

EMAIL ACCOUNT SET UP REQUEST



FINANCIAL REPRESENTATIVE NAME:

REP#

SECTION 1: CCS LINKED EMAIL ACCOUNT USED FOR CCS BUSINESS

CCS Registered Reps are required to maintain an email address for purposes of securities, investment advisory and other business supervised by CCS. This email account must be through or linked to the CCS Email Platform @ccsreps.com.

If requesting a new @CCSREPS Email Account complete the following:

REQUESTED USER NAME _____ @ccsreps.com (ex. DSmith@ccsmadison.com)

REQUESTED PASSWORD: _____

Complete if you have a registered Domain and use a Third Party email provider (EX. Go Daddy, etc.):

EMAIL ADDRESS: _____

USER NAME (IF DIFFERENT): _____

PASSWORD: _____

EMAIL PROVIDER: Network Solutions Go Daddy Other: _____

INBOUND EMAIL SERVER: _____

Will you use a Personal Electronic Device (cell phone, tablet, etc.) to access your email?

No Yes – attach a completed Personal Electronic Device Approval Form [CCS REP PAGE > QUICK LINKS > COMPLIANCE](#)

SECTION 2: EMAIL ACCOUNTS USED FOR OUTSIDE BUSINESS ACTIVITIES

CCS Registered Reps are required to disclose any email accounts used for outside business activities.

If not listed above, please indicate the email accounts used for outside business activities:

OBA EMAIL ADDRESS: _____

OBA EMAIL ADDRESS: _____

Will you use a Personal Electronic Device (cell phone, tablet, etc.) to access your email?

No Yes – attach a completed Personal Electronic Device Approval Form [CCS REP PAGE > QUICK LINKS > COMPLIANCE](#)

SECTION 3: EMAIL ACCOUNTS USED FOR PERSONAL USE ONLY

CCS Registered Reps are required to disclose any email accounts used for personal use only.

If not listed above, please indicate the email accounts used for personal use only:

PERSONAL EMAIL ADDRESS: _____

PERSONAL EMAIL ADDRESS: _____

SECTION 4: REP CERTIFICATION

By signing below you are certifying to the following:

I understand that I am required to promptly disclose to CCS all email accounts I use including personal accounts.

I understand that I must disclose any personal electronic device that I use to access or deliver email on these devices.

I understand that I must receive CCS approval to access or deliver email on these devices for business supervised by CCS and/or Outside Business Activities.

I understand that CCS is required to capture and supervise all electronic communications that require review under FINRA and federal securities record-keeping laws (defined in CCS procedures as Business Supervised by CCS).

I understand that CCS Policies and Procedures prohibit the use of text messaging or instant messaging to discuss or conduct securities, investment advisory or any other business requiring CCS supervision.

I understand that I must verify my current email addresses and any personal electronic devices I use at least annually and I must also annually certify that I am acting consistent with CCS policies and procedures for electronic communications.

I understand that if CCS does not approve the personal electronic device I am prohibited from using it to communicate with the public regarding Business Supervised by CCS and that such devices will be subject to CCS review to ensure that they are not being used for such purposes.

I agree not to change any email settings so as to disrupt the electronic capture of emails I send or receive from the device.

<input type="checkbox"/>	<input type="checkbox"/>
REGISTERED REP INITIAL	N/A

I understand I must receive prior approval from CCS if I intend to change my third party email provider to ensure that settings with the provider are set to mail.ccsreps.com (check N/A if not using a third party email provider)

CERTIFIED THIS _____ DAY OF _____, 20____.

X _____
Registered Rep Signature Print Name Date

CCS APPROVAL:

NAME:

DATE:

SECTION 4: REP CERTIFICATION

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<small>REGISTERED REP INITIAL</small>	<small>N/A</small>

I understand I must receive prior approval from CCS if I intend to change my third party email provider to ensure that settings with the provider are set to mail.ccsreps.com (check N/A if not using a third party email provider)

CERTIFIED THIS _____ DAY OF _____, 20____.

REGISTERED REPRESENTATIVE

X _____ Representative Signature **Date** _____

COORDINATED CAPITAL SECURITIES, INC.

X _____
SIGNATURE PRINT NAME TITLE DATE