



AMENDMENT ACCOUNT APPLICATION

PLEASE COMPLETE ONLY THE FIELDS WHICH NEED TO BE AMENDED

ACCOUNT NAME

ACCOUNT NUMBER

PRIMARY ACCOUNTHOLDER INFORMATION

Legal First Name

Legal Last Name (*Surname*)

Middle Name

Suffix

Country of Citizenship

Nationality

Phone Number

Email

Residential Address:

Building Name/Number/Floor

Suite/Apt #

City

State/Province

Country

ZIP/Postal Code

Mailing Address (if different from above):

P.O. Box

Country of Residence

Bank Information

Note that in accordance with ADSS's policies, ADSS can only send and receive funds from two bank accounts. Whichever accounts you list below are the only two accounts which ADSS can send and receive funds from throughout your relationship with ADSS, unless you were to close one or both of the accounts, then proof of account closure would be required to amend your bank account details

ORIGIN OF FUNDS - ACCOUNT

Accountholder's Name

Bank Name

Bank Address

Account or IBAN Number

Swift Code/ABA (*Routing Number*)

This account will be my:

Primary Account

Secondary Account

Reason for amendment (*required for all requested amendments)



RESET INFORMATION

Please tick preferred question and write answer on the space provided.

- What is your mother's name? *Answer:* _____
- What is your first pet's name? *Answer:* _____
- What is your favorite food? *Answer:* _____

Customer Acknowledgement

I, the undersigned, hereby represent that, and by signing below, the information provided on this document is true and accurate. I further represent that i will notify ADS Securities LLC ("ADSS") of any material changes to this certification in writing. ADSS reserves the right, but has no duty, to verify the accuracy of information provided.

Acknowledged By:

ACCOUNT HOLDER SIGNATURE

ACCOUNT HOLDER NAME

Date

COMPANY NAME (IF BUSINESS ACCOUNT)

TITLE (IF BUSINESS ACCOUNT)

