

All Associated Persons of Colorado Financial Service Corporation are required to disclose their Personal Securities Account(s) to the firm. For the purpose of completing this form, Personal Securities Account means any accounts in which securities transactions can be effected and in which the Associated Person has a personal financial interest.

- I have no Personal Securities Account.
- Personal securities accounts are held at Colorado Financial Service Corporation and are listed below.

Account Registration (Individual, IRA, etc)	Account Number	Relationship with the Associated Person

- I maintain or am planning to maintain my personal securities accounts with a financial institution¹ other than Colorado Financial Service Corporation. Below, is a list of my personal securities accounts held at the following financial institution(s). **Also complete the second page of this document and send it to the firm’s Compliance Department with the first page of this document. If you maintain the accounts with multiple financial institutions, please complete the second page for each financial institution.**

Colorado Financial prohibits any associated person, without the prior written consent of the OSJ Supervisors and the firm’s Compliance Department, from opening or establishing at another financial institution any Personal Securities Account. Associated persons, prior to opening or establishing any Personal Securities Account with any financial institution must notify and receive approval in writing by Colorado Financial. If the account was opened or established prior to association with Colorado Financial, the associated person would be required, within fifteen (15) business days of become associated, to obtain Colorado Financial’s written consent to maintain the account and to notify in writing the executing financial institution of his or her association with Colorado Financial. In addition, the associated person must instruct the executing financial institution to provide Colorado Financial duplicate account statements and confirmations as of the date of his or her association with Colorado Financial.

Account Registration (Individual, IRA, etc)	Account Number	Relationship	Financial Institution

_____	_____	_____
Associated Person’s Name	Signature	Date

_____	_____	_____
OSJ Supervisor’s Name	Signature	Date

Home Office Use Only :
 Date notified the executing firm: _____, Notified by: _____, First Statement Received (indicate the statement period): _____ *If not received within 15 days after the close of the calendar quarter, the firm’s Registrations Department must contact the executing firm.*

¹ The term “financial institution” includes any broker-dealers other than Colorado Financial Securities, Inc including domestic or foreign broker-dealer, investment adviser, bank, insurance company, trust company, credit union, and investment company.



304 INVERNESS WAY SOUTH, SUITE 355
CENTENNIAL, COLORADO 80112
303-962-7267

Brokerage Name _____

Brokerage Address _____

Brokerage City, State Zip _____

RE: Accounts reportable under NASD Conduct Rule 3050 and NYSE Rule 407.

I, _____, and/or an immediate family member, do own or operate a brokerage account listed below.

- Account Title: _____, Account Number: _____
- Account Title: _____, Account Number: _____
- Account Title: _____, Account Number: _____
- Account Title: _____, Account Number: _____
- Account Title: _____, Account Number: _____

Pursuant to NASD Rule 3050, please provide the duplicate copies of accounts statements to Colorado Financial Service Corporation. Please forward duplicate copies to:

**Compliance Department
Colorado Financial Service Corporation
304 Inverness Way South, Suite 355
Centennial, CO 80112**

_____, _____, _____
Authorized by Signature Date