

**INTERACTIVE BROKERS LLC
TWO PICKWICK PLAZA
GREENWICH, CONNECTICUT 06830
Tel. (203) 618-5800
Fax (203) 618-7731**

(Date)

Employee's Brokerage Firm & Address:

Attention: Compliance Department

Re: _____
(Brokerage Account Title)

(Brokerage Account Number)

Dear Sir or Madam:

We authorize the above-named person(s) who is an employee, or family member of an employee, of Interactive Brokers LLC, a company affiliated with the Interactive Brokers Group, Inc., to have cash, margin and options accounts with your firm. Pursuant to this authorization, please have duplicates of all account statements and confirmation statements sent to the following address:

- ☐ **Mail or Email to:**
Interactive Brokers LLC
Two Pickwick Plaza
Greenwich, Connecticut 06830
Attn: Compliance Department
employeestatements@interactivebrokers.com

- ☐ **Send by Customized electronic transmission**

Sincerely,
Interactive Brokers LLC

Jeffrey Bauch
Director of Internal Compliance

REQUESTED AND AGREED:

(Employee's Signature)

(Non-Employee Account Holder's Signature)

(Print Employee Name)

(Print Name and Indicate Relationship to Employee)

11/15/2021

**INTERACTIVE BROKERS GROUP, INC.
EMPLOYEE TRADING DISCLOSURE**

Employee Name: _____
(Please print)

IB Group Affiliate: _____
(IB Group Entity)

Please note: Disclosure is required only for securities and commodities trading accounts. Other accounts such as education savings plans, mutual fund only accounts, an IBKR Fidelity account, or non-trading eligible 401k plans, do not require disclosure. If you have any question whether an account needs to be disclosed, please contact the Compliance Department.

Check One:

- ☐ I do not have any interest, authority or control, direct or indirect as described in the attached memo, in a securities or commodities trading account.
- ☐ I maintain an account with the following firm(s) and I have instructed the firm(s) to send copies of all account statements to:

Interactive Brokers Group, Inc.
Two Pickwick Plaza
Greenwich, Connecticut 06830
Attn: Compliance Dept.

Firm: _____
Account No.: _____

Firm: _____
Account No.: _____

I HAVE READ AND UNDERSTAND THE ATTACHED TRADING DISCLOSURE MEMORANDUM AND I AGREE TO IMMEDIATELY NOTIFY THE COMPLIANCE DEPARTMENT IN WRITING IF THERE IS ANY CHANGE IN THE ABOVE INFORMATION.

Employee Signature Date

RETURN THIS FORM WITHIN 1 WEEK DIRECTLY OR THROUGH YOUR SUPERVISOR TO Interactive Brokers Group, Inc., TWO PICKWICK PLAZA, GREENWICH, CT. 06830, ATTN: COMPLIANCE DEPT.