

Firm Contact & Principal Assignment

Use this form to assign a firm; designate principals/authorized officers; add, update or remove authorized interested parties or designated representatives on an Account(s) held at PENSCO Trust Company (PENSCO).

1 FIRM INFORMATION

Type of Firm: RIA Broker/Dealer Bank Other: _____

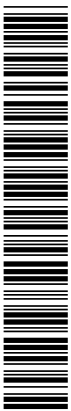
CRD NO. (IF APPLICABLE)		FIRM NAME		TAX ID NO.
FIRM PRIMARY CONTACT (FIRST, MI, LAST)				
ADDRESS (PRINCIPAL PLACE OF BUSINESS)				
CITY	STATE/PROVINCE	COUNTRY	POSTAL CODE	
PRIMARY PHONE			FAX	
EMAIL			WEBSITE	

2 PRINCIPAL/AUTHORIZED OFFICER

2A PRINCIPAL/AUTHORIZED OFFICER #1

Action Requested: Add Update Remove Social Security No.: _____

NAME (FIRST, MI, LAST)		TITLE		
ADDRESS				
CITY	STATE/PROVINCE	COUNTRY	POSTAL CODE	
PRIMARY PHONE			FAX	
EMAIL			PENSCO CONTACT ID NO.	



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2B PRINCIPAL/AUTHORIZED OFFICER #2

Action Requested: Add Update Remove Social Security No.: _____

NAME (FIRST, MI, LAST)		TITLE	
ADDRESS			
CITY	STATE/PROVINCE	COUNTRY	POSTAL CODE
PRIMARY PHONE		FAX	
EMAIL		PENSCO CONTACT ID NO.	

3 AUTHORIZED INTERESTED PARTY (AIP)

Action Requested: Add Update Remove

Access Rights: Information Only Account Update (non-transactional)

NAME (FIRST, MI, LAST)		SOCIAL SECURITY NO.	
ADDRESS			
CITY	STATE/PROVINCE	COUNTRY	POSTAL CODE
PRIMARY PHONE		FAX	
EMAIL		PENSCO CONTACT ID NO.	

	SIGNATURE (REQUIRED FOR ADD OR UPDATE)	TITLE

4 DESIGNATED REPRESENTATIVE INFORMATION

- Full access to designated accounts. **PLEASE ATTACH LIST OF CLIENT NAMES AND ACCOUNT NUMBERS.**

Action Requested: Add Update Remove

DESIGNATED REPRESENTATIVE (DR) NAME (FIRST, MI, LAST)		SOCIAL SECURITY NO.	
DR OFFICE NAME		DR BROKER-DEALER NAME	
DR INDIVIDUAL CRD NO.		DR FIRM CRD NO.	
DR REPRESENTATIVE NO.		DR BRANCH NO.	
DR MAILING ADDRESS			
CITY	STATE/PROVINCE	COUNTRY	POSTAL CODE
BUSINESS PHONE NO.	CELL PHONE NO.	FAX NO.	
EMAIL		PENSCO CONTACT ID NO.	
SIGNATURE (REQUIRED FOR ADD OR UPDATE)		TITLE	

5 COMPLIANCE OFFICER

Action Requested: Add Update Remove Social Security No.: _____

NAME (FIRST, MI, LAST)		TITLE	
ADDRESS			
CITY	STATE/PROVINCE	COUNTRY	POSTAL CODE
PRIMARY PHONE		FAX	
EMAIL		PENSCO CONTACT ID NO.	

6 AUTHORIZATION

Principals and Authorized Officers will have access to all client Accounts represented by the firm. You agree to advise PENSICO Trust Company (PENSICO) promptly in writing of any additions, updates, or deletions. If not all current Principals and Authorized Officers are signing below, please attach a Corporate Resolution authorizing these Principals and Authorized Officers to sign on behalf of the firm. By signing this agreement I acknowledge that I have received, read and agree to abide by the terms of the accompanying Advisor or Broker Services Agreement, and PENSICO Client Account Owner Agreement and Disclosure Statements (available on the PENSICO website), which both contain pre-dispute arbitration clauses.

The undersigned acknowledges that the content of this form is true and accurate.

	PRINCIPAL / AUTHORIZED SIGNATURE	DATE
	PRINTED NAME	

	PRINCIPAL / AUTHORIZED SIGNATURE	DATE
	PRINTED NAME	

	COMPLIANCE OFFICER SIGNATURE	DATE
	PRINTED NAME	

Upload forms to:
www.pensico.com/upload

Fax to: 303-614-7040

Send mail to:
PENSICO
P.O. Box 173859
Denver, CO 80217-3859

For express deliveries:
PENSICO
1560 Broadway, Suite 400
Denver, CO 80202-3331

Questions?
Call 800-962-4238

PENSICO Trust Company performs the duties of an independent custodian of assets for self-directed individual and business retirement accounts and does not provide investment advice, sell investments or offer any tax or legal advice. Clients or potential clients are advised to perform their own due diligence in choosing any investment opportunity as well as selecting any professional to assist them with an investment opportunity. Alternative investments are not FDIC insured and are subject to risk, including loss of principal.

INVESTMENT PRODUCTS: NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE