



**PRIVATE
CLIENT
SERVICES™**
MEMBER FINRA, SIPC
A Registered Investment Advisor

REQUEST FOR SIGNATURE GUARANTEE

I hereby request that Private Client Services LLC ("PCS") provide a signature guarantee for the attached document. I certify to PCS that this customer has a continuing client relationship with the Broker Dealer and that this service is not being provided on an isolated or one-time basis.

Please select one of the following options:

☐ I affirm that I personally witnessed the client's signature and verified the identity of the individual by a valid driver license, state identification card, passport or birth certificate. (New customer)

☐ I affirm that I have verified the client signature and identity. (Established customer)

By signing below, I _____ (Rep name) acknowledge that if the signature is fraudulent or the customer doesn't have a continuing relationship with PCS, I may be held liable for losses due to this request.

Customer Name

Customer Social Security Number

Account Number (If applicable)

Registered Representative Signature

Registered Representative Number

\$ _____

Dollar Amount of Guarantee (*Must be \$500,000 or less*)

Date

Brief Description of Document needing the Signature Guarantee (please indicate page number):

This form, along with the business needing the guarantee, must be sent to:

Private Client Services, Inc.

2225 Lexington Road

Louisville, KY 40206

Guaranteed By:

Date