

Use this form to gain online access to your account. Please print, fill out and then fax or mail to your Investment Consultant.

Client ID: \_\_\_\_\_  
Primary Account Number

**Account Holder Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Investment Consultant Information**  
To be completed by your broker

Investment Consultant's Name: \_\_\_\_\_  
Investment Consultant's E-Mail: \_\_\_\_\_

List below the account numbers for which you request electronic access through SAL's "Account 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 SAL 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
	Signature	Date
Account Number	Signature	Date
	Signature	Date
Account Number	Signature	Date
	Signature	Date

**ONLINE ACCOUNT VIEWING AUTHORIZATION**