

# FLOOR MEMBER STATUS CHANGE NOTIFICATION



Member Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Affiliated Firms: \_\_\_\_\_  
(list all affiliations)  
\_\_\_\_\_  
\_\_\_\_\_

Effective Date ____/____/____ as of OPENING / CLOSING (circle one)
Reason for status change: _____ _____ _____
<input type="checkbox"/> Member became inactive nominee
<input type="checkbox"/> Inactive Nominee became member

ACRONYMS  
(number plus prefix / suffix):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corresponding account type:  
FLBKR      ROT      SPEC

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Firm Signature

\_\_\_\_\_  
Date