

Firm Contact & Principal Assignment

Use this form to assign a firm; designate principals/authorized officers; add, update or remove authorized interested parties or designated representatives on an Account(s) held at Columbia Private Trust.

Please refer to Advisor Services Agreement for additional information on Firm information and disclosures.

1. FIRM INFORMATION

Type of Firm: ☐ RIA ☐ Broker/Dealer ☐ Bank Other: _____

CRD NO. (IF APPLICABLE)		FIRM NAME		TAX ID NO.
FIRM PRIMARY CONTACT (FIRST, MI, LAST)				
ADDRESS (PRINCIPAL PLACE OF BUSINESS)				
CITY	STATE/PROVINCE	COUNTY	POSTAL CODE	
PRIMARY PHONE			FAX	
EMAIL			WEBSITE	

2. PRINCIPAL/AUTHORIZED OFFICER

2A PRINCIPAL/AUTHORIZED OFFICER #1

Action Requested: ☐ Add ☐ Update ☐ Remove Social Security No.: _____

NAME (FIRST, MI, LAST)		TITLE	CRD NO.
ADDRESS			
CITY	STATE/PROVINCE	COUNTY	POSTAL CODE
PRIMARY PHONE		FAX	
EMAIL		COLUMBIA PRIVATE TRUST CONTACT ID NO.	

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2B PRINCIPAL /AUTHORIZED OFFICER #2

Action Requested: Add Update Remove Social Security No.: _____

NAME (FIRST, MI, LAST)		TITLE		CRD NO.	
ADDRESS					
CITY		STATE/PROVINCE		COUNTY	
				POSTAL CODE	
PRIMARY PHONE			FAX		
EMAIL			COLUMBIA PRIVATE TRUST CONTACT ID NO.		

3. AUTHORIZED INTERESTED PARTY (AIP)

Action Requested: Add Update Remove

Access Rights: Information Only Account Update (non-transactional)


NAME (FIRST, MI, LAST)		SOCIAL SECURITY NO.		CRD NO. (IF APPLICABLE)	
ADDRESS					
CITY		STATE/PROVINCE		COUNTY	
				POSTAL CODE	
PRIMARY PHONE			FAX		
EMAIL			COLUMBIA PRIVATE TRUST CONTACT ID NO.		

	SIGNATURE (REQUIRED FOR ADD OR UPDATE)		TITLE

4. DESIGNATED REPRESENTATIVE INFORMATION

Full access to designated accounts. **PLEASE ATTACH LIST OF CLIENT NAMES AND ACCOUNT NUMBERS.**

Action Requested: Add Update Remove

FINANCIAL REPRESENTATIVE (DR) NAME (FIRST, MI, LAST)		SOCIAL SECURITY NO.	
OFFICE NAME		BROKER-DEALER NAME	
INDIVIDUAL CRD NO.		FIRM CRD NO.	
REPRESENTATIVE NO.		BRANCH NO.	
MAILING ADDRESS			
CITY	STATE/PROVINCE	COUNTY	POSTAL CODE
BUSINESS PHONE NO.	CELL PHONE NO.	FAX NO.	
EMAIL	COLUMBIA PRIVATE TRUST CONTACT ID NO.		
	SIGNATURE (REQUIRED FOR ADD OR UPDATE)		TITLE

5. COMPLIANCE OFFICER

Action Requested: Add Update Remove Social Security No.: _____

NAME (FIRST, MI, LAST)		TITLE	
ADDRESS			
CITY	STATE/PROVINCE	COUNTY	POSTAL CODE
PRIMARY PHONE		FAX	
EMAIL	COLUMBIA PRIVATE TRUST CONTACT ID NO.		



6. AUTHORIZATION

Principals and Authorized Officers will have access to all client Accounts represented by the firm. You agree to advise Columbia Private Trust promptly in writing of any additions, updates, or deletions. Please attach a Corporate Resolution authorizing these Principals and Authorized Officers to sign on behalf of the firm. By signing this agreement I acknowledge that I have received, read and agree to abide by the terms of the accompanying Advisor or Broker Services Agreement, and Columbia Private Trust Client Account Owner Agreement and Disclosure Statements (available on the Columbia Private Trust website), which both contain pre-dispute arbitration clauses.

The undersigned acknowledges that the content of this form is true and accurate.

	PRINCIPAL / AUTHORIZED SIGNATURE	DATE (REQUIRED)
	PRINTED NAME	
	PRINCIPAL / AUTHORIZED SIGNATURE	DATE (REQUIRED)
	PRINTED NAME	
	COMPLIANCE OFFICER SIGNATURE	DATE (REQUIRED)
	PRINTED NAME	

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NON-DEPOSIT INVESTMENT PRODUCTS ARE NOT INSURED BY THE FDIC; ARE NOT DEPOSITS OR OTHER OBLIGATIONS OF, OR GUARANTEED BY, THE BANK OR ANY OF ITS DIVISIONS; AND ARE SUBJECT TO INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF THE PRINCIPAL AMOUNT INVESTED.

Upload forms to:
ColumbiaPrivateTrust.com/Upload
Fax to: 303.614.7040

Send mail to:
Columbia Private Trust
Processing Center
P.O. Box 981012
Boston, MA 02298

For express deliveries:
FIS-Remittance Processing
Loading Dock #2
Attn: Columbia Private Trust
10 Dan Road
Canton, MA 02021

Questions?
Call 800.962.4238

