

## **Personal Securities Accounts**

3355 Cochran St. Ste. 100, Simi Valley, CA, 93063 Tel (800) 473-3856 • Fax (800) 636-1302

This form must be submitted to the Compliance Department PRIOR to opening a personal securities account or placing an initial securities transaction outside of HBW Advisory Services LLC . This requirement applies to accounts opened with an Investment Advisor, Broker/Dealer, Bank or other Financial Institution and shall apply to any account in which the Investment Advisor Rep. has a financial interest or over which the registered person has discretionary authority.

Date of Request:				Investment Advisor Representative Name:		
Representative Code Number:						
Information regar	ding the firm whe	re the account is	being esta	ablished:		
Account Registration				Account Number		
Name of Firm				Attention		
Address				Phone Number		
City				State		ZIP Code
Type(s) of Investr	ments (circle all th	nat apply):				
Equities Other	Fixed Income	Options	Mutu	ial Funds	Variable Annuities	DPPs
Purpose of Accou	ınt (circle one):					
Retirement Other	Speculation	Day Trading	Long-Te	erm Investing	Education Savings	Estate Planning
Notification:						
					personal and related account to supply copies of the sta	
In addition, if there is any change in your personal or related investment account information, then you must promptly notify tHBWAS of the change. This would include but is not limited to a change of custodian, a new investment objective for the account, or other such change.						
Signature of Representative				Date		
Home Office Principal Approval				Date		

If you recently joined HBW Advisory Services LLC and are using this form to notify the compliance department of your existing account(s), please provide a copy of your most recent account statement.