

**LISTING OF OFFICERS AND DIRECTORS OF A CORPORATION  
OR  
GENERAL PARTNERS OF A PARTNERSHIP OR MANAGING MEMBERS OF A LIMITED LIABILITY COMPANY**

**TO: LEK SECURITIES CORPORATION**

The following persons are authorized to act on behalf of \_\_\_\_\_  
(Insert name of organization)

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Personal Residence:**

\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
Street Address2  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
Phone Cell Phone  
\_\_\_\_\_  
Social Security Number

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Personal Residence:**

\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
Street Address2  
\_\_\_\_\_  
City State Zip  
\_\_\_\_\_  
Phone Cell Phone  
\_\_\_\_\_  
Social Security Number

**Print Name:**

**Title:**

**Signature:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal Residence:**

\_\_\_\_\_ Street Address

\_\_\_\_\_ email address

\_\_\_\_\_ Street Address2

\_\_\_\_\_ Phone

\_\_\_\_\_ Cell Phone

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

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Social Security Number

**Print Name:**

**Title:**

**Signature:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Personal Residence:**

\_\_\_\_\_ Street Address

\_\_\_\_\_ email address

\_\_\_\_\_ Street Address2

\_\_\_\_\_ Phone

\_\_\_\_\_ Cell Phone

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

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Social Security Number

**Dated** \_\_\_\_\_, **201**\_\_

\_\_\_\_\_ Signature

\_\_\_\_\_ Print Name

\_\_\_\_\_ Title