

Householding Account Statements and/or Online Account Viewing* Authorization Form

*Clients who use AOL as their Internet Service Provider must have Internet Explorer to view their account online.

Primary Account Holder Inform	nation:
Account Number:	Email Address:
Name:	
Address:	
City:	State: Zip:
Financial Advisor:	
Sub Account Owner(s) Authori	ization (All owners of account must sign):
Sub Account Number:	
Sub Account Name:	
Signature:	Date:
Sub Account Number:	
Sub Account Name:	
Signature:	Date:
Sub Account Number:	
Sub Account Name:	
Signature:	Date:
Signature	Date.
Please set up:	
Householding	You are hereby authorized to send my periodic account statements to the individual(s) at the address identified above under the heading "Primary Account." I specifically request that the copies of my account (identified above as "sub account") statements not be sent to any other address. I acknowledge that Sterne Agee will rely on my signature as indication that I have made arrangements to receive and review information on the statements sent to the Primary Account address. I understand that this arrangement will remain in effect until I notify Sterne Agee in writing to arrange to send my periodic account statements to another address.
Online Viewing (New)	You are hereby authorized to provide the individual(s) listed above with electronic access to the account(s) listed above. I understand that this arrangement will remain in effect until I notify Sterne Agee in writing.
Online Viewing (Update)	

Please fax, mail, or e-mail this completed form to your Financial Advisor.

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