

OFG FINANCIAL SERVICES, INC.

Customer Account Record Update Form

Date: _____

Purpose of this Update (Check one, or more):

Change of Investment Objective _____

Update of Other Information _____

Customer Name: _____

Joint Name: _____

Address: _____ Phone #: _____

_____ E-mail: _____

Social Security #: _____ Date of Birth: _____

Driver's License # (s): _____ DL Expiration: _____

* ** Trusted Contact Person: _____

* ** Trusted Contact Phone #: _____

Customer's Current Investment Objective: _____

Employment Status: _____ Occupation: _____

Employed by FINRA Member? (Y/N): ___ Client Opt-In for OFG Electronic Mailings? (Y/N): ___

** Annual Income: _____ ** Net Worth: _____

Additional Information: _____

*** Registered Representative Signature _____ Date _____

RR # _____ Principal Approval _____ Date _____

* By providing information to OFG about a trusted contact person, the customer authorizes OFG to contact the trusted contact person listed above and to disclose information about the account to that person in the following circumstances: (1) to address possible financial exploitation, (2) to confirm the specifics of the customer's current contact information or health status, (3) to confirm the identity of any legal guardian, executor, trustee or holder of a power of attorney, or (4) as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults).

** If the customer does not wish to disclose this information, please enter "Declined".

*** OFG accepts electronic signatures on this form, and the signatory acknowledges and represents the electronic entry constitutes their legally-binding signature.