



BUSINESS CARD/LETTERHEAD/FAX COVER
TITLE/PROFESSIONAL DESIGNATION APPROVAL REQUEST FORM
(Email this form to advertising@coloradofsc.com)

Number of pages (please number all submitted pages):

This form and attachment(s) must be reviewed and approved by the Designated Home Office Principal.

PLEASE NOTE THAT: USING THE COMMUNICATIONS MATERIAL SUBMITTED WITH THIS FORM, PRIOR TO RECEIVING WRITTEN APPROVAL FROM THE HOME OFFICE, IS STRICTLY PROHIBITED.

New Request Changes to Already Approved Business Card and/or Letterhead (Approval Number):

I. SUBMITTING REPRESENTATIVE INFORMATION

- 1. Submitting RR's Name:
2. Submitting RR's Registration Information: S6 S7 S22 S26 S62 S79 Other:
3. Submitting Representative's Business Location Type: OSJ Branch Non-OSJ Branch Unregistered Location

II. THIS REQUEST IS FOR: BUSINESS CARD LETTERHEAD FAX COVER TITLE PROFESSIONAL DESIGNATION

- A copy or copies of document(s) checked above is/are attached with this form.
I wish to use the information provided below for this submission.
(when this box is checked, provide information below as you wish to include in your business card, letterhead, or fax cover)

- 1. Name (as it will appear in the Business Card or Letterhead):
2. Business Name: Plan to use my DBA Name (provide the DBA name below) OR Plan to use Colorado Financial Service Corporation
3. DBA Name:

Attention! When a DBA name is used, you must include the following disclosure in your business card and letterhead. "Securities are offered through Colorado Financial Service Corporation ("CFSC"), member FINRA and SIPC. CFSC and DBA are separate entities."

- 4. Business Address:
5. Phone Number: 6. Fax Number:
7. Email Address:

- 8. Title (check all titles you wish to use)
Registered Representative Investment Adviser Representative
Account Executive Financial Consultant
Senior Account Executive Branch Supervisor
Financial Advisor Branch Manager
Other:

- 9. Professional Designation (check all professional designations you wish to use) NONE
Certified Financial Planner (CFP) Chartered Investment Counselor (CIC)
Chartered Financial Analyst (CFA) Chartered Financial Consultant (ChFC)
Personal Financial Specialist (PFS) Chartered Investment Counselor (CIC)
Chartered Life Underwriter (CLU) Other:

Please include proof of profession designation(s)/collegiate degrees.

- 10. Other (provide additional information you wish to include in your business card, letterhead, or fax cover):

I understand that I cannot use any materials with this form until I receive written approval and instruction from the firm's Compliance Department.

Submitting Representative's Signature Submitting Date:

III. HOME OFFICE USE ONLY

THIS SUBMISSION IS APPROVED AND INTERNAL APPROVAL NUMBER:
THIS SUBMISSION IS REJECTED AND INTERNAL REJECTION NUMBER:
APPROVED OR REJECTED BY: CRD NUMBER: DATE: