

FINRA Member Approval Form

Complete this form if you, your spouse, or any other immediate family members, including parents, in-laws, and siblings that are dependents, are employed by or are associated with the Financial Industry Regulatory Agency (FINRA) or an Exchange Member Firm.

Instructions

- 1. Request that your employer's Compliance Officer complete the Compliance Officer Statement.
- 2. Send us both the completed Account Owner Statement and the FINRA Compliance Officer Statement:

Scan and Email U.S. Mail support@folioinvesting.com Folio Investing

8180 Greensboro Drive, 8th Floor

703-649-6288 McLean, VA 22102

Important

 Your account will be restricted until we receive this form completed by you and your employer's compliance officer.

If you need assistance, call us at 1-888-973-7890.

Account Owner Statement

PART 1: Personal Information

	First Name	Middle Initial	Last Name				
Personal Information							
	Brokerage Account Username						
	Employer Name			Employer Phone Number () –			
	Employer Street Address (No PO Boxes)						
	City			State	Zip Code		

PART 2: Account Information

Provide the following information for the account(s) you are opening. List all the account numbers under your member profile below. Your alphanumeric account number is located next to the account name on your **Accounts** page, after logging in to our website.

Account Number	Account Type



FINRA Compliance Officer Statement

Compliance Officer must fill out this form.

An employee of your organization is requesting permission to open a brokerage account at Folio Investing. The employee's access to this account is restricted pending your approval. Instead of providing duplicate account documents to employers, we grant you online access to view your employee's account statements, trade confirmations and other account details such as account holdings and transaction history.

Select one of the options below:

Option 1: The Employee of our firm, as specified in the Account Owner Statement, is authorized to establish the brokerage account with Folio Investing. In accordance with the requirements of FINRA Conduct Rule 3050, I will not require online access to account information for this employer. The employee's account restriction will be lifted without granting me online access to view the account, and I will not have the ability to view copies of account statements or trade confirmations electronically. Skip to Part 4.

Option 2: The Employee of our firm, as specified in the Account Owner Statement, is authorized to establish the brokerage account with Folio Investing. In accordance with the requirements of FINRA Conduct Rule 3050, I will require online access to account information for this employer. The employee's account restriction will be lifted and I will be granted online access to view the account. Complete Part 3 and 4.

Option 3: The Employee of our firm, as specified in the Account Owner Statement, is not authorized to establish the brokerage account with Folio Investing. I deny the employee's request to open this account. This account will remain restricted until the employee or their advisor closes this account. Skip to Part 4.

We	will lift the restriction on th	Account Opening W ne employee's account, and grant yo view account statements, trade cor	u online acce	ss to view th					
1.	f you are already a user of our website, enter your Username and Date of Birth below (once you have entered this information go to Part 4								
	Username				e of Birth (mm/dd/yyyy)				
2.		our website, please fill out all of the me and grant you access to this cli							ıt.
		ces for your username: case sensitive, and cannot be cha	anged once	set up)					
	1.	2.			3.				
* N		ur account has been created an to change your password after you xt to Password.					from your Set	tings page by	
		First Name	Middle Initial	Last Name			Date of Birth (m	m/dd/yyyy)	
-	ampliance Officer	Employer Name			Employer Street Ac	ldress (No P.O. B	oxes)		

Compliance Officer Information Citv Zip Code Secret Question Secret Answer

PART 4: Compliance Officer Signature

Compliance Officer Information	Signature	Date (mm/dd/yyyy)		
	X	, ,		
	Print Name	Title		
	Phone Number () -	Email Address		



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Note: If you forget your password, we will ask you to type in the exact answer to your Secret Question.