

REQUEST FOR INSURANCE PRODUCT ACCESS

To Shareholders Service Group, Inc.:

I request that Shareholders Service Group, Inc., and its insurance affiliate Shareholders Insurance Service, Inc., (SSG) hold and/or transact business in certain insurance products for my clients. I understand that upon transferring such products to SSG, a SSG representative will become the Agent/Broker of Record and that any fees derived from such products may be retained by SSG or its representative.

I agree to carefully review any products requested to be transferred to SSG in order to determine that each is suitable for a given client's age, financial status, tax bracket, risk tolerance, and investment objectives. I will ensure my clients are aware of any commissions or fees associated with the products. I agree that if a client owned such a product prior to my engagement with the client, upon transferring the product to SSG, I will be responsible for ongoing reviews for suitability and risk profile on behalf of the client. If requested by SSG, I agree to provide documentation confirming the due diligence I have performed on the product involved to determine the suitability of the product for the client.

I hereby represent that I have the authority in writing from the client to exercise the power to provide service, make recommendations, and enter transactions on such products. I hold any required federal or state licenses required in order to exercise such power. I hereby indemnify SSG from and against any claim, liability, or expense, including attorney's fees, that may arise in connection my acts or omissions or with SSG's reliance on this agreement and representation.

Advisory Firm

Advisor Number

Authorized Signature

Print Name

Title

Date