



Ameriprise Financial Services, Inc. 70400 Ameriprise Financial Center Minneapolis, MN 55474

Certificate of Sole Proprietor



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Client Information		
Client or Trustee First Name	MI Last Name	
Entity or Trust Name		
Acknowledgements		
The undersigned owner of the account(s) at Ameriprise Finance	cial Services, Inc., hereby certifies an	d declares that:
He/She is the sole and exclusive owner of a business being	conducted under the name listed abo	ve.
• The business is not incorporated, is not a partnership, and th undersigned is not accountable nor required to account to an	·	•
 In consideration of the Ameriprise Financial Services, Inc. ag proprietorship, the undersigned on his/her own behalf and on to indemnify and hold harmless Ameriprise Financial, Inc., its harmless from and against any and all liability, losses, damage 	n behalf of his/her heirs, executors, ac s affiliates, and its or their respective of	dministrators, assigns or beneficiaries, agrees officers, directors, employees and agents,
Required Signatures		
Client or Trustee First Name	MI Last Name	
Client or Trustee Signature		Date (MMDDYYYY)
X		

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