

Vendor Transmission Request Instructions

How to create a third party request via WealthscapeSM:

- 1) From Wealthscape, press the "Service" tab, then "Service Center," and select "Initiate a Service Request."
 - 2) Advisors click on any account to initiate the request.
 - 3) Enter "Transmission" into the Search Service Request Menu and Click on "Third Party Transmission Request." Note the Expected Resolution Time.
 - 4) Enter the Contact Phone Number, the type of request and inquiry/ additional details. The "Add Attachment" link allows the Advisor to upload the Vendor Transmission Request form. Press "verify" to continue.
 - 5) Review request and press "Edit" to make changes or "Submit" to complete the request.
- All sections of this form must be completed along with the execution of the Letter of Understanding and Supplement to Investment Advisor Representation and Indemnification Letter. This is a legal document to be signed once and will allow the FIT (Fidelity Institutional Technology) group to send data to any vendor based on a Third Party Transmission Request. If your firm has not executed the agreement yet, work with the FI Open Platform Team to complete it.
 - Transmission Request forms received in good order by noon EST on Wednesday will be processed on Friday of that same week. However, if the cutoff is missed, then the Transmission Request form will be processed the following Friday. When Friday is a market holiday, the forms will be processed on the Thursday before. Requests processed on Friday would result in the data being delivered to the third party in the files sent that Friday night.

How to fill out the Vendor Transmission Request form

Section 1. Advisor Information:

This section allows FIT to know who at the Advisor Firm is making the request. Fill in all boxes with the Advisor's individual and firm information.

Section 2. Vendor Information:

This section identifies which vendor a client would like their data sent to. FIT will require the vendor name and the header in order to process the request. If you do not know the header, work with the vendor to have them provide the header name. Headers are used in the files sent to the vendors to physically separate client data within the files. Not all vendors use headers, but the vendor should know whether their firm uses headers or not. Some vendors require the Broker Dealer name (if there is a Broker Dealer affiliated with the request). The Broker Dealer name is required for these vendors and FIT to map the G Number(s) accordingly.

Section 3. Account Criteria:

In this section, the Advisors will establish rule(s) that will identify the subset of accounts to be included in the vendor files. Accounts matching the criteria/rules will be transmitted to the vendor in Section 2. G Number(s) are mandatory, as the G Number is what drives the data feed. All of the accounts that are funded and linked to the G Number(s) will be included in the files. The form allows space for two rules. If more than two rules are required, use Section 4, Additional Instructions, or accompany the form with an Excel spreadsheet.

The MASKING boxes are used to identify fields to mask information when sending data to a vendor. Consult the vendor prior to requesting fields be masked to eliminate any potential for data being masked that the vendor requires. Place a "Y" in the box of the field(s) that you would like masked going to the vendor. You are able to mask one field, multiple fields, all fields, or none at all. Data masking replaces numeric fields with "9's" and alpha-based fields with "X's."

Section 4. Additional Instructions:

Use this space to provide any details you feel are important for FIT to use to make the updates.

Section 5. Signature and Date:

Sign and date the form. This should be signed by an authorized person of the Advisor firm.



Vendor Transmission Request

Use this form to authorize Fidelity Brokerage Services LLC to transmit or otherwise make available your and your customers' account data to your third-party vendor(s) identified below. All sections of this form must be completed along with the execution of the following agreement (unless such agreement is in effect as of the date hereof):

- Letter of Understanding and Supplement to Investment Advisor Representation and Indemnification Letter.

A Fidelity representative will contact you if these agreements are not on file.

This Authorization form shall remain in full force and effect until it is revoked in writing by the Firm.

Submit this request via Service Center > Third Party Transmission Request (Platform Integration).

1. Advisor Information

Advisor Firm Name	
Firm Contact Name <i>First, M.I., Last</i>	Contact Phone
Contact Email	

2. Vendor Information

Vendor Name	Client Header Name <i>if known; 20 characters maximum</i>
Affiliated Broker Dealer Name; Legal Name <i>if applicable</i>	

3. Account Criteria

Accounts matching the criteria/rule below will be transmitted to vendor/ third party listed above.

Note: Use the options below to establish a rule(s) that will identify the subset of accounts to be included in the vendor files. If your firm intends to mask certain data elements within a rule, write "YES" in the box under the appropriate data element. If you have more than two rules, use a second document (example: a spreadsheet) with the same options.

Check this box if this is a removal of account criteria. *Provide the criteria information to be removed.*

Rule 1

IWS G Number*	Mask SSN/TIN	Mask First Name	Mask Middle Name	Mask Last Name	Mask Street Address	Mask Zip Code	Mask Home Phone	Mask Email	Mask Date of Birth	Mask Credit Card Number	Mask Card Expiration
G											

Rule 2

IWS G Number*	Mask SSN/TIN	Mask First Name	Mask Middle Name	Mask Last Name	Mask Street Address	Mask Zip Code	Mask Home Phone	Mask Email	Mask Date of Birth	Mask Credit Card Number	Mask Card Expiration
G											

* If more than two G Numbers are required include them in Section 4, Additional Instructions, or attach a spreadsheet.

4. Additional Instructions

Some vendors receive multiple sets of files, which require additional instructions for FIT – ask the vendor if any additional instructions are required.

5. Signature and Date *Mandatory.* Form cannot be processed without signature and date.

By signing below, you:

- Understand and acknowledge that by signing this authorization form, you are agreeing to be bound by the obligations and restrictions as outlined in the agreements referenced above.
- Represent that you are an authorized person of the firm and that you have the proper authority to make the above request on behalf of the firm.
- Hereby authorize Fidelity to act in accordance with the authorizations and instructions provided on this form.
- Represent that the instructions provided on this form are true, complete and accurate.

Print Name <i>First, M.I., Last</i>	
Signature	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶