

# Entity Information

## Entity Information & Certification

EID

Account Number

Rep ID

**Instructions:** Submit this form when an entity account or Omnibus relationship is opened. An entity account is an account opened for a corporation, partnership, LLC, sole proprietorship, non-profit or other non-corporation. It designates individuals who are authorized to give instructions on behalf of the entity.

Please email the completed document(s) to [imaging\\_email@lpl.com](mailto:imaging_email@lpl.com), or fax to (858) 202-8325.

### Section I: Entity Information & Documentation

#### 1. Entity Information

Name of Entity

What type of entity? (select one)

- C Corporation       S Corporation       Non-Profit  
 Sole Proprietorship       Partnership       Limited Liability Corporation

Optional: Legal Entity Identifier (LEI):

More information about the LEI can be found at [www.gleif.org](http://www.gleif.org).

#### 2. Entity Documentation (Indicate which document is attached for the entity)

- Business License       Certificate of Good Standing       Partnership Agreement  
 Operating Agreement       Articles of Organization       Articles of Incorporation       IRS Form 990

| Document Number (Tax ID/SSN not acceptable) | Place of Issuance    | Document Issuance Date | Document Expiration Date (if applicable) |
|---|----------------------|------------------------|--|
| <input type="text"/>                        | <input type="text"/> | <input type="text"/>   | <input type="text"/>                     |

### Section II: Authorized Individual Information - Complete subsection for each Authorized Individual

#### 1. Authorized Individual Name

|   |                        |                      |                      |
|---|------------------------|----------------------|----------------------|
| Authorized Individual Name  | Social Security Number | Date of Birth        | ID Number            |
| <input type="text"/>  | <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| Residence Address (no P. O. Boxes) <input type="checkbox"/> Same as mailing address | Country of Citizenship | ID Type              | ID Issuance Date     |
| <input type="text"/>  | <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| <input type="text"/>  | Home Phone             | ID Place of Issuance | ID Expiration Date   |
| <input type="text"/>  | <input type="text"/>   | <input type="text"/> | <input type="text"/> |

Is this account for the benefit of a Politically Exposed Person (PEP)\*?       Yes       No

If yes, define PEP position:

\*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.

*The Trusted Contact person is intended to be a resource for LPL in administering your accounts, protecting your assets, and responding to possible financial exploitation (refer to account packet/agreement for more details). Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.*

I decline to provide a trusted contact person at this time.

Trusted Contact Name  Trusted Contact Email

Trusted Contact Address

Trusted Contact Primary Phone  Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other)



**Section II: Authorized Individual Information - Complete subsection for each Authorized Individual (continued)**

Mark here and complete the FINRA information if you, your spouse, domestic partner, or other immediate family member is a FINRA employee, person associated with a broker/dealer, or municipal securities dealer. By completing and signing this new account application, you authorize LPL to transmit duplicate statements, confirmations and other information concerning the account and its existence to FINRA, the broker/dealer, or municipal securities dealer as applicable.

|   |  |  |
|---|--|--|
| Full Name of Person Associated with Firm or FINRA | Your Relationship to the person associated with the Firm | The name of the associated Firm (if FINRA, list FINRA) |
| <input type="text"/>                              | <input type="text"/>                                     | <input type="text"/>                                   |

|   |  |
|---|--|
| Address of Person Associated with Firm or FINRA | Corporate Compliance Mailing Address of Firm |
| <input type="text"/>                            | <input type="text"/>                         |

Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.

**2. Authorized Individual Information**

|   |                        |                      |                      |
|---|------------------------|----------------------|----------------------|
| Authorized Individual Name  | Social Security Number | Date of Birth        | ID Number            |
| <input type="text"/>  | <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| Residence Address (no P. O. Boxes) <input type="checkbox"/> Same as mailing address | Country of Citizenship | ID Type              | ID Issuance Date     |
| <input type="text"/>  | <input type="text"/>   | <input type="text"/> | <input type="text"/> |
| <input type="text"/>  | Home Phone             | ID Place of Issuance | ID Expiration Date   |
|   | <input type="text"/>   | <input type="text"/> | <input type="text"/> |

Is this account for the benefit of a Politically Exposed Person (PEP)\*?  Yes  No  
 If yes, define PEP position:

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I decline to provide a trusted contact person at this time.

|                      |                       |
|----------------------|-----------------------|
| Trusted Contact Name | Trusted Contact Email |
| <input type="text"/> | <input type="text"/>  |

Trusted Contact Address

|                               |   |
|-------------------------------|---|
| Trusted Contact Primary Phone | Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other) |
| <input type="text"/>          | <input type="text"/>  |

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|---|--|--|
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| <input type="text"/>                              | <input type="text"/>                                     | <input type="text"/>                                   |

|   |  |
|---|--|
| Address of Person Associated with Firm or FINRA | Corporate Compliance Mailing Address of Firm |
| <input type="text"/>                            | <input type="text"/>                         |

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**Section II: Authorized Individual Information - Complete subsection for each Authorized Individual (continued)**

**3. Authorized Individual Information**

|   |  |  |  |
|---|--|--|--|
| Authorized Individual Name<br><input type="text"/>  | Social Security Number<br><input type="text"/> | Date of Birth<br><input type="text"/>        | ID Number<br><input type="text"/>          |
| Residence Address (no P. O. Boxes) <input type="checkbox"/> Same as mailing address<br><input type="text"/> | Country of Citizenship<br><input type="text"/> | ID Type<br><input type="text"/>              | ID Issuance Date<br><input type="text"/>   |
| <input type="text"/>  | Home Phone<br><input type="text"/>             | ID Place of Issuance<br><input type="text"/> | ID Expiration Date<br><input type="text"/> |

Is this account for the benefit of a Politically Exposed Person (PEP)\*?  Yes  No

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I decline to provide a trusted contact person at this time.

|  |   |
|--|---|
| Trusted Contact Name<br><input type="text"/> | Trusted Contact Email<br><input type="text"/> |
|--|---|

Trusted Contact Address

|   |   |
|---|---|
| Trusted Contact Primary Phone<br><input type="text"/> | Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other)<br><input type="text"/> |
|---|---|

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|   |  |  |
|---|--|--|
| Full Name of Person Associated with Firm or FINRA<br><input type="text"/> | Your Relationship to the person associated with the Firm<br><input type="text"/> | The name of the associated Firm (if FINRA, list FINRA)<br><input type="text"/> |
|---|--|--|

|   |  |
|---|--|
| Address of Person Associated with Firm or FINRA<br><input type="text"/> | Corporate Compliance Mailing Address of Firm<br><input type="text"/> |
|---|--|

Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.

**4. Authorized Individual Information**

|   |  |  |  |
|---|--|--|--|
| Authorized Individual Name<br><input type="text"/>  | Social Security Number<br><input type="text"/> | Date of Birth<br><input type="text"/>        | ID Number<br><input type="text"/>          |
| Residence Address (no P. O. Boxes) <input type="checkbox"/> Same as mailing address<br><input type="text"/> | Country of Citizenship<br><input type="text"/> | ID Type<br><input type="text"/>              | ID Issuance Date<br><input type="text"/>   |
| <input type="text"/>  | Home Phone<br><input type="text"/>             | ID Place of Issuance<br><input type="text"/> | ID Expiration Date<br><input type="text"/> |

Is this account for the benefit of a Politically Exposed Person (PEP)\*?  Yes  No

If yes, define PEP position:

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**Section II: Authorized Individual Information (continued)**

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I decline to provide a trusted contact person at this time.

Trusted Contact Name  Trusted Contact Email

Trusted Contact Address

Trusted Contact Primary Phone  Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other)

Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

Full Name of Person Associated with Firm or FINRA  Your Relationship to the person associated with the Firm  The name of the associated Firm (if FINRA, list FINRA)

Address of Person Associated with Firm or FINRA  Corporate Compliance Mailing Address of firm

Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.  Name of Corporation(s)



**Section III: Certification**

**1. Acknowledgment**

I certify that I am authorized by my entity's documents to open an account(s) in my entity's name with LPL Financial, LLC ("LPL").

Furthermore, that the entity is duly authorized and permitted by its documents, and I am authorized on the entity's behalf to:

- (1) Deliver under appropriate seal (if any) any and all written endorsements and documents necessary or proper to effectuate same; and
- (2) Through LPL to Buy, sell, and otherwise deal in stocks, bonds, and other securities and commodities, on margin or otherwise (including short sales) as specified in my entity documents; and
- (3) Receive on behalf of the entity account monies, securities and properties of every kind, and to dispose of same; and
- (4) I, individually and on behalf of the entity, certify account demands, notices, confirmations, reports, statements of account, and communications of every kind; and
- (5) Make on behalf of the entity account agreements relating to any of the foregoing matters, acknowledge the correctness thereof, and to terminate or modify same or waive any of the provisions thereof; and
- (6) Generally to deal with LPL on behalf of the entity account as fully and completely as if I were alone interested in the entity account, all without notice to any other or others interested in the entity account.

Additionally, this authority shall remain in force until written notice of its revocation as authorized by my entity's documents is addressed to you and delivered at your office at LPL Financial LLC.

LPL Financial, LLC, in the event of the death or resignation of any authorized individual of the entity account, is authorized to take such proceedings, require such papers, retain such portion of or restrict transactions in said account as LPL may deem advisable to protect LPL against any liability, penalty or loss under any present or future law or otherwise.

It is further agreed that in the event of the death or resignation any authorized individual of the entity account, the remaining authorized individuals will immediately cause you to be notified of such fact.

Subject to the provisions hereof, all notices or communications in respect of the entity account will be directed to the address of record.

Finally, each of the above named individuals, upon completing the LPL Supplemental Form (F1C) and signing same, shall have the same rights, privileges, duties, and obligations enumerated above, and I hereby certify that my entity documents empower me to make these appointments.

|                                    |                                       |      |
|------------------------------------|---------------------------------------|------|
| Signature of Authorized Individual | Name of Authorized Individual (print) | Date |
|------------------------------------|---------------------------------------|------|

|                                    |                                       |      |
|------------------------------------|---------------------------------------|------|
| Signature of Authorized Individual | Name of Authorized Individual (print) | Date |
|------------------------------------|---------------------------------------|------|

|                                    |                                       |      |
|------------------------------------|---------------------------------------|------|
| Signature of Authorized Individual | Name of Authorized Individual (print) | Date |
|------------------------------------|---------------------------------------|------|

|                                    |                                       |      |
|------------------------------------|---------------------------------------|------|
| Signature of Authorized Individual | Name of Authorized Individual (print) | Date |
|------------------------------------|---------------------------------------|------|

