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	Account Number	ONLY ONE RECEIVING FIRM PERFORM.
0443		FIRM FER FORM.
Primary Account Holder 55%/Tax ID	Secondary Account Holder SSN/Tax ID	

Account Type (two-character code)

Account Type Codes

NON	NONRETIREMENT			RETIREMENT						
SN	Single	CU	Custodian	IR	Traditional IRA	4K	40tk	48	403b	
π	Joint	ES	Estate	R	Rath IRA	9	Simple IRA	76	457 Plan	
TR	Trust	BC	Bank Custody	DR	Direct Rollover	QP	Qualified Plan	Sp	529 Plan	
СТ	Cotrustee	AG	Agency	BI	Beneficiary	B	Education Savings Account	HS	Health Savings Account	
CO	Corporate	OT	Other	BR	Beneficiary Roth IRA					

STEP 2. DELIVERING ACCOUNT INFORMATION

Clearing Number	Account Number			A COMPLETE COPY OF YOUR MOST
Firm Name				RECENT BROKERAGE ACCOUNT STATEMENT IS NECESSARY TO
Account Title (as it appears on your statement)				PROCESS THIS FORM. NON-U.S. POSITIONS BEING TRANSFERRED
Delivering Firm Contact Information (ma	ndatory when clea	ring number is not provid	ded)	INTO YOUR ACCOUNT WILL BE HELD IN U.S.
Contact Name	Telephone h	Ramber		DOLLARS UNLESS YOUR FINANCIAL FIRM
(Firm Addmiss (no P.O. bos))				TO HOLD THE NON- U.S. POSITIONS IN
C19	Sate	20p/Postal Code		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 clese account. Transfer all full shares only. Partial (list assets in Step 4)	FOR TRANSFER AGENTS, ELECTRONICALLY SEND POSITIONS OR ISSUE A CERTIFICATE FOR WHOLE SHARES AND REDEEM FRACTIONAL SHARES.
Direct Mutual Fund	ONLY ONE FUND
Transfer mutual funds from the account held directly at the fund company (see list in Step 4 for exact instructions).	FAMILY PER FORM.
Bank Retirement Plan Accounts (select only one)	LIQUIDATIONS
Liquidate Immediately and transfer cash.	INVOLVING BANK CDS,
I am aware of and acconvidege any penalty I will Incur from an early withdrawal.	CHECKING ACCOUNTS,

Light and a chowine ge any panaloy i will incur from an early withdrawal.
 CHECKING ACCOUNTS
 CHECKING ACCOUNTS
 CARCOUNTS
 CARCON TS
 CARCON TS

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	CUSIP/SYMBOL	FUND ACCOUNT	TRANSFER INSTRUCTIONS ¹	DIVIDEND OPTIONS ¹	CAPITAL GAIN OPTION [®]	STIMATED S VALUE
				Transfer in Kind	Cash Reinvest	Cash Reinvest	
				Transfer in Kind	Cash Reinvest	Cash Reinvest	
				Transfer in Kind	Cash Reinvest	Cash Reinvest	
				Transfer in Kind	Cash Reinvest	Cash Reinvest	
				Transfer in Kind	Cash Reinvest	Cash Reinvest	
				Transfer in Kind	Cash Reinvest	Cash Reinvest	
				Transfer in Kind	Cash Reinvest	Cash Reinvext	
				Transfer in Kind Liquidate	Cash Reinvest	Cash Reinvest	

NFS/IWS ACAT FORM

Clearing through National Financial Servi LLC ("NFS"): Clearing # 0226

Transfer of Assets

n 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 count Information	2. Account Bei	
Account Namber		Account Number	DTC Number
Account Owner/Trust/Entity Name		Account Owner/Trad/Entity Namepo	
Social Security Number/Toqueyer ID Num		Delivering Firm Name	
Additional Account Overset NumPrintly		Address	City
Social Security Number/Toquyer ID Num	bor	State Zp Code	Dolivering Rm Phone
Receiving Account Type Che	ct one	Delivering Account Type C	heck one.
Nonretirement Accounts Individual Joint Trust Corp/Business UGMA/UTMA Estate	Retirement Accounts Traditional, SEP, or Rollover IRA Roth IRA SMPLE IRA Beneficiary IRA Roth Beneficiary IRA CouldFare*	Nonretinement Accounts Individual Joint Truat Corp/Business UGMA/UTMA Estate	Retirement Accounts Tractitonal, SEP, or Rollover IRA Roth IRA SIMPLE IRA Beneficiary IRA Roth Beneficiary IRA OutHied Plan*

* Qualified Plan options offered under the Premiere Select Retirement Plan Include Profit Sharing and Money Purchase plans.

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

Other_

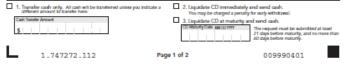
If you do not instruct us otherwise, we will default to transfer in kind all eligible positions in the account. Money market mutual funds may be liquidated. National Financial Services LLC is NOT responsible for market fluctuation on requests with written liquidation instruc Complete a separate Additional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

Other

AI 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 1	Transfer	B. Mutual Fund Company Transfer					
Brokerage account transfers are in ki firm prior to submitting this form if y transferred in cash. For Annulties, cor	nd; liquidate assets at current ou wish to have assets relete Section 3.D.	Fund Name/Symbol and Account Number	# of Shares or "All"				
1. Transfer the entire account, In K		In Kind Liquidate					
 2. Transfer only part of my account 		Fund Name/Symbol and Account Namber	# of Shares or "All"				
Security Name or Symbol	# of Stams or "All"						
		In Kind Liquidate					
Security Name or Symbol	# of Sharm or "All"	Fund Name/Symbol and Account Namber	# of Shares or "All"				
Security Name or Symbol	# of Stams or "All"						
secarity hame or symbol	# of Shares of "All"	In Kind Liquidate	-				

C. Bank or Credit Union Transfer Do NOT use this form to the



3. Transfer Instructions continued Transfer Agent Transfer D. Annuity Transfer unity Symbol or Name All annuities must be surrendered (cashed in), which could mean tax implications, penalties, fees, and loss of product features. 1. Full Annuity Sumender Transfer the entire amount in cash immediately . Transfer all whole shares and sell fractions 2. Penalty-Free Summeder Transfer CNLY the penalty-the portion. If the penalty-free portion is the full balance, transfer the full balance. Transfer all whole shares only. Transfer all whole shares, sell fractions, and dose account. 3. Partial Annuity Summedian Transfer the following cash amount: F Partial transfer of the following number of eligible whole 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 admowledge and agree that: Is ad on all individual given on this form and you advocked to build b The delivering firm ("Delivering Firm") will transfer the assets in your account in adcordance with your transfer instructions above, to National Finandal Services LLC ("NST) and, if to a Premiers Select IBA or Premiers Select Reforment Plan account, to If you are transferring a bittle (A), if is your independently to tool the New-New Aging Date. Tool and the New New Aging Date. Tool and the New Aging Date. Tool and Date. < Fidelity Management Trust Company ("FMTC") as successor Cutlodian/Trustee. Affirm that you are aware of any tax or financial an ensured eponeous part in the statute I you are brankering to a Beneficiary Distribution Account ("BDA"), you accept full responsibility for complying with all inherited IRA formatier requirements. implications that may arise in connection with this transfer or with the sale or liquidation of any asset prior to transfer, including penalties, fees, financial losses, or losses of product features or benefits. Instant or possible results or partners, Any save hor readly transferable might not be transferred within the time transmet by FINRA or other applicable authorities. You authorize the Delivering Firm to sell any non-transferable money fund strates, and any strates of other mutual fund that you have expediated be sold. If you are transferring a SIMPLE IRA, you accept that the Date of Rint Participation will be the date that Retrement Accounts contributions are first deposited to your Premiere Select SIMPLE IRA by your employer, unless you If you are 70% or older, this transfer will not violate IRS rules on required minimum distributions. and transfer the proceeds as cash. If you are transferring an account with different ownership or registration than your NFS Account, all owners of both accounts must sign below. **V** NATURE GUARANTEE



Change of Ownership & Alternative Investments

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

Change of Ownership & Direct Business

CHANGE OF OWNERSHIP FORM

KOVACK SECURITIES KOVACK ADVISORS AN SEC REGISTERED EVESTMENTADVIOR

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:

529 Plan

Mutual Fund/UIT 🛛 Variable Annuity Variable Life Insurance

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

Alternative Investment

2. REASON FOR TRANSFER

OR

Select only one of the two options listed below.

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

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

3. RECIPIENT ACCOUNT INFORMATION

Individual JT WROS Estate **Registration Type:**

Other: Trust Note: If the recipient is an estate, the estate's TIN must be provided below. Account Number: Company Name: 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?* Value a. Over 66 (2.5) b. 56-65 (5) c. 45-55 (7.5) d. Under 45 (10) 2. How much cash reserves do you have outside of your investment plan? Value a. 3 months (2.5) b. 6 months (5) c. 9 months (7.5) d. Over 12 months (10) 3. Indicate approximately how many years from today (Time Horizon) until you need to reach your primary investment goals for this account?* Value a. Within 1 to 4 years (2.5) Value b. Over 12 months (10) Value c. Within 5 to 10 years (5) Value c. Within 1 to 4 years (2.5) Value b. Within 5 to 10 years (7.5) Value d. More than 20 years (10) Value 4. Which of the following statements best describes your reaction if the value of my portfolio suddenly decline (4) Value a. I would be very concerned because I cannot accept fluctuations in the value of my portfolio (2) Value b. I invest for long-term growth but would be very concerned about even a temporary decline (4) Value		ud et a	
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		a sizable portion of my holdings to be in fixed incomes (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)			

6.	When do you p	lan to begin withdraw	ing money from your investment	s?		Value		
	b. 🔲 3 to 5 y c. 🔲 6 to 10	an 3 years (2.5) years (5) years (7.5) s or more (10)						
7.	How optimistic	are you about the long	g-term prospects for the economy	?		Value		
	b. 🗆 Unsure c. 🔲 Somew	stic (2.5) (5) hat optimistic (7.5) timistic (10)						
8.	How long are y	ou prepared to wait fo	r your account to return to its orig	jinal value after a do	wn 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 fo	llowing 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.	a. More the b. 2% to 4 c. 0% to 2	nnual income requireme nan 4% (2.5 points) 4% (5 points) 2% (7.5 points) need income (10 points)	ent from this portfolio?			Value _		
					TOTAL	SCORE		
		Conservative	Moderate Conservative	Moderate	Moderate Growth	G	rowth	
Sco	re Range:	22-37.5	37.6–53.1	53.2-68.7	68.8-84.3	84	.4–100	
Tole	erance Range:	0-8.83	8.84-17.67	17.68-26.51	26.52-35.35	35	.6-44.2	

RiskPro[®] is a risk analysis tool that provides info is affiliated with Pacific Financial Group, LLC, Financial Group, Inc., a registered investment a their advisor or The Pacific Financial Group, Inc.



Alternative Investments

REIT Transfers

REIT Redemptions

Additional Required Forms

Best Practices

NFS/IWS Alternative Investment Request: LOI





Alternative Investment

Request for Transaction Letter of Instruction (LOI)

Use this form to requed all types of Alternative Investment transactions escept capital call requests. DO NOT complete this form to request a purchase in a Premiero Select' Retrement Pan Account. Type on schen or fill in using CAPITAL letters and black init. If you need mole score for information or a granume, use a copy of the interact page.

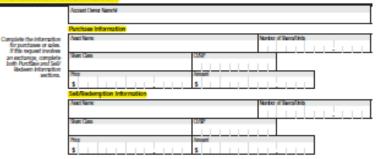
Helpful to Know

In adviced that National Francial Services LLC ("NFS") is submitting the alternative investment partnase or extemption on your behalf. In the event NFS is unable to confirm the transaction with the loaver, NFS may bite action with respect to your account including removal of the alternative investment position from your account. Further, NFS shall present a redemption request to the loaver on your behalf but NFS is not responsible in the event the loaver does not remit the proceed to NFS.

A signed Fund Subscription Agreement must accompany this required, if applicable.

 You must sign this form and return it to your investment representative. The Alterative Investments Addendum and Castody Agreement ("Addendum") must be completed prior to the initiation" of an alterative Investment transaction and the account must be funded on have cash available for purchase in the account before an alternative Investment Transaction and Dis processed.

Transaction Information



Signatures and Dates Form cannot be processed without signatures and dates.

By signing below, your Indennity and hold tarmiess your Brokes/ Dealer, NFS, FMTC, their officen, directors, Authorize your Broken/Dealer and National Represent that, before submitting this Reancial Services LLC ("NFS"), as agent reduced to NES you have received and for Fidelity Management That Company employees, agents, affiliates, shareholders, reviewed the terms of the private placement. ("FMTC"), if applicable, to submit the transaction as instructed on this form to the memorandum, term sheet or other disclosure documents and acreements affecting or pertaining to the Atlentative Investments. successors, alligns and representatives from any claims or losses that may occur as issuer and to take such other actions as may a manif of this transaction. be receivery to complete such transaction Accordings that you have responsibility for the investment and take full responsibility Understand that this request and any resulting transactions are subject to the terms. including delivery and receipt of funds to or from your account and the lower as may for determining the appropriateness and and conditions of the Addendum be required. subplity of the Alternative Investments.

continued on next page

National Reancial Services LLC, Member NYSE, SPC

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Page 1 of 2

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 nonretirement 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)

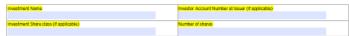
Account Type Codes

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

NONRETI	REMENT		
SN	Single	CU	Custodian
JT	Joint	ES	Estate
TR	Trust	BC	Bank Custody
СТ	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



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.

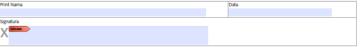
This form shall serve as an instruction until such time as the Issuer receives written notice of my election to revoke this instruction.

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

Investor(s)



Joint Client



* 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 <u>BCAL</u>

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/County/Subdivision		Country					

Client Liquidation Form

CLIENT LIQUIDATION FORM

KOVÁCK SECURITIES KOVÁCK ADVISORS

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 Registral	tion Name				Acct. Number	
Exerpto: Ine Sei	th Trust, J ane Se	ith IKA, Jane and John Sm	in IOD-ITWINOS			
Primary SSN/TIN				Secondary SSN/T	IN	
*For Entity Registre	atten, piezse or	ay provide SSNITIN for th	e entry.			
A Client/Entity	y Profile Form b	attached.	A Client	Entity Profile Form I	s on file and is current.	
1. LIQUIDATI	ON INFORM	IATION				
My Client Is Liqui	idating	Variable Insurance	Product 🗆	Mutual Fund/UIT	Alternative investment*	EIA
1A. PRODUCT IN	FORMATION					
Surrender Amount	Sponsor and	Security Name	Ori	ginal investment	Original Purchase Date	CDSC and/or Panalties
1						5
2.			5			\$
1B. REASON FOR	LIQUIDATION	l				
1C. WHERE ARE	THE LIQUIDAT	ED FUNDS BEING PLAC	ED?			
1D. HAS YOUR C REDEMPTION		ADE AWARE OF ANY C	DSC FEE(S), SUR	RENDER CHARGE,	LOSS OF PRODUCT FEATURES	AND/OR LOSS OF
⊡ Yes □	No If no, pi	ease copiain below.				
*Atemative Invest	ments Indusie i	REITS, BDCS, DPPS, IPS, M	tanaged Futures a	nd any other invest	ment with limitations on Equid	ġ.

As of 11,0015

Change of Address Requirements & Procedures

- Change of Address Procedures
- Form Requirements
- Best Practices

CHANGE OF ADDRESS AND PHONE NUMBER FORM								
1. ACCOUNT(S) TO UPDATE								
I NFS I Pershing	Direct Business	🗆 🚻 🔲 🗂 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						
Legal Address (No P.O. Box)	State	Zp Country						
Mailing Address ()f different from a								
City	State	ZipCountry						
Home Phone		Work Phone						
Mobile Phone		Email						
MODIE FIDIE								
3. PREVIOUS ADDRESS AND	PHONE NUMBER INFORM	ATION						
	PHONE NUMBER INFORM	IATION						
3. PREVIOUS ADDRESS AND Logal Address (No P.O. Box)	State							
3. PREVIOUS ADDRESS AND Legal Address (No P.O. Box) City. Mailing Address (If different from a	State Bove)	_ ZipCountry						
3. PREVIOUS ADDRESS AND Legal Address (No P.O. Box) City Mailing Address (If different from a City	State							
3. PREVIOUS ADDRESS AND Legal Address (No P.O. Box) City. Mailing Address (If different from a	State Bove)	_ ZipCountry						



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