



**Use this form to gain online access to your account. Please fill out then fax or mail to TradePMR.**

Client ID: \_\_\_\_\_ Investment Advisor Name: \_\_\_\_\_  
Primary Account Number  
 HP#: \_\_\_\_\_

Account Holder Information		
Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	

List below the account numbers for which you request electronic access through Trade-PMR's Individual access web site. If any account is registered to a person other than the account holder listed, these additional persons must also sign below to authorize access.

The undersigned hereby request and authorize Trade-PMR to provide all persons listed above with electronic access to the accounts listed below. This authorization and consent shall remain in effect until revoked in writing.

Authorization and Consent		
Account Number		
	Signature	Date
	Joint/Other Person Signature	Date
Account Number		
	Signature	Date
	Joint/Other Person Signature	Date
Account Number		
	Signature	Date
	Joint/Other Person Signature	Date