



# Request for Letter of Indemnity

2225 Lexington Road  
 Louisville, KY 40206  
 www.pcsbd.net

Date:	Number of pages (including this page):
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**Required:**

Representative Name:	Representative Number:
Representative Telephone Number:	Representative Fax Number:
Client's First Name:	Client's Last Name:
Account Registration:	
Client's Social Security Number:	
Investment Sponsor's Name:	
Investment Sponsor's Address:	
Sponsor Contact Person:	Direct Telephone #:
Sponsor or Brokerage Account Number:	

**Required:** Please write a brief description of the transaction. Include all relevant transaction dates and dollar amounts along with the steps needed to correct the transaction:

**Optional:** Include any pertinent information including copies of statements, cancelled checks, PCS Customer Account forms, etc. Please provide these documents along with your completed request form.

I understand that I am fully liable for any losses, charges, penalties, fees, tax consequences or any other financial payment of any kind that may occur as a result of this request. I further acknowledge that I am responsible for these payments even if the event causing this correction resulted from an action taken by a registered sales assistant or unregistered associate under my supervision.

\_\_\_\_\_  
 Representative Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Managing Principal Signature

\_\_\_\_\_  
 Date