

<i>Internal use only</i> Account No: _____ Compliance Review: _____ Added to Records: _____
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LETTER OF APPROVAL FOR ACCOUNTS OF AFFILIATED PERSONS

Account Holder Affiliation Notification

By my signature below, pursuant to NASD Conduct Rule 3050 and/or NYSE Rule 407, I acknowledge that my employer, or a member of my household's employer, is a FINRA or Exchange Member Firm and have notified the employer of my intention to open a brokerage account with Cambria Capital, LLC clearing through Legent Clearing, LLC.

Employee (Account Holder) Signature

Date

Printed Name

Social Security No.

Please accept this as authorization to open a brokerage account for the individual listed above.

The aforementioned individual is an employee, or a member of a household of an employee of

Name of Employer

Employer Address

City/State/Zip

Company Phone

Our firm requires duplicate confirmation? Yes No

Our firm requires duplicate statements? Yes No

Sincerely,

Signature of Compliance Officer

Title

Printed Name of Compliance Officer

Date