

## **New Covered Person Form**

Instructions: Complete this form to provide HighPoint Advisor Group, LLC ("HPAG") with information about any new individuals working in your office. This form should be used for both licensed and non-licensed individuals.

Please return the completed form to <a href="mailto:jamie.calandriello@hiptpartners.com">jamie.calandriello@hiptpartners.com</a> on or before the Covered Person's start date.

1.	Personal Information			
	Full Name			
	Job Title			
	Email Address (LPL, HPAG, or d/b/a email)			
2.	Other Information			
	Start Date			
	Branch Location/Business Name			
	This Individual	will bo		
	i ilis iliulviuuai	will be.		
	☐ Licensed	☐ Non-Licensed Admin		
3.	Submitted by	<u> </u>		
	Name (Signature not required)		Date	