



If you wish to exclude one or more of the financial institutions listed below, you may do so by placing a checkmark next to the financial institution name, completing the information at the bottom and returning the form to Cetera Advisors LLC.

Account Number \_\_\_\_\_

**PARTICIPATING FINANCIAL INSTITUTION LIST**

- |  |   |
|--|---|
| <input type="checkbox"/> Androscoggin Bank, Lewiston, ME     | <input type="checkbox"/> Israel Discount Bank, New York, NY   |
| <input type="checkbox"/> Associated Bank N.A., Green Bay, WI | <input type="checkbox"/> Morris Bank, Dublin, GA              |
| <input type="checkbox"/> Bank Hapoalim, New York, NY         | <input type="checkbox"/> NY Community Bank, Cranford, NJ      |
| <input type="checkbox"/> BB&T, Lumberton, NC                 | <input type="checkbox"/> Quontic Bank, Astoria, NY            |
| <input type="checkbox"/> Citibank N.A., New York, NY         | <input type="checkbox"/> Seaside National Bank, Orlando, FL   |
| <input type="checkbox"/> Compass Bank, Birmingham, AL        | <input type="checkbox"/> Simmons FN Bank, Little Rock, AR     |
| <input type="checkbox"/> East West Bank, Pasadena, CA        | <input type="checkbox"/> Texas Capital Bank, Dallas, TX       |
| <input type="checkbox"/> Evolve Bank & Trust, Memphis, TN    | <input type="checkbox"/> Third Coast Bank SSB, Humble, TX     |
| <input type="checkbox"/> Farmers and Merchants, Milford, NE  | <input type="checkbox"/> TriState Capital Bank, Pittsburg, PA |
| <input type="checkbox"/> First Guaranty Bank, Hammond, LA    | <input type="checkbox"/> United Bank, Glastonbury, CT         |
| <input type="checkbox"/> Glacier Bank, Kalispell, MT         | <input type="checkbox"/> Valley National Bank, Wayne, NJ      |
| <input type="checkbox"/> Independent Bank, McKinney, TX      | <input type="checkbox"/> WEX Bank, Midvale, UT                |

Print Client Name \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Client Name \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Registered Representative Name \_\_\_\_\_

**This form is required *only* if you choose to eliminate a financial institution from the FlexInsured Account.**

**Fax completed form to 888.428.9904.**

Deposits held in the FlexInsured Account® are not covered by SIPC.

