Review and Return — Adding Online Access

Please sign and return the enclosed Online Account Access Authorization Form to complete your request to provide an interested party with online viewing access to your account.

Allowing someone to view and download account information by signing the enclosed form does not authorize the ability to trade, withdraw or perform other transactions. If you would like to grant this additional access, please submit a Power of Attorney. Your financial advisor can provide you with more information on how to do this, and provide you with a Merrill Lynch form Power of Attorney, if necessary.

Next Steps

Sign and return the enclosed Online Account Access Authorization Form. **All account holders must sign.** Once we receive the completed form, we will grant online viewing access in 3-5 business days. You can change or cancel the authorized user’s access at any time by calling your financial advisor.
Review and Return — Adding Online Access

Please sign and return this form.

By signing below, I, and all other account holders, authorize

ACCOUNT(S) ONLINE ACCESS REQUESTOR NAME

to view the account(s) below online with read only permissions.
I/We understand that all account holders must sign

ACCOUNT NUMBER  ACCOUNT NUMBER

ACCOUNT NUMBER  ACCOUNT NUMBER

I/We understand and agree that Merrill Lynch, Pierce, Fenner & Smith Incorporated is not responsible for any misuse of my/our account information and may, at any time, stop providing this service.

Instruction: All account holders must sign and date. If acting in a fiduciary capacity or if acting on behalf of a business entity, your title is required (such as Trustee, Guardian, General Partner, CEO).

PRINT NAME OF ACCOUNT HOLDER: _____________________________

TITLE OF ACCOUNT HOLDER, if required: _____________________________
(Ex: Trustee, Guardian, General Partner, CEO)

SIGNATURE OF ACCOUNT HOLDER: _____________________________
Required

DATE:  __   /   __   /   _________  All account holders must sign and date.
Required

PRINT NAME OF ACCOUNT HOLDER: _____________________________

TITLE OF ACCOUNT HOLDER, if required: _____________________________
(Ex: Trustee, Guardian, General Partner, CEO)

SIGNATURE OF ACCOUNT HOLDER: _____________________________
Required if there is second account holder

DATE:  __   /   __   /   _________  All account holders must sign and date.
Required if there is second account holder

PRINT NAME OF ACCOUNT HOLDER: _____________________________

TITLE OF ACCOUNT HOLDER, if required: _____________________________
(Ex: Trustee, Guardian, General Partner, CEO)

SIGNATURE OF ACCOUNT HOLDER: _____________________________
Required if there is second account holder

DATE:  __   /   __   /   _________  All account holders must sign and date.
Required if there is second account holder