



# ACCOUNT LINKING REQUEST

## Limited Trading Authorization with Rights of Distribution

### I. Description

Scottrade, Inc. (Scottrade) provides an account linking service to Scottrade® Account Owners. Account Owners may designate another Scottrade® Account Owner (Authorized Agent) to provide Scottrade with trading instructions and access the account(s) listed below (Linked Account(s)). One of the key features of the account linking service is that the Authorized Agent, through his/her Primary Account, may access the Linked Account(s) online without having to separately login to the Scottrade® website. With this access, the Authorized Agent may view account information and, if the account is set up for the ScottradeELITE, trade in the Linked Account without entering a trading password. If the Linked Account is not authorized to use ScottradeELITE, the Authorized Agent must be provided with the Linked Account's trading password.

**\*\* PLEASE READ \*\***

- **Any previously existing Agent with Trading Authorization on, or any other party that currently has access to, the Primary Account and/or the Linked Account(s) will continue to be in force.**
- **Account Linking is currently subject to the registration limitations of the branch where the Primary Account is assigned (usually within same State). If the Primary Account and Linked Account(s) are not assigned to the same Scottrade® branch, the Primary Account's Authorized Agent will need to contact the designated branch of the Linked Account Owner to place any broker-assisted trades.**
- **Professional Quote Subscribers are allowed to designate their accounts as Primary Accounts, or be linked to other accounts.**
- **International accounts are not eligible for Account Linking at this time.**
- **The secondary account holder may receive the primary account holder's account number as a result of executing this form.**
- **Please note: The Primary Account's Authorized Agents can not request password resets for the linked account.**

### II. Authorization

I, as an Account Owner listed in Section V, hereby authorize and appoint the Primary Account Owner(s) listed in Section IV as my Primary Account Authorized Agent and Attorney-in-Fact in respect to my Linked Account(s) listed in Section V. The Authorized Agent is authorized to act for me and on my behalf in the same manner and with the same force and effect as I might or could do, and Scottrade is authorized to follow my Authorized Agent's instructions as if directly instructed by me, with respect to the following authorized powers:

- 1) Buy, sell, exchange, convert, tender, trade, or otherwise acquire or dispose of stocks, bonds, mutual funds, and any other securities, financial contracts or financial instruments.
- 2) Engage in margin transactions, if the account is approved by Scottrade for trading on margin, pursuant to the margin rules and requirements as set forth by Scottrade.
- 3) Engage in options transactions, if the account is approved by Scottrade for trading options, pursuant to the options rules and requirements as set forth by Scottrade.
- 4) Receive access to any information on or about the account which would be beneficial in assisting the Authorized Agent in executing the above-stated transactions.
- 5) Request checks and registered stock certificates to be distributed out of the account. [Note: these will only be issued in the registered name and address of the requested account, no changes or LOAs will be accepted from the Authorized Agent. In addition, asset transfer requests and changes in address will only be accepted with written authorization from the principal Account Owner(s).]

### III. Indemnity and Applicable Law

I understand all such transactions conducted by the Authorized Agent are at my risk, and that Scottrade does not monitor the account for suitability or risk of any trade. I hereby ratify and confirm any and all transactions with Scottrade heretofore or hereafter made by the Authorized Agent for my Linked Account(s). Accordingly, I hereby agree to indemnify Scottrade, its affiliates, successors, assigns, officers, directors, agents, and employees, and hold them free and harmless from, and to promptly pay Scottrade upon demand for, any and all losses, liabilities, claims, and costs (including reasonable attorney fees) or financial obligations that may arise from the acts or omissions of the Authorized Agent with respect to my Linked Account(s). I understand that this authorization and indemnity is a continuing one and shall remain in full force and effect until such time that Scottrade receives notice that the Principal Owner of a Linked Account has become disabled or incapacitated, as defined in the Missouri Revised Statutes, or receives written notice of revocation, delivered to Scottrade's principal headquarters, located in St. Louis, Missouri. Such revocation, however, shall not affect any prior liability in any way resulting from any transactions initiated prior to receipt of such revocation. This authorization and indemnity shall be governed and enforced according to the laws of the State of Missouri, and its provisions shall be continuous and inure to the benefit of Scottrade, its successors, affiliates and assigns. This authorization and indemnity is in addition to, and no way limits or restricts any rights or responsibilities that have been made under any other agreement or agreements between the Primary and/or Linked Account Owner(s) and Scottrade. **By signing this document, both the Owner(s) of the Linked Account(s) and the Authorized Agent acknowledge that they have read and agree to the terms and conditions of this agreement and the Scottrade® Brokerage Account Agreement.**



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Scottrade, Inc. - Member [FINRA](#) and [SIPC](#)

Please Continue

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# COMPLETION OF ALL INFORMATION IS REQUIRED

## IV. Primary Scottrade® Account Information:

Primary Scottrade Account Number	Primary Scottrade Account Title
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### Primary Scottrade® Account Owner (Authorized Agent Information)

Name	<i>First</i>	<i>Middle</i>	<i>Last</i>	Social Security/Tax ID Number	Date of Birth (mm/dd/yyyy)
Primary Physical Address (no P.O. boxes or mail receiving/incorporation services)				Email Address	
City	State	ZIP	Primary Phone Number	Secondary Phone Number	

1) Is the Agent a U.S. citizen?  Yes - skip to question #2.  
 No - Country of citizenship: \_\_\_\_\_  
 Is the Agent a permanent U.S. resident?  Yes - Alien Registration Number: \_\_\_\_\_  
 No - Visa type (if applicable): \_\_\_\_\_

2) Is the Agent employed by or affiliated with a securities firm, a securities exchange, or FINRA?  Yes  No *If yes, Scottrade will inform the securities firm, exchange or FINRA of your intention to maintain such account and provide duplicate copies of confirmations, statements or other information if requested. Provide organization name and compliance department address in "Agent Affiliation Details" below.*

3) Is the Agent a control person or affiliate of a public company as defined by the SEC? This generally includes 10% shareholders, members of the Board of Directors, and policy-making officers.  Yes  No *If yes, provide company's name and CUSIP/trading symbol in "Agent Affiliation Details" below.*

Agent Affiliation Details: \_\_\_\_\_

4) Is the Agent a registered investment advisor (state or federal)?  Yes  No

### Secondary Scottrade® Account Owner (Authorized Agent Information)

Name	<i>First</i>	<i>Middle</i>	<i>Last</i>	Social Security/Tax ID Number	Date of Birth (mm/dd/yyyy)
Primary Physical Address (no P.O. boxes or mail receiving/incorporation services)				Email Address	
City	State	ZIP	Primary Phone Number	Secondary Phone Number	

1) Is the Agent a U.S. citizen?  Yes - skip to question #2.  
 No - Country of citizenship: \_\_\_\_\_  
 Is the Agent a permanent U.S. resident?  Yes - Alien Registration Number: \_\_\_\_\_  
 No - Visa type (if applicable): \_\_\_\_\_

2) Is the Agent employed by or affiliated with a securities firm, a securities exchange, or FINRA?  Yes  No *if yes, Scottrade will inform the securities firm, exchange or FINRA of your intention to maintain such account and provide duplicate copies of confirmations, statements or other information if requested. Provide organization name and compliance department address in "Agent Affiliation Details" below.*

3) Is the Agent a control person or affiliate of a public company as defined by the SEC? This generally includes 10% shareholders, members of the Board of Directors, and policy-making officers.  Yes  No *If yes, provide company's name and CUSIP/trading symbol in "Agent Affiliation Details" below.*

Agent Affiliation Details: \_\_\_\_\_

4) Is the Agent a registered investment advisor (state or federal)?  Yes  No

Unless specifically accepted and authorized by Scottrade, by signing below, all parties agree that the Agent is not acting in a capacity that would require registration as an investment advisor under SEC or state regulation. In addition, all parties agree that the Agent will not charge fees for acting on this account. The Agent agrees to immediately notify Scottrade in writing if he/she becomes registered as an investment advisor in the future.

**By signing below I acknowledge that I have read and will adhere to the terms and conditions as stated in this Agreement and the Scottrade® Brokerage Account Agreement.**

X \_\_\_\_\_  
 Primary Account Owner / Authorized Agent Signature

\_\_\_\_\_  
 Date

X \_\_\_\_\_  
 Primary Account Owner / Authorized Agent Signature

\_\_\_\_\_  
 Date

**V. Secondary Scottrade® Accounts to be Linked:**

Secondary Scottrade Account Number 1	Registered Account Name
<b>1) Describe Agent's relationship to the owner(s) of the Scottrade account listed above:</b> <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Immediate Relative (parent/child/sibling) <input type="checkbox"/> Extended Relative <input type="checkbox"/> Investment Advisor <input type="checkbox"/> CPA <input type="checkbox"/> Attorney <input type="checkbox"/> Self <input type="checkbox"/> Other         If Other, please specify:	
<b>2) Provide the reason for this trading authorization request:</b> <input type="checkbox"/> Convenience <input type="checkbox"/> Help with account <input type="checkbox"/> Professional assistance/guidance <input type="checkbox"/> Other	
<u>X</u>	<u>X</u>
Linked Account Owner Signature	Linked Joint Account Owner Signature _____ Date _____
Secondary Scottrade Account Number 2	Registered Account Name
<b>1) Describe Agent's relationship to the owner(s) of the Scottrade account listed above:</b> <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Immediate Relative (parent/child/sibling) <input type="checkbox"/> Extended Relative <input type="checkbox"/> Investment Advisor <input type="checkbox"/> CPA <input type="checkbox"/> Attorney <input type="checkbox"/> Self <input type="checkbox"/> Other         If Other, please specify:	
<b>2) Provide the reason for this trading authorization request:</b> <input type="checkbox"/> Convenience <input type="checkbox"/> Help with account <input type="checkbox"/> Professional assistance/guidance <input type="checkbox"/> Other	
<u>X</u>	<u>X</u>
Linked Account Owner Signature	Linked Joint Account Owner Signature _____ Date _____
Secondary Scottrade Account Number 3	Registered Account Name
<b>1) Describe Agent's relationship to the owner(s) of the Scottrade account listed above:</b> <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Immediate Relative (parent/child/sibling) <input type="checkbox"/> Extended Relative <input type="checkbox"/> Investment Advisor <input type="checkbox"/> CPA <input type="checkbox"/> Attorney <input type="checkbox"/> Self <input type="checkbox"/> Other         If Other, please specify:	
<b>2) Provide the reason for this trading authorization request:</b> <input type="checkbox"/> Convenience <input type="checkbox"/> Help with account <input type="checkbox"/> Professional assistance/guidance <input type="checkbox"/> Other	
<u>X</u>	<u>X</u>
Linked Account Owner Signature	Linked Joint Account Owner Signature _____ Date _____
Secondary Scottrade Account Number 4	Registered Account Name
<b>1) Describe Agent's relationship to the owner(s) of the Scottrade account listed above:</b> <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Immediate Relative (parent/child/sibling) <input type="checkbox"/> Extended Relative <input type="checkbox"/> Investment Advisor <input type="checkbox"/> CPA <input type="checkbox"/> Attorney <input type="checkbox"/> Self <input type="checkbox"/> Other         If Other, please specify:	
<b>2) Provide the reason for this trading authorization request:</b> <input type="checkbox"/> Convenience <input type="checkbox"/> Help with account <input type="checkbox"/> Professional assistance/guidance <input type="checkbox"/> Other	
<u>X</u>	<u>X</u>
Linked Account Owner Signature	Linked Joint Account Owner Signature _____ Date _____
Secondary Scottrade Account Number 5	Registered Account Name
<b>1) Describe Agent's relationship to the owner(s) of the Scottrade account listed above:</b> <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Immediate Relative (parent/child/sibling) <input type="checkbox"/> Extended Relative <input type="checkbox"/> Investment Advisor <input type="checkbox"/> CPA <input type="checkbox"/> Attorney <input type="checkbox"/> Self <input type="checkbox"/> Other         If Other, please specify:	
<b>2) Provide the reason for this trading authorization request:</b> <input type="checkbox"/> Convenience <input type="checkbox"/> Help with account <input type="checkbox"/> Professional assistance/guidance <input type="checkbox"/> Other	
<u>X</u>	<u>X</u>
Linked Account Owner Signature	Linked Joint Account Owner Signature _____ Date _____

Signature Verification via  Application  Signature Page  ID

\_\_\_\_\_  
Associate Initials