CUSTOMER PROFILE MAINTENANCE

HARBOUR INVESTMENTS, INC.
Brokerage Services & Financial Consultants

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Member FINRA, SIPC and MSRB
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Signature Card for CIP Signed Electronically ☐
- Complete Part I & Part III

Address Update (with no change in financials) ☐
- Complete Part I, Part II & Part III

Name Change (with no change in financials) ☐
- Complete Part I & Part III

For Liquidated Accounts Only ☐
- Complete Part I, Part II & Part III

PART I: CUSTOMER(S) INFORMATION REQUIRING MAINTENANCE

Customer 1	SSN 1	Email[1]
Customer 2	SSN 2	Email[1]
Minor 1	SSN Minor 1	DOB Minor 1
Minor 2	SSN Minor 2	DOB Minor 2
Minor 3	SSN Minor 3	DOB Minor 3
Minor 4	SSN Minor 4	DOB Minor 4

Email[1]. By providing your email address(es) above you agree to receive confirms/disclosures via email. (Personal information may include address, investment time frame and/or risk tolerance.)

☐ **I/WE ELECT TO OPT-OUT OF ANNUAL MAILINGS, AVAILABLE AT WWW.HARBOURINV.COM.**

PART II: CONTACT INFORMATION UPDATE - I/WE CERTIFY THIS CHANGE HAS NO MATERIAL CHANGE TO MY FINANCIAL STATUS, OBJECTIVES OR RISK TOLERANCE.

Street Address	Home Phone
City, ST ZIP	Cell Phone
Mailing Address (if different)	

PART III: CUSTOMER STATEMENT AND SIGNATURES

I / We acknowledge that the above information is accurate. I understand this form does not disclose my circumstance or objectives. To conduct business with Harbour Investments I must complete a Customer Investment Profile disclosing my financial status, liquidity needs, risk tolerance and objectives. I authorize Harbour Investments to rely on my signature set forth below.

Signature of Customer 1	Date	Signature of Customer 2	Date
Print Name		Print Name	
Driver's License Number		Driver's License Number	

PART IV: FINANCIAL PROFESSIONAL STATEMENT

I am acquainted with this customer, have discussed their investment objectives, verified their identity and am licensed to transact business in the client's state of residence. I believe the above information furnished by the customer is true and accurate.

Signature of Financial Professional	Date	Rep #