2.5)
- b. 56-65 (5)
- c. 45-55 (7.5)
- d. Under 45 (10)

Value

2. How much cash reserves do you have outside of your investment plan?

- a. 3 months (2.5)
- b. 6 months (5)
- c. 9 months (7.5)
- d. Over 12 months (10)

Value

3. Indicate approximately how many years from today (Time Horizon) until you need to reach your primary investment goals for this account?*

- a. Within 1 to 4 years (2.5)
- b. Within 5 to 10 years (5)
- c. Within 11 to 20 years (7.5)
- d. More than 20 years (10)

Value

4. Which of the following statements best describes your reaction if the value of your portfolio suddenly declined by 15%?

- a. I would be very concerned because I cannot accept fluctuations in the value of my portfolio (2)
- b. I invest for long-term growth, and some income, but would be concerned about even a temporary decline (4)
- c. I invest for long-term growth but would be very concerned if the downturn were more than 15% (6)
- d. I invest for long-term growth and can accept some market fluctuation (8)
- e. I invest for long-term growth and accept market fluctuations as normal market risk for an aggressive portfolio (10)

Value

5. Which of the following statements most accurately reflects your feelings about the stock market?

- a. I am uncomfortable investing in the stock market and would prefer money markets for investments (2.5)
- b. While I would like the ability to participate in the stock market, I prefer more conservative positions and want a sizable portion of my holdings to be in fixed incomes (5)
- c. I want to participate in the stock market but prefer a mix of fixed incomes and growth oriented equities (7.5)
- d. I am committed to the stock market and am comfortable that, overtime, I should be rewarded for the extra risks involved in growth-oriented investing (10)

Value

6. When do you plan to begin withdrawing money from your investments? Value

- a. Less than 3 years (2.5)
- b. 3 to 5 years (5)
- c. 6 to 10 years (7.5)
- d. 11 years or more (10)

7. How optimistic are you about the long-term prospects for the economy? Value

- a. Pessimistic (2.5)
- b. Unsure (5)
- c. Somewhat optimistic (7.5)
- d. Very optimistic (10)

8. How long are you prepared to wait for your account to return to its original value after a down market? Value

- a. Less than 18 months (2.5)
- b. Between 18 months and two years (5)
- c. Between two and three years (7.5)
- d. More than three years (10)

9. Which of the following best describes your investment objectives? Value

- a. Preserving principal and earning a moderate amount of income (0)
- b. Generating a high amount of income (2.5)
- c. Generating some income and growing my assets (5)
- d. Moderately growing my assets (7.5)
- e. Growing my assets substantially (10 points)

10. What is your annual income requirement from this portfolio? Value

- a. More than 4% (2.5 points)
- b. 2% to 4% (5 points)
- c. 0% to 2% (7.5 points)
- d. I don't need income (10 points)

TOTAL SCORE

	Conservative	Moderate Conservative	Moderate	Moderate Growth	Growth
Score Range:	22–37.5	37.6–53.1	53.2–68.7	68.8–84.3	84.4–100
Tolerance Range:	0–8.83	8.84–17.67	17.68–26.51	26.52–35.35	35.6–44.2

Alternative Investments

- ▶ REIT Transfers
- ▶ REIT Redemptions
- ▶ Additional Required Forms
- ▶ Best Practices

Pershing's Alternative Investment Non-Retirement Account Network Form

Alternative Investment Non-Retirement Account Network Form

This form is to be utilized for the sole purpose of networking an Alternative Investment product(s) which are currently being held in a non-retirement account directly with the fund or fund administrator with regards to like to like registrations ONLY.

Complete all sections according to the instructions below. Please print or type all information. Return the completed form to your financial organization. You must attach your most recent brokerage account statement to process this account transfer.

STEP 1. ACCOUNT INFORMATION

Investor Name	Primary Investor SSN/Tax ID
Co-Investor Name or Name of Trust	Co-Investor SSN or Trust ID
Brokerage Account Number	

Account Type (two-character code)

Account Type Codes

Provide the two character account type code that most accurately describes your account.

NONRETIREMENT			
SN	Single	CU	Custodian
JT	Joint	ES	Estate
TR	Trust	BC	Bank Custody
CT	Cotrustee	AG	Agency
CO	Corporate	OT	Other

STEP 2. INVESTMENT INFORMATION

Provide a copy of the clients most recent statement from the fund or fund administrator.

Investment Name	Investor Account Number at Issuer (if applicable)
Investment Share class (if applicable)	Number of shares

Please provide the current Dividend Election option listed below (if applicable):

 CASH REINVEST

Alternative Investment Non-Retirement Account Network Form

STEP 3. INSTRUCTIONS AND SIGNATURES

This instruction requires all cash dividends, distribution and redemption proceeds be paid directly to Pershing and posted to your account.

Please accept this letter as authorization to provide to and permit Pershing LLC, acting on behalf of my Broker-Dealer, to share with the Issuer, information regarding my account position(s), activity and other account related information. I am aware and approve of Pershing acting as custodian for my account in accordance with SEC Rule 15c3-3. Furthermore, any future instruction regarding account changes, transfers, re-sales, and redemptions must be approved by Pershing LLC.

This form shall serve as an instruction until such time as the Issuer receives written notice of my election to revoke this instruction.

Please provide all authorized signatures in this step in order to finalize this transfer.

Investor(s)

Client

Print Name	Date
Signature	

Joint Client

Print Name	Date
Signature	

* Please note that certain sponsors may require client signature on fund specific re-registration documents along with this form in order to properly re-register this product to the clients Pershing brokerage account. Please check with the fund or fund administrator prior to submitting this request to ensure timely processing.

Send completed forms to:

Pershing LLC, One Pershing Plaza, Jersey City, NJ 07399 Attention: Alternative Investment Department, by Fax to (866)355-5572 or Online Upload via NetX360 with document type **BCAL**

Cost Basis* Please deliver Cost Basis Information to Pershing LLC, One Pershing Plaza, Jersey City, NJ 07399. Attention Cost Basis Department or fax to (866)355-5620

Tax Reporting* The responsibility in regards to the Tax Reporting must be completed by the issuer of this Alternative Investment product.

STEP 4. BROKER DEALER/REGISTERED INVESTMENT ADVISOR

To ensure the proper Broker Dealer and Registered Investment Advisor is updated with this request please complete ALL available sections in this step.

Broker Dealer/Registered Investment Advisor Name		
Address		
City	State	Zip/Postal Code
Province/Country/Subdivision	Country	



Client Liquidation Form



CLIENT LIQUIDATION FORM

THIS FORM IS TO BE USED ONLY WHEN A VARIABLE INSURANCE PRODUCT, MUTUAL FUND, ALTERNATIVE INVESTMENT OR EIA IN A DIRECT BUSINESS ACCOUNT IS SURRENDERED OR LIQUIDATED ON A SOLICITED BASIS AND THE FUNDS ARE NOT REINVESTED INTO A SECURITIES PRODUCT.

Account Registration Name _____, Acct. Number _____
 Example: Jane Smith Trust, Jane Smith IRA, Jane and John Smith 100-11111111
 Primary SSN/TIN* _____, Secondary SSN/TIN* _____
 *For Entity Registration, please only provide SSN/TIN for the entity.
 A Client/Entity Profile Form is attached. A Client/Entity Profile Form is on file and is current.

1. LIQUIDATION INFORMATION

My Client is Liquidating: Variable Insurance Product Mutual Fund/UIT Alternative Investment* EIA

1A. PRODUCT INFORMATION

Surrender Amount	Sponsor and Security Name	Original Investment	Original Purchase Date	CDSC and/or Penalties
1. _____	_____	\$ _____	_____	\$ _____
2. _____	_____	\$ _____	_____	\$ _____

1B. REASON FOR LIQUIDATION

1C. WHERE ARE THE LIQUIDATED FUNDS BEING PLACED?

1D. HAS YOUR CLIENT BEEN MADE AWARE OF ANY CDSC FEE(S), SURRENDER CHARGE, LOSS OF PRODUCT FEATURES AND/OR LOSS OF REDEMPTION VALUE?

Yes No. If no, please explain below.

*Alternative Investments Include REITs, BDCs, DPPs, LPs, Managed Futures and any other investment with limitations on liquidity.



Change of Address Requirements & Procedures

- ▶ Change of Address Procedures
- ▶ Form Requirements
- ▶ Best Practices

CHANGE OF ADDRESS AND PHONE NUMBER FORM

Member FINRA SIPC
KOVACK SECURITIES
KOVACK ADVISORS
A SECURITIES INVESTMENT ADVISOR

1. ACCOUNT(S) TO UPDATE

NFS Pershing Direct Business IWS TD Ameritrade

Primary Client Name _____ Primary SSN/TIN* _____
Secondary Client Name _____ Secondary SSN/TIN* _____
Company Name _____ Account Number _____
Company Name _____ Account Number _____
Company Name _____ Account Number _____
Company Name _____ Account Number _____


2. NEW ADDRESS AND PHONE NUMBER INFORMATION

Legal Address Change Mailing Address Change Both

Legal Address (No P.O. Box) _____
City _____ State _____ Zip _____ Country _____
Mailing Address (if different from above) _____
City _____ State _____ Zip _____ Country _____
Home Phone _____ Work Phone _____
Mobile Phone _____ Email _____

3. PREVIOUS ADDRESS AND PHONE NUMBER INFORMATION

Legal Address (No P.O. Box) _____
City _____ State _____ Zip _____ Country _____
Mailing Address (if different from above) _____
City _____ State _____ Zip _____ Country _____
Home Phone _____ Work Phone _____
Mobile Phone _____ Email _____

As of 11/01/15  *CAPN* [1 of 2]

Financial Investment, Client and Entity Profile Update Forms

➤ Financial and Investment Information Update Form

- Account Investment Objectives
- Account Investment Risk Tolerance
- Account Time Horizon

➤ Client Profile Update Form

- Client Information
- Financial Information
- Changes to employment, Driver License information and Adding a Trusted Contact

➤ Entity Profile Update Form

- Entity Information
- Entity Financial Information
- Authorized Person Information

Other Account Update Examples

Entity Account Updates:

➤ Trustee Update Due to Death/TTEE Resignation

- Trustee Certification Form
- Entity Profile Update Form
- Copy of the Full Trust
- Death Certificate/Resignation Letter
- W9 (if tax ID/SSN is changing)

➤ Authorized Person/Officer(s) Update

- Entity Profile Update Form
- Corporate/Non-Corporate Resolution
- Copy of the Legal Corporate/Plan Documents

➤ REG BI Forms

- Form CRS (Trust Accounts Only)
- Risk Profile Questionnaire
- REG BI Brokerage Account Disclosure

Continued Update Examples

- **Name Change Request**
 - Client Profile Update Form
 - LOI (include instructions of name change request)
 - Copy of Marriage Cert/Divorce Degree
 - Copy of DL
- **Adding POA**
 - Client Profile Update Form
 - Copy of Legal POA
 - Clearing Firm POA Form
 - Form CRS only
- **Beneficiary Changes**
 - Clearing Firms IRA Change of Beneficiary Form
 - Transfer of Death Individual/Joint Form
- **Margin and Option Agreements**
 - Form CRS
 - Recommendation Form
 - Risk Profile Questionnaire
 - REG BI Brokerage Account Disclosure

Processing Steps

- ▶ Step 1 – We receive request via email, fax, or already uploaded items in Docupace
- ▶ Step 2 – Review of Documents including completion of forms, adding of supportive documentation as needed, signature and date verifications
- ▶ Step 3 – Send for Principal Review and Approval
- ▶ Step 4 – Once approved processing of request begins
- ▶ Step 5 – Submit Request to appropriate Clearing Firm or Sponsor Company
- ▶ Step 6 – Submit to Pending Folder and Allow processing time
- ▶ Final Step – Follow-up, note work item, and complete from work flow accordingly

Clearing Firm Alerts, Reports, & Helpful Training Tools

Pershing

Fidelity

Questions?

Phone: 954-358-2836

Account Services Email:

accountservices@kovacksecurities.com

Account Transfers Email:

accounttransfers@kovacksecurities.com