eSignature Client Reference Guide

One of the benefits of partnering with LPL Financial is their relationship with Docusign which provides the ability to sign and submit several forms via a secure website accessed by email. Please follow the steps below to access and complete the signing process.

Step 1

Someone on our team will send an email. Click "View Documents" to access the secure website.



Step 2

Please enter the last four digits of your Social Security Number and click "VALIDATE".

Please Note: Some forms may require additional validation, such as, the answering of security questions.

dentity Co	onfirmation
From: Prom: LPI	ark Tracy L Financial
The sender has required your identity. Please	ested that you enter the last 4 digits of your Social Security Number to confirm enter the last 4 digits of your Social Security Number and validate it in order to he document.
Last 4 digits of you	ur Social Security Number
Last 4 digits of you	ur Social Security Number

Step 3

After reading and agreeing to the "Electronic Records and Signature Disclosure", click on the checkbox next to where it reads "I agree to use electronic records and signatures." Then, click "CONTINUE".





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Step 4a

Review all the information for accuracy or add any missing information. Note: Any changes to the forms must be completed by the primary account holder before signing.

After reviewing the form, to be guided to the signature area(s) click "START"

)

Step 4b

To sign the form click "SIGN" (

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	Incursion Envelope ID: 56DD1CBB-852C-4343	-9634-FE0E8	198988				
START	Account Application					_	
	Advisory - Retirement				Aci	ount Number 00	000000
							Rep ID V8HH
	formation on the appropriate paperwork re	o be used to equirements fo	or all regis	Advisory	types, please consult the	appropriate acco	al account level. For more deta unt opening checklist located in
	assource center. For existing accounts, this for	m should only	be used fi	or addin	g or removing account hol	ders, or to change	the registration or account type.
	ATTENTION: Any alterations must be initialed	by all account	holders.				
1	Section I: Account Information						
	1. Account Type (choose only one)					Account up	dates required by LPL Operations
	Each account holder must receive, read	and understa	nd the co	ntents (of the applicable Account	Packet reference	d below based on the account ty
	selected. This separate packet contains advisor, LPL Financial ("LPL") and other n	the Account elated parties	Agreemer as applica	nt and a ble to ye	ny Program Brochures th sur account.	at detail the rela	tionship between you, your finan
	Strategic Asset Management (Accou	nt Packet - SA	M)	0	Optimum Market Portfol	os Advisory (Acco	ount Packet - OMP)
	Strategic Asset Management II (Acco	ount Packet - S	(II MA		Model Wealth Portfolios	(Account Packet	MWP)
	Manager Select (Account Packet - M	anager Select			Personal Wealth Portfolie	is (Account Packe	e - PWP)
	2. Registration Type (choose only one)						
wered by DocuSign					English (US) 👻	Terms Of Use & I	Privacy • Copyright © 2016 Doc
Select the yellow	sign field to create and add you	r signature					OTHER ACTION
		€. 6	2 0		0		
	6. Plan Trustee or Plan Fiduciary Acknow	wledgment					
	 If this account is for a participant the 	it is part of a	group Ret	irement	Plan, the trustee or plan	iduciary must sig	n below and include the informat
	 If the Plan is a 401k, Profit Sharing, M 	in addition to loney Purchase	the partic or Define	ipant. Id Bene	it, you are signing as a pla	n trustee.	
	If the Plan is an ERISA 403(b) or 457,	you are signin	g as a plar	fiducia	у.		
	Under penalties of perjury, I hereby c number to be issued to me), and (2) I	ertify that: (1) am not subje	The numb ct to back	per show up with	in on this form is my corre olding because: (a) I am e	ct taxpayer ident xempt from back	ification number (or I am waiting up withholding, or (b) I have not I
	notified by the Internal Revenue Servi IRS has notified me that I am no lon	ce (IRS) that I per subject to	am subjec	t to bac withhold	kup withholding as a resulting. (3) Lam a U.S. perso	of a failure to re finduding a U.S.	port all interest or dividends, or (c resident alien), and (4) Lattest
	exempt from FATCA Reporting. (Ho	wever, if you	provide	an IRS	W-8 form, it will superset	ie this statement	and you may be subject to F4
	document other than the certifications	s required to a	void back	up with?	olding.	uoes not require	my consent to any provision o
SIGN	SIGN			Jo	e Client		3/2/2016
	Account Holder / Plan Trustee / Fiduciary Signatu	210		Acco	unt Holder / Plan Trustee / Fiduo	iary Name (print)	Date (required)
	Account Holder / Plan Trustee / Fiduciary Signatu	10		Acco	unt Holder / Plan Trustee / Fidus	iary Name (print)	Date (required)
	7. Branch Use Only						
	I have reviewed this document for com against the OFAC list of specially desig	pleteness, acc nated nationa	uracy, suit Is (SDNs)	ability, a resulted	ind proper disclosures. If t in a match to the account	his account was o holder's name, I	pened online and the automated have confirmed that the account
	is not the same person listed by OFAC, does not appear or, if the account hol	If this accound der's name is	t is opene the same	d by the as the	home office, I have check name of a SDN, the accord	ed the list of SDN ant holder is not	is and either the account holder's the person listed by OFAC. I have
	provided the account holder with the Accessment, I have determined that an	CIP disclosure	either in of previou	writing sky nun	or verbally. I acknowledge	and accept that	I am a party to the applicable Ar
	holder and have disclosed to the accou	nt holder all ci	osts incurn	ed by th	e account holder to liquida	te such investme	nts.
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owered by Docu Ag	n ₁				English (oo) +	T Tomis Or Ose	a minaby + Copyright © 2016 D
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ull Name						Initials	
Joe Client						JC	
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REVIEW	signed by:					20	
	0.0				9	<i>C</i>	Change Style
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	Client 3058349482				Ľ	_	
PREVIEW Docu 94867 y selecting Adopt	Chent r3C583494B2 and Sign, I agree that the signature and	l initials will	be the el	ectron	c representation of my	signature and	initials for all purposes when
PREVIEW Docu 94867 Vy selecting Adopt ry agent) use them	Chent 3C58349482 and Sign, I agree that the signature and on documents, including legally bindin	l initials will g contracts	be the el	ectron a same	c representation of my	signature and gnature or initia	initials for all purposes when al.
by selecting Adopt ry agent) use them	Chiefs 3C58349482 and Sign, I agree that the signature and on documents, including legally bindin	f initials will g contracts	be the el - just the	ectron a same	c representation of my as a pen-and-paper si	signature and gnature or initia	initials for all purposes when

Step 4c

At this point, you will be asked to "Adopt Your Signature". Click "Change Style" and then click on the signature that best suits you. When finshed, click "ADOPT AND SIGN".

Step 5

Once all the forms have been signed, a blue bar will appear at the bottom of the window. Click "FINISH". Please Note: "FINISH" must be clicked to complete the process.

Under penalties of perjury, I hereby certify that; (1) The number shown on this form is my correct taxpayer identification number (or Lam waiting for a number to be issued to me), and (2) Lam not subject to backup withholding because; (1) Lam exempt from backup withholding, or (b) have more the number to be backup withholding. (c) the lam exempt from backup withholding, or (b) have more the subject to backup withholding. (c) the lam exempt from backup withholding, or (b) have more the subject to backup withholding. (c) the lam exempt from backup withholding, or (b) have more the subject to backup withholding. (c) the subject to backup withholding. (c) the subject to backup withholding. (c)	 If this account is for a participant that is Section III-2 - Secondary Information in ad If the Plan is a 401k, Profit Sharing, Money If the Plan is an ERISA 403(b) or 457, you a 	- part of a group Retirement Plan, the trustee or plan fiduciary must sign bel dition to the participant. Purchase or Defined Benefit, you are signing as a plan trustee. re signing as a plan fiduciary.	low and include the information in
Environmentary Joe Client Joe Client	Under penalties of perjury, I hereby certify number to be issued to me), and (2) am notified by the Internal Revenue Service (IB IRS has notified me that I am no longer s exempt from FATCA Reporting, (Howev Reporting), (Cross out (2) if subject to b document other than the certifications req	that (1) The number shown on this form is my correct taxpayer identificat hot subject to backup withholding because: (a) I am exempt from backup works (b) that I am subject to backup withholding as a result of a failure to report. ubject to backup withholding, (3) I am a U.S. person (including a U.S. report r, if you provide an IRS W-8 form, it will supersed this statement and ackup withholding.) The Internal Revenue Service does not require my ured to avoid backup withholding.	ion number (or I am waiting for a iritholding, or (b) I have not been all interest or dividends, or (c) the uident alien), and (4) I attest I am you may be subject to FATCA consent to any provision of this
Account Holder / Flaudary Signature Account Holder / Flaudary Name (print) Date (required) Account Holder / Flaudary Signature Account Holder / Flaudary Signature Account Holder / Flaudary Name (print) Date (required) Account Holder / Flaudary Signature Account Holder / Flaudary Name (print) Date (required) Account Holder / Flaudary Signature Account Holder / Flaudary Name (print) Date (required) Account Holder / Flaudary Signature Account Holder / Flaudary Name (print) Date (required) Account Holder / Flaudary Signature Account Holder / Flaudary Name (print) Date (required) Account Holder / Flaudary Signature Account Holder / Flaudary Name (print) Date (required) Account Holder / Flaudary Signature Account Holder / Flaudary Name (print) Date (required) Account Holder / Flaudary Name (print) Acc	DocuSigned by:	Joe Client	3/2/2016
Account Holder / Plan Trustee / Febusiary Signature Account Holder / Plan Trustee / Febusiary Name (print) Date (required)	Logger Holdgr fran Trustee / Fiduciary Signature	Account Holder / Plan Trustee / Fiduciary Name (print)	Date (required)
7. Branch Use Only There reviewed this document for completeness, accuracy, suitability, and proper disclosures. If this account was opened online and the automated check CEURICLE ACTIONS -	Account Holder / Plan Trustee / Fiduciary Signature	Account Holder / Plan Trustee / Fiduciary Name (print)	Date (required)
	7. Branch Use Only I have reviewed this document for complete k Finish to send the completed document.	ness, accuracy, suitability, and proper disclosures. If this account was opene	ed online and the automated check



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