

# Account Application Supplemental

**SUP**

Account Number

Rep ID							

**Instructions:** This Supplemental Account Application must be used whenever the number of account holders in any LPL Financial LLC and/or its affiliates (collectively, "LPL") account exceeds the maximum that can be entered on a primary account application or agreement. This form may also be used to provide information regarding a Power of Attorney (POA) or Trustee for an existing account. Use as many additional Supplemental Account Applications as necessary. This form is not required for business entity accounts.

Please email the completed form to [imaging.email@lpl.com](mailto:imaging.email@lpl.com) or fax to (858) 202-8325.

## Section I: Account Information

Client Name / Account Registration

## Section II: Account Holder Information

### 1. Additional Account Holder / Trustee / POA Information

Additional Account Holder / Trustee / POA

Occupation (former if retired or unemployed)

ID Type (Ex: Driver's License, Passport, etc.)

Social Security Number

Date of Birth

Industry (former if retired)

ID Place of Issuance

Residence Address (no P. O. Boxes) ☐ Same as mailing addressEmployer Name ☐ Mark here if retired or unemployed

ID Number

Employment Address

ID Issuance Date

ID Expiration Date

Country of Citizenship

ID verified?

☐ Yes ☐ No

Home Phone

Mobile Phone

Business Phone

Fax Number

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). Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account. (Trusted Contact information is not required for a Power of Attorney.)

☐ 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.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA

Relationship to Account Holder of Person Associated with Firm or FINRA

Name of Associated Firm (if FINRA, list FINRA)



## Section II: Account Holder Information (continued)

### 1. Additional Account Holder / Trustee / POA Information (continued)

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)

### 2. Additional Account Holder / Trustee / POA Information

Additional Account Holder / Trustee / POA

Occupation (former if retired or unemployed)

ID Type (Ex: Driver's License, Passport, etc.)

Social Security Number

Date of Birth

Industry (former if retired)

ID Place of Issuance

Residence Address (no P. O. Boxes) ☐ Same as mailing address
Employer Name ☐ Mark here if retired or unemployed

ID Number



Employment Address

ID Issuance Date

ID Expiration Date

Country of Citizenship



ID verified?

☐ Yes ☐ No

Home Phone

Mobile Phone

Business Phone

Fax Number

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). Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account (Trusted Contact information is not required for a Power of Attorney).

☐ 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.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA

Relationship to Account Holder of Person Associated with Firm or FINRA

Name of 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)

Account Number



## Section III: Acknowledgment and Execution

### 1. For Brokerage and Outside Investment Accounts – Acknowledgment

I acknowledge by signing below that I have received, read, understand and agree to the terms of this Account Application, the applicable Account Agreement, and the LPL Relationship Summary (included in the Account Packet specified in Section I). Additionally I certify the following:

- All of the information provided in this Account Application is true, correct, and complete and I agree to notify LPL of any changes to the information.
- I understand and agree to the terms of the Automatic Cash Sweep Program set out in the Account Agreement.
- I understand that LPL will supply my name to issuers of any securities held in my account so that I may receive important information regarding those securities, unless I notify LPL in writing not to do so.
- I acknowledge that proceeds from liquefied home equity on my primary residence will not be used to fund this account.
- I understand and agree that it is my responsibility to inform my financial professional any time I purchase class A shares of a mutual fund in the same fund family as a fund that I own either individually or in related accounts, in order to ensure that I receive the appropriate commission discount.
- I have discussed with my financial professional the investment objective selected for the account in Section II of this Application.
- I understand that investing through a brokerage or advisory account involves investment risk, including the risk of loss. I am prepared to bear the risks associated with my investments.
- If I am engaging my financial professional through a third party asset management program (TAMP), I acknowledge receipt of the LPL Form ADV Disclosure Brochure, the Brochure Supplement of the financial professional servicing the account as well as the TAMP Form ADV Disclosure Brochure, the TAMP advisory program agreement, and the TAMP solicitor disclosure statement, as applicable.
- If I am engaging my financial professional through a 529 direct advisory account, I acknowledge receipt of the LPL Form ADV Firm Brochure and the Brochure Supplement of the financial professional servicing the account, as well as the Official Statement/program disclosure documents for the 529 Advisory Plan.
- I authorize LPL to contact my trusted contact person listed above. I understand that providing this information is optional and I may withdraw it at any time.
- I understand no portion of this account can be used as collateral without authorization of LPL Home Office which shall be obtained through the completion of required LPL documentation.
- In the event that I choose to pledge eligible LPL accounts as collateral to a lender for a loan or line of credit, I acknowledge that I cannot and will not use the proceeds from any loan or line of credit to purchase securities.

Under penalties of perjury, I hereby certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I attest I am exempt from FATCA Reporting. (However, if you provide an IRS W-8 form, it will supersede this statement and you may be subject to FATCA Reporting.) (Cross out (2) if subject to backup withholding.) The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

This account is governed by and I acknowledge receipt of the predispute arbitration clause that is located in the last numbered section of the Account Agreement (included in the Account Packet specified in Section I), which is incorporated by reference into the Account Application.

### 2. For Advisory Accounts – Acknowledgment

I acknowledge by signing below that I have received, read, understand and agree to the terms of this Account Application and the applicable Account Agreement (included in the Account Packet specified in Section I). Additionally I certify the following:

- All of the information provided in this Account Application is true, correct, and complete and I agree to notify LPL of any changes to the information.
- I have received the LPL Relationship Summary and the Advisory Program Brochure (included as part of the applicable Account Packet) and the Brochure Supplement of the financial advisor servicing my advisory account.
- I understand and agree to the terms of the Automatic Cash Sweep Program set out in the Account Agreement.
- I understand and acknowledge that I have granted discretionary authority in the Account Agreement to trade securities in my account to my financial advisor in the case of SAM accounts, to my financial advisor and LPL in the case of GWP, OMP, PWP and MWP accounts, to LPL in the case of GWP and Manager Select or Manager Access Select – Model Portfolio Platform accounts, and to the SMA Portfolio Manager in the case of Manager Select or Manager Access Select – SMA Platform accounts.
- I understand that investing through an advisory account involves investment risk, including the risk of loss. I am prepared to bear the risks associated with my investments.
- I understand that LPL will supply my name to issuers of any securities held in my account so that I may receive important information regarding those securities, unless I notify LPL in writing not to do so.
- I acknowledge that proceeds from liquefied home equity on my primary residence will not be used to fund this account.
- I understand the differences between an advisory and brokerage account and by signing below affirm my decision, based on discussions with my financial advisor and information provided to me, to work with my financial advisor in an advisory relationship.
- I authorize LPL to contact my trusted contact person listed above. I understand that providing this information is optional and I may withdraw it at any time.
- I understand no portion of this account can be used as collateral without authorization of LPL Home Office which shall be obtained through the completion of required LPL documentation.
- In the event that I choose to pledge eligible LPL accounts as collateral to a lender for a loan or line of credit, I acknowledge that I cannot and will not use the proceeds from any loan or line of credit to purchase securities.

Under penalties of perjury, I hereby certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I attest I am exempt from FATCA Reporting. (However, if you provide an IRS W-8 form, it will supersede this statement and you may be subject to FATCA Reporting.) (Cross out (2) if subject to backup withholding.) The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

This account is governed by and I acknowledge receipt of the predispute arbitration clause that is located in the last numbered section of the Account Agreement (included in the Account Packet specified in Section I), which is incorporated by reference into this Account Application.

Account Number

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**Section III: Acknowledgment and Execution (continued)****3. For agents being placed on the account as an authorized person under a Power of Attorney agreement**

- Important Information About Procedures for Adding Authorized Persons to This Account: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account or is authorized to place trades, deposit or disperse funds or otherwise act on the account on behalf of an account owner. You are required to provide the following information, among other items, on the Account Application; name, address, date of birth and other information that will allow LPL to confirm your identity. In addition, your Representative may also ask to see a valid driver's license or other identifying documents.
- I acknowledge by signing below that I have received, read, understand and agree to the terms of this supplemental application, the full account application, and the applicable Account Agreement provided to the account holder for whom I am acting as agent in accordance with a legally executed Power of Attorney document. I understand and will act in accordance with the requirements and/or limitations included in the Power of Attorney document naming me as agent for the account holder.
- I understand that the account is required to remain under the registration and mailing address of the account holder and that account statements must be delivered to the account holder at the address of record or to the account holder through an approved electronic delivery system. Duplicate account statements may be provided to the agent upon request by completing and submitting the Authorization for Duplicate Statements form.
- This account is governed by and I acknowledge receipt of the pre-dispute arbitration clause located in the last numbered section of the Account Agreement, which is incorporated by reference into this Supplemental Account Application.

**4. Signatures**

Signature is required below for each Additional Account Holder, Trustee or Power of Attorney Agent documented in Section II of this form.

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Account Holder Signature

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Account Holder Name (print)

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Date (required)

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Account Holder Signature

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Account Holder Name (print)

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Date (required)

Account Number

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