



Full Trading Authorization Instructions

Please complete, sign and Notarize the following:

- Complete, sign and Notarize the Full Trading Authorization Form
- Mail the completed forms to:

**Motif Investing
P.O. Box 3548
Rancho Cordova, CA 95741**

What you need to know:

- ✓ Once we've received and processed the Full Trading Authorization Form, you can call service at 855-586-6843 to link existing accounts. Processing of the form will typically be completed in 2-3 **business days from receipt**.



FULL TRADING AUTHORIZATION

TO: THE INTRODUCING BROKER
AND
TO: PERSHING LLC

A/C NO _____

SS OR ID NO _____

The undersigned hereby authorizes _____ (whose signature appears below) as his agent and attorney in fact to buy, sell, (including short sales) and trade in stocks, bonds and any other securities and/or commodities and/or contracts relating to the same on margin or otherwise in accordance with your terms and conditions for the undersigned's account and risk and in the undersigned's name, or number on your books. *Said agent is specifically authorized to effect options transactions or to uncover a covered option position for my account, as such terms are defined in the Options Clearing Corporation disclosure document entitled "Characteristics and Risks of Standardized Options", a copy of which I have received. The undersigned hereby agrees to indemnify and hold you harmless from and to pay you promptly on demand any and all losses arising therefrom or debit balance due thereon.

In all such purchases, sales or trades you are authorized to follow the instructions of the above named agent in every respect concerning the undersigned's account with you, and he is authorized to act for the undersigned and in the undersigned's behalf in the same manner and with the same force and effect as the undersigned might or could do with respect to such purchases, sales or trades as well as with respect to all other things necessary or incidental to the furtherance or conduct of such purchases, sales or trades.

You are hereby authorized to grant FULL AUTHORIZATION and to follow the instructions of the authorized agent in every respect concerning the undersigned's account with you, and make deliveries of securities and payment of monies to him or her and as him or her may order and direct. In all matters and things aforementioned, as well as in all other things necessary or incidental to the furtherance or conduct of the account of the undersigned, the authorized agent and attorney in fact is authorized to act for the undersigned and in the undersigned's behalf in the same manner and with the same force and effect as the undersigned might or could do.

The undersigned hereby ratifies and confirms any and all transactions with you heretofore or hereafter made by the aforesaid agent or for the undersigned's account.

This authorization and indemnity is in addition to (and in no ways limits or restricts) any rights which you may have under any other agreement or agreements between the undersigned and your firm.

This authorization and indemnity is also continuing one and shall remain in full force and effect until revoked by the undersigned by a written notice addressed to you and delivered to your main office, but such revocation shall not effect any liability in any way resulting from transactions initiated prior to such revocation. This authorization and indemnity shall inure to the benefit of your present firm and of any successor firm or firm's irrespective of any change or changes at any time in the personnel thereof for any cause whatsoever, and of the assigns of your present firm or any successor firm, and shall be binding on the undersigned, his heirs, executors, administrators and assigns and shall be governed by the Laws of the State of California.

Date _____

Very truly yours,

City State

Signature of Authorized Agent:

X _____ Age _____

X _____

X _____ Age _____

Authorized Agent/ Attorney-In-Fact	NAME		PHONE NUMBER
	ADDRESS		
	CITY	STATE	ZIP CODE
	US CITIZEN	IF NO WHAT COUNTRY?	SOCIAL SECURITY NUMBER
Employment Information	NAME OF COMPANY		
	POSITION		
	DO YOU OR THE OWNER ON THIS ACCOUNT WORK FOR OR ARE AFFILIATED WITH A SECURITIES FIRM, BANK INSURANCE OR TRUST COMPANY? IF YES, PLEASE SPECIFY		
	ARE YOU OR THE OWNER OF THIS ACCOUNT A DIRECTOR, OFFICER OR 10% SHAREHOLDER ON ANY PUBLICLY OWNED COMPANY? IF YES. PLEASE SPECIFY		