Authorization Statement

| I,, authorize (Corporation) to |
|--|
| obtain a Central Record Depository (CRD) report regarding my work history from the Financial Industry Regulatory Authority "FINRA" (formerly known |
| as the NASD). I have listed my social security number and birthday and month |
| below to be used as verification to obtain the CRD report. I acknowledge |
| that receipt of an unsatisfactory report may result in a withdrawal of an employment offer. |
| Month/Day of Birth (MM/DD): (Do not enter the year of your birth) |
| Social Security Number (xxx-xx-xxxx): |
| |
| Signature: |
| |
| Printed Name: |
| |
| Date: |
| |