COASTALONE

Office Locations: Request for Approval
FINRA Rule 3110(f)

Submit this request to Compliance to conduct business from your primary residence. This arrangement may be considered provided that, at a minimum, the RR is currently employed by CEI and is in good standing with both CEI and supervising regulatory authorities. Compliance must approve any such arrangement.

Address of non-branch location (residence):

_____

Branch location of records/held out to the public:

_____

RRs approved for working from their primary residences may do so as long as the residence is not held out to the public as a branch office, and that they adhere to all relevant policies and procedures of CEI. The following requirements must also be met:

- only one Firm RR may conduct business from the location (unless otherwise approved by Compliance)
- the RR does not meet with customers at the location
- customer funds and securities are not handled at the location
- the RR is assigned to a designated branch office, and such office is reflected on all business cards, stationery, advertisements, and other communications to the public
- the RR's out-going customer communications sent from the primary residence are pre-approved by his/her designated supervisor
- all electronic business communications (i.e., e-mails, faxes) are transmitted through firm systems
- all customer orders are entered through the designated branch office or, if approved, via a firm-approved system
- all required branch records are maintained at the designated branch office location

Other requirements:

- the RR may not use his/her personal e-mail accounts (i.e., yahoo, gmail, etc.) to communicate with existing or potential clients; only firm electronic systems may be used for customer communications
- all firm system installations must be supervised by the Information Officer or IT department and in accordance with all firm policies

By signing below I attest that I have read, understand, and will comply with the above policy.

_____   _____

Signature   Date

Rep name: _____

Factors considered:

☐ Approved   ☐ Not approved   By: _____ Date: _____