



**Householding Account Statements and/or Online Account Viewing\*  
Authorization Form**

\*Clients who use AOL as their Internet Service Provider must have Internet Explorer to view their account online.

**Primary Account Holder Information:**

Account Number: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Financial Advisor: \_\_\_\_\_

**Sub Account Owner(s) Authorization (All owners of account must sign):**

Sub Account Number: \_\_\_\_\_  
Sub Account Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sub Account Number: \_\_\_\_\_  
Sub Account Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sub Account Number: \_\_\_\_\_  
Sub Account Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please set up:

\_\_\_\_\_ Householding

You are hereby authorized to send my periodic account statements to the individual(s) at the address identified above under the heading "Primary Account." I specifically request that the copies of my account (identified above as "sub account") statements not be sent to any other address. I acknowledge that Sterne Agee will rely on my signature as indication that I have made arrangements to receive and review information on the statements sent to the Primary Account address. I understand that this arrangement will remain in effect until I notify Sterne Agee in writing to arrange to send my periodic account statements to another address.

\_\_\_\_\_ Online Viewing (New)

You are hereby authorized to provide the individual(s) listed above with electronic access to the account(s) listed above. I understand that this arrangement will remain in effect until I notify Sterne Agee in writing.

\_\_\_\_\_ Online Viewing (Update)

Please fax, mail, or e-mail this completed form to your Financial Advisor.

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