

## Personal Information Request Form

Proper authentication is critical to ensuring the protection of personal information. Depending on the response to your request, you may be required to provide proof of identity before it can be fulfilled. We will respond to your request consistent with applicable laws.

Please submit completed forms via email to [operations@seia.com](mailto:operations@seia.com), fax to (310) 712-2345 or via ground mail to 2121 Avenue of the Stars, Suite 1600, Los Angeles, CA 90067. Please ensure all questions are answered.

Used for verification purposes:

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Are you requesting information on behalf of another person?

☐ No

☐ Yes

If Yes, what is your relationship with the person?

☐ I have Power of Attorney for this person

☐ I am an authorized representative of this person

What is your relationship with Signature Estate Securities, LLC (SES)?

☐ Current customer/client or other account holder

☐ Former customer/client or previously applied for an account

☐ Never had an account

☐ Current/former applicant, employee or contractor of SES

☐ Other: \_\_\_\_\_

Please select your request type(s):

☐ I want access to personal information that has been collected or shared

☐ I want to request that personal information be deleted

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