

Personal Information Request Form

Proper authentication is critical to ensuring the protection of personal information. Depending on the response to your request, you may be required to provide proof of identity before it can be fulfilled. We will respond to your request consistent with applicable laws.

Please submit completed forms via email to operations@seia.com, fax to (310) 712-2345 or via ground mail to 2121 Avenue of the Stars, Suite 1600, Los Angeles, CA 90067. Please ensure all questions are answered.

Used for verification purposes:

Name: _____

DOB: _____

Primary Phone: _____

Are you requesting information on behalf of another person?

No

Yes

If Yes, what is your relationship with the person?

I have Power of Attorney for this person

I am an authorized representative of this person

What is your relationship with Signature Intelligent Portfolios, LLC (SIP)?

Current customer/client or other account holder

Former customer/client or previously applied for an account

Never had an account

Current/former applicant, employee or contractor of SIP

Other: _____

Please select your request type(s):

I want access to personal information that has been collected or shared

I want to request that personal information be deleted

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