Broadridge Fi360 Solutions

2 Chatham Centre

Pittsburgh, PA 15219 [www.fi360.com](http://www.fi360.com/)

***WE MAY ALREADY HAVE YOUR DATA!***

Please note, you should not complete or submit the attached authorization form if you are with a **Broker Dealer or RIA aggregator**. Contact fi360integrations@broadridge.com to see if your firm has already been approved for this integration.

**Things you should know.**

1. This is a Firm Level Authorization ONLY. The person in your firm responsible for Third Party Authorization will need to complete this form.
2. Please make sure you are using the Firm Name you use for business with this record keeper please note if you use more than one name you will need to complete a form for each business name represented.
3. We receive a monthly file from July Business Services that contains month end values. This data is typically received during the 2nd week of the month following month end.
4. Please be sure to enter your CRD number under the [integrations tab](https://fi360.zendesk.com/hc/en-us/articles/235591108-How-To-Request-Integrations-With-A-Provider-Fiduciary-Focus-Toolkit-). This helps us at Fi360 keep track of your request.
5. Copy the document content onto your letterhead and enter the required information.
6. Scan this copy and email it to mwelstead@julyservices.com and copy Fi360Integrations@broadridge.com.
7. If you do not see your integration feed within 6 weeks please reach out to Fi360integrations@broadridge.com for an update.

PLACE ON COMPANY LETTERHEAD

[Date]

July Business Services 400 Austin Avenue

Suite 1200

Waco, Texas 76701

Dear July Business Services:

[Firm Name] (“Firm”), hereby directs July Business Services (“Recordkeeper”) to allow Fi360, Inc. (“Agent”) to receive a periodic download of computer files containing account data (“Account Data”) for all accounts (“Client Accounts”) now or in the future on behalf of the Firm.

Agent’s authority with respect to Client Accounts will be limited to downloading Account Data and integrating the Account Data into Agent’s products to benefit the Firm and the Firm’s employees. Agent will have no trading, disbursement, fee payment or other authority over any Client Account.

Sincerely, [FIRM NAME]

By:

**Authorized Signature**

Name:

**Print Name**

Title:

**Job Title**

Date**: Current Date**