



AFFILIATED PARTY ONLINE ACCESS REQUEST

GENERAL INSTRUCTIONS

Use this form to request online access for individuals who are affiliated to one or more Financial Representatives (e.g., office assistant) so they may assist in the day to day activities of the office of the Financial Representative(s); or, to request online access to enable a Compliance Officer of a Broker Dealer or a Branch Manger of a Broker/Dealer to obtain online access so they may obtain information to assist them in their efforts to comply with their supervisory obligations (the "Affiliated Party").

Upon receipt of a completed form, PENSICO Trust Company (PENSICO) will create an internal Contact I.D. for the Affiliated Party that can be used to create a User ID and password at www.pensco.com. Without this form, only one registration is allowed per Financial Representative. If you have questions about this online service, call our Client Service Team at 1-800-962-4238.

IMPORTANT: In the event that the Affiliated Party ceases to act in their capacity for the Financial Representative or Broker/Dealer, it is the responsibility of the Financial Representative in the case of an Account Manager, or the successor to the Managing Representative or Broker/Dealer Compliance Representative to notify PENSICO immediately so the access rights of the former Affiliated Party may be revoked. In such instances, it will be necessary for any successor to the Affiliated Party to obtain online access by completing a new Affiliated Party Online Access Form.

AFFILIATED PARTY INFORMATION

(Check one)

Account Manager – an individual who works for multiple representatives in one office.

Should this Account Manager be given online trading access?

(Check one below. If nothing is checked, the default is **No** online trading)

Yes No

Branch Manager – a person supervising multiple representatives in one office/branch.

(Online access is limited to viewing of account information only).

Broker/Dealer Compliance Representative – a person supervising multiple representatives in a Broker/Dealer office.

(Online access is limited to viewing of account information only).

First Name: _____ MI: _____ Last Name: _____

Title: _____

Broker/Dealer Affiliation: _____

Company Name: _____

Address: _____

City: _____ State/Province: _____

Country: _____ Postal Code: _____

Primary Phone: _____ Type: Cell Home Business

Other Phone: _____ Type: Cell Home Business

Fax: _____

Representative Number (if applicable): _____

Email Address: _____

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

ACCESS TO ACCOUNT INFORMATION

The Affiliated Party will be able to view client account information for every Financial Representative listed in the section below. Please include any joint representative names and numbers, e.g., Smith/Jones/Thomas. **We require signatures from all Financial Representatives, including both Financial Representatives in the event there are two named by an account owner to act on their behalf for an account.**

(If there is not enough space, please attach a separate spreadsheet with requested information and signatures.)

Financial Representative Name	Financial Representative CRD Number	Provide 1 Client Account Number per Financial Representative	Financial Representative Signature(s)

PLEASE INDICATE HOW WE SHOULD NOTIFY YOU ONCE A CONTACT I.D. HAS BEEN CREATED:

Call me Fax

ACKNOWLEDGMENT AND SIGNATURE OF AFFILIATED PARTY

- By signing below, the Affiliated Party acknowledges that he or she is either: 1) an employee of a Financial Representative who has been designated by one or more PENSCO Account Owners, and whose job responsibilities require that they have online access to perform their duties on behalf of the Financial Representative(s); or 2) a Branch Manager or Compliance Officer of a Broker/Dealer who is responsible for supervising the activity of one or more Financial Representatives, and who must have online access to assist in that process.
- The Affiliated Party further acknowledges that he or she will only use the information obtained on the PENSCO website for the purposes described above, and that he or she will comply with all of the requirements outlined in the Terms and Conditions described in the Website User Agreement, all federal and state Privacy Laws as well as federal and state securities laws.
- The Affiliated Party and Financial Representatives who signed above hereby acknowledge that PENSCO reserves the right to withdraw access to its website at any time for any reason, and that the Affiliated Party will cease using the website immediately if he or she is terminated in their capacity as described above. The Affiliated Party and Financial Representatives further acknowledge that PENSCO and its related entities are not responsible for monitoring the activity of an Affiliated Party on the PENSCO website, and each indemnify and hold PENSCO and its related entities harmless for any acts or omissions of the Affiliated Party.



Signature of Affiliated Party

Date (required)

Upload forms to:
www.pensco.com/upload

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

For express deliveries:
PENSCO
1560 Broadway, Suite 400
Denver, CO 80202

Questions?
Call 1-800-962-4238

Fax to: 303-614-7034

For PENSCO Trust Company use only:

Date received: _____ Processed by: _____ Phone extension: _____

PENSCO does not provide investment advice, does not sell investments, and does not offer tax or legal advice. PENSCO does not evaluate, recommend or endorse any advisory firm or investment. Investments are not FDIC insured and are subject to risk, including the loss of principal.