



**PRIVATE
CLIENT
SERVICES™**

MEMBER FINRA, SIPC
A Registered Investment Advisor

Private Client Services, LLC Representative's Procedures Manual

I, serving as a Registered Representative of Private Client Services, hereby acknowledge that I have received or have access to the Private Client Services, LLC Registered Representative's Manual. I acknowledge that I have read, understand, and agree to abide by its requirements, including the USA Patriot Act Training/Suspicious Activity Reporting Training and the Books and Records procedures.

Signature of Registered Representative

Date

Print name

Rep number or Social Security number

Field Manager

Persons to Explain Records

Please provide Private Client Services with the office location(s) and the name(s) and title(s) of all person(s) in each of your offices who can locate and explain records related to your securities business.

Location 1:

Street Address

City

State

Zip Code

Name of person(s) designated to explain records:

Self

Other(s), include title (office manager, assistant, etc.) _____

Location 2:

Street Address

City

State

Zip Code

Name of person(s) designated to explain records: Self

Other(s), include title (office manager, assistant, etc.) _____

For additional locations, please indicate this required information on the reverse side of this page.

RETURN COMPLETED FORM WITHIN 30 DAYS OF REGISTRATION EFFECTIVE DATE

By fax: (502) 473-1721

By mail: Private Client Services, LLC
Attn: Compliance Department
2225 Lexington Rd
Louisville, KY 40206