

## NEW ISSUE/ IPO APPROVAL REQUEST

Today's Date:						
Name of Issue:						
Expected Closing Date:						
Expected Number of Shares:						
Type of Issue:		Common		Warrants		Municipal
		Units		Preferred		Other
Will there be a greenshoe? If so, how many shares?						
Will the issue be DTC IPO Tracked?						
Will the issue be a FAST issue?						
Do you plan to mail the prospectuses or do you need Operations/ADP to mail the prospectuses?						
What inventory account number(s) do you plan to use to run your trades?						
What account do you plan to receive the shares in free from DTC?						
In what capacity will you be serving?		Lead Unde	erwriter		Co-Mar	nager
		Selling Gro	up Member			
If you will be acting as lead underwriter please list the co-managers participating with you.						
Where would you like your SIAC flipping reports faxed/ mailed to?						
NOTE: All correspondents must receive prior a	approval fro	m Sterne, Age	ee Capital Mark	ets before comm	itting to an IPO.	
NOTE: This form must be received by the Trading Support Group no later than ten business days prior to closing. A copy of the red herring/prospectus must be attached to this form. Fax number is (205) 414-7201.						
NOTE: The correspondent is responsible for ensuring all inventory accounts, broker/dealer accounts and RVP/DVP accounts are set up properly with the correct delivery instructions. The correspondent will be charged a cost of carry for any DK's due to bad delivery instrux.						
NOTE: All positions must be in book entry form. No physical certificates.						
NOTE: The Trading Support Group will be responsible for making the issue DTC eligible and registering for IPO tracking. The correspondent is responsible for all expenses related to IPO tracking/registration.						
NOTE: The correspondent is responsible for obtaining a cusip number.						
Name of Your Firm:						
Contact Name and Phone Number:						
SALI APPROVAL:				Approval Date:		