



Privacy Policy Opt-Out Request Form

Within the financial services industry, it is not uncommon for registered representatives to periodically change firms. When this occurs, you have a right to control who has access to the information you have provided us. If you do not wish to allow your Brookstone Registered Representative(s) to take the information to his or her new firm, please complete and mail this Privacy Disclosure Opt-Out Request Form to:

Brookstone Securities, Inc.
Attention: Operations Department
2920 Drane Field
Lakeland, FL 33811

If you want your Brookstone Registered Representative(s) to service you and your account(s) after his or her termination with Brookstone Securities, Inc., please do not send in this Privacy Disclosure Opt-Out Request Form.

I do not want the Representative(s) to share my nonpublic personal information with the Representative(s)' new firm if he or she terminates his or her association with Brookstone Securities, Inc. I understand that the Representative(s) may disclose my name, address, telephone number, email, and the account title of the accounts to the Representative(s)' new firm.

For your opt-out request to be effective, you must complete ALL of the following information: account number(s), name, address, signature and signature date.

For an account established with joint owners, any of the owners may exercise the right to opt out. In other words, the opt-out provision will apply to the account level without all owners' signatures. However, the opt-out request will only be applied to the account listed below.

Account Number(s): _____

Account Name: _____

Address: _____

City: _____ State: _____, Zip: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

If you have any questions, please contact your Brookstone Representative(s) or the Home Office at 863-687-3679.