

Member FINRA & SIPC

ADVISOR INFORMATION		
NAME OF FIRM		TAX ID NUMBER
ADDRESS		
CITY	STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	

The above-named Advisor has executed an ETC Brokerage Services ("ETC Brokerage") Authorization Form in connection with the Advisor's authorization in connection with one or more account owners that have opened a brokerage account with ETC Brokerage (collectively, "Account Owners"). As authorized and designated by the Account Owners, Advisor hereby authorizes the following employees to provide trading instructions to ETC Brokerage on behalf of Advisor.

THE FOLLOWING PERSONS SHALL BE DEEMED "AUTHORIZED PERSONS" OF THE ADVISOR:		
AUTHORIZED PERSON'S NAME	TITLE	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
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Nothing herein shall be construed or deemed to be the appointment of Advisor or its authorized persons as agents of ETC Brokerage, or any affiliate thereof.

The above list of authorized persons shall remain in full force and effect until revoked by Advisor by a written notice received at ETC Brokerage.

THE UNDERSIGNED ADVISOR ACKNOWLEDGES AND AGREES that it shall indemnify and hold harmless ETC Brokerage, its affiliates and their directors, officers, employees and agents from and against any and all liabilities, claims, actions, losses, expenses and costs, including reasonable attorney's fees, arising out of or related to the actions or omissions of Advisor and/or its authorized persons identified herein with respect to the performance as an authorized person for the Account Owners, including without limitation, ETC Brokerage's compliance with any trading instructions given by Advisor and/or authorized persons of Advisor on behalf of the Account Owners.

SIGNATURE OF ADVISOR	NAME (PLEASE PRINT)	DATE
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ETCBS approved for processing _____ (date)