

FINRA Member Approval Form

Complete this form if you are opening a brokerage account with us and you, your spouse, or any other immediate family members, including parents, in-laws, and siblings that are dependents, are employed by or are associated with the Financial Industry Regulatory Authority, Inc. (FINRA) or an Exchange Member Firm.

Instructions

1. Complete the **Account Owner Statement** section below.
2. Provide this form to your employer's compliance officer and request that they complete the **Compliance Officer Statement** section below and return the completed form to us by email at: support@folioinstitutional.com.

Account Owner Statement

Personal Information

Personal Information	First Name	Middle Initial	Last Name
	Brokerage Account Username		
	Employer Name	Employer Phone Number () -	
	Employer Street Address (No PO Boxes)		
	City	State	Zip Code

Account Information

Provide the following information for the account(s) you have opened. List all the account numbers under your member profile below. Your alphanumeric account number is located next to the account name on your **Accounts** page, after logging in to our website.

Account Number	Account Type

Account Owner Signature

By signing below, I authorize you to provide view-only access to my account(s) to my employer listed above and its compliance officer listed below.

Signature X	Date (mm/dd/yyyy) / /
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Compliance Officer Statement

An employee in your firm has opened a new brokerage account with us and is providing you with this form to enable you to request access to monitor their account(s). **The employee's access to this account is not restricted during this process.**

Instead of providing duplicate account documents to employers, we grant you online access through our website to view your employee's account statements, trade confirmations and other account information such as account holdings and transaction history.

If your employee is not permitted to utilize this account, please contact the employee to close this account.

If you would like to monitor this employee's account(s) with us, please complete the steps listed below and provide us with the information requested.

1. If you are already a user of our website, enter the information requested below, sign and return this form to us.
2. If you are not already a user of our website, please create your own login credentials for our website using the following link: <https://www.folioclient.com/servlets/ProcessAction/signup?firm=8574853693072844349>

Once you have completed this online process, enter the information requested below, sign and return this form to us. Note that this will only enable you to view your employee's account(s) and does not open a brokerage account for yourself.

Compliance Officer Signature

By signing below, I authorize you to provide me view-only access the employee account(s) listed above.

Signature X		Date (mm/dd/yyyy) / /	
Full Name		Title	
Brokerage Account Username		Date of birth (mm/dd/yyyy) / /	