

CITSS

Compliance Instrument
Tracking System Service

Request to Change Account Representatives/Account Viewing Agents Form

Replacement of the Primary Account Representative (PAR), or the addition of a new Alternate Account Representative (AAR) or Account Viewing Agent (AVA) entered in CITSS will not become effective until this form authorizing the proposed change(s) is approved by the California Registrar. The information in this form must be signed and mailed to the California Registrar at the following address:

California ARB
Attn: CITSS Registrar
1001 I Street, 6th Floor
Sacramento, CA 95814

Section 1.0 Authorization for Changes

This form authorizes replacement of the PAR, including swapping of the current PAR with a current AAR or AVA, and/or the addition of new AARs or AVAs. These changes must have already been entered in CITSS and be pending Registrar approval.

Entity Account Information

CITSS Entity ID #:

Legal Name:

Operating Name:

Attestation by the active PAR or an active AAR

This attestation is required per Section 95832(d).

I certify under penalty of perjury under the laws of the State of California that I am authorized to make this submission on behalf of the entity that owns the compliance instruments held in the account. I certify under penalty of perjury under the laws of the State of California that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify under penalty of perjury under the laws of the State of California that the statements and information submitted to ARB are true, accurate, and complete. I consent to the jurisdiction of California and its courts for purposes of enforcement of the laws, rules and regulations pertaining to title 17, article 5, sections 95800 et seq., and I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

Print Name:**User Reference Code:****Employer Name:****Title:****Signature:****Date:**

Director or Officer Verification (must be an individual provided in the most recent disclosures of the list of the Entity's Directors and Officers pursuant to title 17, article 5, sections 95800 et seq.)

This verification is required per Section 95832(a)(4).

I certify under penalty of perjury under the laws of the State of California that I am an officer of the entity who is responsible for the conduct of the primary account representative and alternate account representative(s) or account viewing agent(s), that the natural persons listed on this account application have been selected as the primary account representative and alternate account representative(s) or account viewing agent(s), for this account, and that I am one of the officers or directors for this entity disclosed pursuant to title 17, article 5, sections 95800 et seq.

Print Name:**Date:****Number of Attached Attestation Pages:****Employer Name:****Title:****Signature:**

Section 2.0 Proposed Changes

The following three tables are used to identify requested changes to the PAR, AARs, and AVAs respectively. Multiple changes may be indicated within each table. An account held by an individual market participant must have a PAR, but is not required to have an AAR as a second representative. All other entity accounts must have a PAR and at least one AAR. All accounts may designate up to four AARs and five AVAs.

Entity accounts must have a PAR at all times. When the user who is the current PAR is proposed to be retired or changed to another role, another user must be designated to replace the current PAR. For convenience, CITSS allows users to be swapped between the PAR role and the AAR or AVA roles in a single action.

Complete only those table(s) in this form within which changes are proposed, i.e. replacement of a PAR, swapping the current PAR with a current AAR or AVA, or adding new AARs and/or AVAs. Complete each table in its entirety where changes are proposed by listing the names of all current representatives or agents. It is only necessary to provide the 12-digit CITSS User Reference Code for individuals that are being added or changing roles.

Table 1: Primary Account Representative (PAR)

Complete this table if the current PAR is being changed. The current PAR may be retired (not designated to another role) or designated as an AAR or AVA. The registered user that will replace the current PAR must be one of the following:

- a user who is not already an AAR or AVA and must be added (indicate in Table 1).
- an AAR being changed to the PAR (indicate in Table 2).
- an AVA being changed to the PAR (indicate in Table 3).

Name	User Reference Code	Add	Retire	Change to AAR	Change to AVA
1.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use the line below to designate a user who is not already an AAR or AVA as the new PAR					
		<input type="checkbox"/>			

Table 2: Alternate Account Representatives (AARs)

Complete this table to add a new AAR or swap a current AAR with the current PAR. All current AARs, including the addition of new AARs, and/or the swapping of a current AAR with the current PAR should be listed in the table below.

Name	User Reference Code	Current (No Change)	New (add)	Change to PAR
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Table 3: Account Viewing Agents (AVAs)

Complete this table to add a new AVA or swap a current AVA with the current PAR. All current AVAs, including the addition of new AVAs, and/or the swapping of a current AVA with the current PAR should be listed in the table below.

Name	User Reference Code	Current (No Change)	New (add)	Change to PAR
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 3.0 Additional Required Information (if applicable)

If none of the account representatives have a primary residence address in California, you must have an Agent for Service of Process located in California. The agent may be an individual who resides in California, or a corporation, that has previously filed a certificate pursuant to California Corporations Code section 1505. If needed, please identify an Agent for Service of Process.

Name of Agent for Service of Process:

Agent Address:

Agent City, State, Zip:

Section 4.0 Attestations by New Account Representatives

The following attestations must be completed by users who are being added to an account as a PAR or AAR, or are changing roles. Per Section 95832(a)(3), an attestation must be completed whenever a user is designated as a PAR or AAR, even if that individual was previously an AAR or PAR. Attestations must be submitted with original signatures.

This form provides a total of five Attestation Pages that may be attached to this form, however, in most cases, not all five of the attestations will be required. In Section 1 of this form, the Director or Officer verifying the content of this form must confirm the number of Attestation Pages that are attached to the back of this form.

Attached Attestation Page 1

1. *I certify under penalty of perjury under the laws of the State of California that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. I certify under penalty of perjury of the laws of the State of California that the statement of information submitted to ARB is true, accurate, and complete.*

2. *I certify under penalty of perjury under the laws of the State of California that I was selected as the primary account representative or the alternate account representative, as applicable, by an agreement that is binding on all persons who have an ownership interest with respect to compliance instruments held in the account. I certify that I have all the necessary authority to carry out the duties and responsibilities contained in title 17, article 5, sections 95800 et seq. on behalf of such persons and that each such person shall be fully bound by my representations, actions, inactions, or submissions and by any order or decision issued to me by the accounts administrator or a court regarding the account.*

New Role (Choose One): PAR AAR

Print Name:

User Reference Code:

Employer Name:

Title:

Signature:

Date:

Attached Attestation Page 2

1. *I certify under penalty of perjury under the laws of the State of California that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. I certify under penalty of perjury of the laws of the State of California that the statement of information submitted to ARB is true, accurate, and complete.*

2. *I certify under penalty of perjury under the laws of the State of California that I was selected as the primary account representative or the alternate account representative, as applicable, by an agreement that is binding on all persons who have an ownership interest with respect to compliance instruments held in the account. I certify that I have all the necessary authority to carry out the duties and responsibilities contained in title 17, article 5, sections 95800 et seq. on behalf of such persons and that each such person shall be fully bound by my representations, actions, inactions, or submissions and by any order or decision issued to me by the accounts administrator or a court regarding the account.*

New Role (Choose One): PAR AAR

Print Name:

User Reference Code:

Employer Name:

Title:

Signature:

Date:

Attached Attestation Page 3

1. *I certify under penalty of perjury under the laws of the State of California that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. I certify under penalty of perjury of the laws of the State of California that the statement of information submitted to ARB is true, accurate, and complete.*

2. *I certify under penalty of perjury under the laws of the State of California that I was selected as the primary account representative or the alternate account representative, as applicable, by an agreement that is binding on all persons who have an ownership interest with respect to compliance instruments held in the account. I certify that I have all the necessary authority to carry out the duties and responsibilities contained in title 17, article 5, sections 95800 et seq. on behalf of such persons and that each such person shall be fully bound by my representations, actions, inactions, or submissions and by any order or decision issued to me by the accounts administrator or a court regarding the account.*

New Role (Choose One): PAR AAR

Print Name:

User Reference Code:

Employer Name:

Title:

Signature:

Date:

Attached Attestation Page 4

1. *I certify under penalty of perjury under the laws of the State of California that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. I certify under penalty of perjury of the laws of the State of California that the statement of information submitted to ARB is true, accurate, and complete.*

2. *I certify under penalty of perjury under the laws of the State of California that I was selected as the primary account representative or the alternate account representative, as applicable, by an agreement that is binding on all persons who have an ownership interest with respect to compliance instruments held in the account. I certify that I have all the necessary authority to carry out the duties and responsibilities contained in title 17, article 5, sections 95800 et seq. on behalf of such persons and that each such person shall be fully bound by my representations, actions, inactions, or submissions and by any order or decision issued to me by the accounts administrator or a court regarding the account.*

New Role (Choose One): PAR AAR

Print Name:

User Reference Code:

Employer Name:

Title:

Signature:

Date:

Attached Attestation Page 5

1. *I certify under penalty of perjury under the laws of the State of California that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. I certify under penalty of perjury of the laws of the State of California that the statement of information submitted to ARB is true, accurate, and complete.*

2. *I certify under penalty of perjury under the laws of the State of California that I was selected as the primary account representative or the alternate account representative, as applicable, by an agreement that is binding on all persons who have an ownership interest with respect to compliance instruments held in the account. I certify that I have all the necessary authority to carry out the duties and responsibilities contained in title 17, article 5, sections 95800 et seq. on behalf of such persons and that each such person shall be fully bound by my representations, actions, inactions, or submissions and by any order or decision issued to me by the accounts administrator or a court regarding the account.*

New Role (Choose One): PAR AAR

Print Name:

User Reference Code:

Employer Name:

Title:

Signature:

Date:
