



Member FINRA/ SIPC/ Reg'd MSRB

9845 Erma Road, Suite 312
San Diego, CA 92131
Phone: (858) 530-1031
Fax: (858) 530-1820

Albridge Subscription Request

Initial

Table with 3 columns: Description, Amount, and Initial. Rows include Base Monthly Access Fee (\$100 per month per Advisor), Asset charge (2.5 Bps annual rate), Set-up Fee (\$250), Outside Data Feed (No Charge), Optional Services (Web Services Data Integrations - Included, CashEdge - \$125 per user ID per month).

Monthly fees are charged in advance. Fees are not pro-rated for partial periods and are not refundable. Fees are subject to increases up to CPI+ 4% each calendar year. All accounts under the advisor number and new accounts introduced by the advisor to SSG will be included. Minimum service term: 2 months.

Data Privacy. Advisor represents that it has adopted and implemented procedures to safeguard client information, data and records, reasonably designed to meet the requirements of SEC Reg S-P and other rules and regulations as applicable, and specifically to: (a) ensure the security and confidentiality of client records and information; (b) protect against threats or hazards to the security or integrity of client records and information; (c) protect against unauthorized use of client records or information that could result in substantial harm or inconvenience to any client; (d) protect against unauthorized disclosure of non-public personal information to unaffiliated third parties; and (e) ensure compliance with federal and state privacy laws or regulations that may be applicable to the access, transfer or storage of client data and information. Non-disclosure. All books, records, information, client data, trade secrets, proprietary information, reports, data packages, client lists, marketing plans, pricing formulas, distribution methods, and any technical information such as software, documentation, test results, designs, processes, specifications, instructions, know-how, or formulas, pertaining to the business of either party that are exchanged, sent or received in connection with the services provided by SSG shall be kept confidential and shall not be voluntarily disclosed to any other person, except (a) if such information is already publicly available; (b) as may be required solely for the purpose of carrying out a party's duties and responsibilities to the other party; (c) as required by order or demand of a court or other governmental or regulatory body or as required by law; (d) as may be required for a party's attorneys, accountants, regulatory examiners or insurers for legitimate business purposes; or (e) with the express prior written permission of the other party. Termination. Services will automatically renew each month unless terminated in writing by notice to SSG no less than 15 days prior to the end of the month.

Agreement. The advisory firm named herein ("advisor") has opened a SSG Master Account, has executed the Master Account Agreement, and wishes to subscribe to and use the services indicated. Advisor is responsible for making any disclosures required to clients, regulators or other interested parties regarding Advisor's use of this service. Advisor is responsible for oversight, review, approval, and maintenance of all calculations and reports produced related to this service. Advisor is responsible for overseeing the quality of the data and the accounting in the service. Advisor acknowledges that SSG does not warrant, endorse, monitor, or validate the program or services provided by Albridge. Advisor agrees to indemnify and hold harmless SSG, its agents, officers, directors and employees for the services provided. Advisor agrees to pay fees to SSG according to the prevailing fee schedule which is subject to change upon written notice. Advisor will maintain a cash balance in the Master Account sufficient to cover fees due. Advisor agrees to pay interest charges and a collection fee of \$35 if cash is not available to pay fees due when invoiced.

Advisory Firm Name _____ Advisor ID # _____

SSG Master Account # _____

Authorized Signature _____

Title _____

Print Name _____

Date _____