



LETTER OF APPROVAL FOR ACCOUNTS OF AFFILIATED PERSONS

Account Holder Affiliation Notification

By my signature below, I acknowledge that my employer, or a member of my household's employer, is, a stock exchange, member firm of an exchange or FINRA, or a municipal securities broker-dealer, and I have notified the employer of my intention to open a brokerage account with DriveWealth, LLC.

Employee (Account Holder) Signature

Date

Printed Name

Social Security No.

Please accept this as authorization to open a brokerage account for the individual listed above.

The aforementioned individual, or a member of their household, is an employee of the following:

Name of Company/Employer

Company Address

City/State/Zip

Company Phone

Our firm requires duplicate confirmation? Yes/No

Our firm requires duplicate statements? Yes/No

Sincerely,

Signature of Compliance Officer

Title

Printed Name of Compliance Officer

Date