



## AMENDMENT TO ACCOUNT APPLICATION

Account Name: ..... Account Number: .....

PLEASE COMPLETE ONLY THE FIELDS WHICH NEED TO BE AMENDED

### General Account Information

Legal First Name: ..... Middle Name: .....

Legal Last Name (Surname): ..... Suffix: .....

Residential Address: .....

Building Name/Number/Floor: ..... Suite/Apt#: .....

City: ..... State/Province: ..... Zip/Postal Code: .....

Country: .....

Mailing Address: .....

P.O. Box: ..... Country: .....

Phone Number: .....

Email Address: .....

### Bank Information

Note that in accordance with ADSS’s policies, ADSS can only send and receive funds from two bank accounts. Whichever accounts you list below are the only two accounts which ADSS can send and receive funds from throughout your relationship with ADSS, unless you were to close one or both of the accounts, then proof of account closure would be required to amend your bank account details

### Origin of Funds - Account

Accountholder’s Name: .....

Bank Name: .....

Bank Address: .....

Account or IBAN Number: ..... Swift Code/ABA (Routing Number): .....

This account will be my:  Primary Account  Secondary Account

Reason for amendment (\*required for all requested amendments): .....

### Reset Information

Please tick preferred question and write answer on the space provided.

What is your mother’s name?  What is your first pet’s name?  What is your favorite food?

Answer: .....

### Customer Acknowledgement

I, the undersigned, hereby represent that, and by signing below, the information provided on this document is true and accurate. I further represent that i will notify ADS Securities LLC (“ADSS”) of any material changes to this certification in writing. ADSS reserves the right, but has no duty, to verify the accuracy of information provided.

### Acknowledged By:

ACCOUNT HOLDER NAME

ACCOUNT HOLDER SIGNATURE

DATE

COMPANY NAME (IF BUSINESS ACCOUNT)

TITLE (IF BUSINESS ACCOUNT)