



SECTION 1: REPRESENTATIVE CONTACT INFORMATION		
First Name	MI	Last Name
Preferred Nickname		
Business Mailing Address		
City	State	ZIP code
Overnight Business Mailing Address		
City	State	ZIP code
Birthdate _____ Month _____ Day		
Business Phone Number		Business Phone Number (Mobile)
Business Fax Number		
Primary Email Address		
Alternate Email Address		
Preferred method of contact _____ Email _____ Phone _____ Both		

SECTION 2: ASSISTANT INFORMATION	
Assistant Name	Assistant Email
Assistant Phone Number	
All correspondence copied to assistant _____ Yes _____ No	
All correspondence ONLY to assistant _____ Yes _____ No	
Request Atlas Login for assistant _____ Yes _____ No	
Request E*TRADE Login for assistant _____ Yes _____ No	

SECTION 3: BROKER DEALER/RIA INFORMATION
Broker Dealer or RIA Name
Rep Number at Broker Dealer/RIA

SECTION 4: RIA or IAR ONLY REFERRAL PAYMENT OPTIONS
Please note if you are affiliated with a Broker Dealer please disregard this section
SSN or EIN
Check issued to business address of record _____ Yes _____ No
Automated Clearing House (ACH) _____ Yes _____ No If yes please complete below
Business Name on account
Bank Name
Routing Number
Account Number

SECTION 5: MISCELLANEOUS	
Request E*TRADE Login _____ Yes _____ No	Request Atlas Login _____ Yes _____ No
Business logo or portrait you would like us to have for customized marketing materials, please email it to: newbusiness@acmc.biz	

SECTION 6: SIGNATURE	
Name of Representative	Date
Signature of Representative	