

Account Update Form



Account Information

Account Number:	Account Name:	Account Type:
1.		
2.		
3.		
4.		

Address Change

Please change the address on my account(s) to the following:

Legal Address (No PO Boxes):

City:	State:	Zip:
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Mailing Address (If different from above):

City:	State:	Zip:
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Email Address/Phone Number Change

Please change the primary email address for my account(s) to the following:

Email Address:

Please change the phone number(s) on my account(s) to the following:

Primary (required):	Business:	Other:
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Risk Tolerance/Investment Objective Change

Please change the Risk Tolerance/Investment Objective on my account(s) to the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> Conservative/Income | <input type="checkbox"/> Moderate/Income | <input type="checkbox"/> Long-Term/Income |
| <input type="checkbox"/> Conservative/Growth & Income | <input type="checkbox"/> Moderate/Growth & Income | <input type="checkbox"/> Long-Term/Growth & Income |
| <input type="checkbox"/> Conservative/Growth | <input type="checkbox"/> Moderate/Growth | <input type="checkbox"/> Long-Term/Growth |
| | | <input type="checkbox"/> Trading & Speculation* |

* Involves a high level of risk, including the potential for significant loss of investment capital.

Tax Lot Relief Method Change

Please change the Tax Lot Relief Method on my account(s) to the following:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> First In First Out (FIFO) | <input type="checkbox"/> Highest In First Out (HIFO) | <input type="checkbox"/> Highest Cost Short Term (HCST) | <input type="checkbox"/> Lowest Cost Long Term (LCLT) |
| <input type="checkbox"/> Last In First Out (LIFO) | <input type="checkbox"/> Lowest Cost First Out (LOFO) | <input type="checkbox"/> Highest Cost Long Term (HCLT) | <input type="checkbox"/> Lowest Cost Short Term (LCST) |

Duplicate Statements/Confirmations

Please send duplicate Statements, Confirmations, and/or 1099s to the following:

Name:	Address:
City:	State: Zip:

Advisor Permission Change

Please update the Advisor Permissions on my account(s) to the following:

<input type="checkbox"/> Accept <input type="checkbox"/> Decline	I hereby grant a limited Power of Attorney to the Advisor to exercise discretionary power over this account and to make investment decisions without prior consent as outlined in the investment advisory agreement between the Advisor and the Account Holder.
<input type="checkbox"/> Accept <input type="checkbox"/> Decline	I hereby authorize Trade-PMR, Inc. to pay my Advisor's fees from my account as directed by my Advisor.

Net Worth Change

Please update the Annual Income and Net Worth information on my account(s) to the following:

	\$0 - \$49,999	\$50,000 - \$99,999	\$100,000 - \$199,999	\$200,000 - \$499,999	\$500,000 - \$999,999	\$1,000,000 - \$4,999,999	\$5,000,000 - \$9,999,999	>\$10,000,000
Annual Income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Net Worth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquid Net Worth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Time Horizon/Liquidity Needs Change

Please change the Time Horizon on my account(s) to the following:

- | | | | | |
|---|---|--|--|--|
| <input type="checkbox"/> Long Term
(10+ years) | <input type="checkbox"/> Moderate
(5-10 years) | <input type="checkbox"/> Intermediate
(3-5 years) | <input type="checkbox"/> Short Term
(1-3 years) | <input type="checkbox"/> Immediate
(Less than 1 year) |
|---|---|--|--|--|

Please change the Liquidity Needs on my account(s) to the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> None
(Have other sources of cash) | <input type="checkbox"/> Moderate
(May need quick access to cash) | <input type="checkbox"/> Significant
(Primary Need is liquidity) |
|---|--|---|

Cash Sweep Selection Change

Please change the cash sweep selection on my account(s) to the following:

- Purchase/Redeem Money Market (*please select one*):
 - FDIC-Insured Bank Deposit Sweep
 - Wells Fargo Advantage 100% Treasury Money Market Sweep – Class A
 - Federated U.S. Treasury Cash Reserve – Service Shares
- Settle by Check
- Do not sweep proceeds to Money Market

Occupation/Business Nature/Employer Change

Please update the Occupation/Business Nature/Employer information on my account(s) to the following:

Occupation (*Choose one*):

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Administrative, Clerical | <input type="checkbox"/> Clergy | <input type="checkbox"/> Craftsman/Skilled Worker | <input type="checkbox"/> Education |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Information Tech | <input type="checkbox"/> Personal Service Provider | <input type="checkbox"/> Proprietor/Professional |
| <input type="checkbox"/> Public Services | <input type="checkbox"/> Retired | <input type="checkbox"/> Sales | <input type="checkbox"/> Student |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Unskilled Labor | | |

Business Nature (*Choose one. If retired, please choose previous business nature*):

- | | | | | |
|--|--|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Business Services | <input type="checkbox"/> Construction | <input type="checkbox"/> Energy | <input type="checkbox"/> Financial Services |
| <input type="checkbox"/> Government | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Industrial | <input type="checkbox"/> Media | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Personal Investment Company | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Retail | <input type="checkbox"/> Technology | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Wholesale | | | |

Employer Name (*If retired, please list previous employer*):

Employer Address: City: State: Zip:

Certification – ALL ACCOUNT HOLDERS, ALONG WITH AN AUTHORIZED FIRM REPRESENTATIVE, MUST SIGN BELOW

Account Holder Signature	Print Name	Date
Account Holder Signature	Print Name	Date
Account Holder Signature	Print Name	Date
Authorized Firm Representative	Print Name	Date