

New York State Office of the Attorney General

IPB ePayment User Guide

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IPB ePayment Overview

IPB ePayment is available for most filings where paper checks would be accepted by IPB. Currently, ePayment is voluntary. Filers wishing to use ePayment must create an ePayment account, fill out basic filing information and choose a payment method. Filers may choose to make an e-check payment or a credit card payment. Credit card payments require payment of an approximately ~3% service charge which is paid to the service providers, not the state.

Once your payment is complete, you will receive a payment receipt on OAG letterhead. You should include a printout of this receipt with your paper submission or forward the digital copy along with your digital filing. If there are additional questions regarding your payment IPB will reach out to you.

The ePayment system is located here.

For New Users

The IPB ePayment application is used to make electronic payments for all available forms.

Creating an Account

If you are a new user of the IPB ePayment application, create an account by doing this:

- 1. Go to the Investor Protection Bureau Login screen, enter your User name and Password.
- 2. Select Create account.

3.	At the Create Account window, fill out the following
	fields:

- First Name
- Last Name
- Telephone Number
- Email Address
- 4. Check the I'm not a robot checkbox.
- 5. Select Create Account.

_	Login
U	ser name *
P	assword *
	Sign in
	Create account or Forgot password?
	WARNING! This system is the property of the New York State Attorney General and contains U.S. Government information. By accessing and using this computer system, you are consenting to system monitoring for law enforcement and other purposes. Unauthorized use of the system is prohibited, and unauthorized use of, or access to, this computer system may subject you to state and federal criminal prosecution and penalties as well as civil penalties.

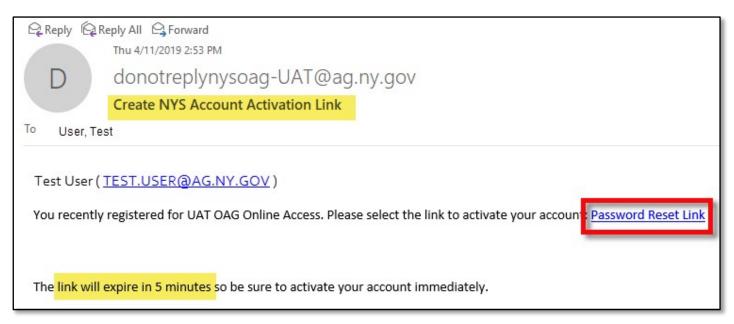
Create Account]
First Name *	
Last Name *	
Telephone Number *	
Email Address *	
I'm not a robot	
Create Account	

Registration Successful

Your account registration is successful. We have sent an activation link to your email, please click on it to activate your account. If you did not receive activation email please click here.

6. The Registration Successful screen appears.

7. An activation link is emailed to the account you provided in **Step 3**. The email's subject line is **Create NYS Account Activation Link** and the message is:



8. In the email, select the Password Reset Link.

Note: The account activation link expires five minutes after it is sent. If you click it after more than five minutes have passed, you get an error message. You can click on the link in the error message to request a new link.

- Token Expired

The activation link you received in your email is expired, please click here to request a new activation link

9. Change your password as described in *Changing Your Password*.

General Tasks

Troubleshooting

If the procedures in this guide do not work, if you get an error screen, or if you have questions about how to do any task using the IPB ePayment application, please contact the Investor Protection Bureau by email IPBEPAY@ag.ny.gov.

Login

Changing Your Password

Users manage their own passwords.

To change your password:

- 1. Go to the Login screen and click Forgot password.
- 2. Enter your Email Address.
- 3. Check the I'm not a robot checkbox.
- 4. Select Submit.
- Enter your New password and Confirm new password.*
- 6. Select Submit.

*Note: A password must meet the below requirements.

- At least 8 characters long.
- At least one capital letter.
- At least one lower-case letter.
- At least one number.
- At least one special character.
- 7. The Reset Password Successful message appears. Select the click here link to login.

Password *		
	Sign in	
	Create account or Forgot password?	
contains U.S. Gove	stem is the property of the New York State Attorney General and emment information. By accessing and using this computer system,	
Unauthorized use	g to system monitoring for law enforcement and other purposes. of the system is prohibited, and unauthorized use of, or access to, this may subject you to state and federal criminal prosecution and	
penalties as well a		
Forgot Pas	sword?	
Forgot Pas	sword?	_
-		
Forgot Pas		
-		
-		
-	ddress *	
Enter Email A	ddress *	
Enter Email A	ddress *	
Enter Email A	ddress *	
Enter Email A	ddress * bot	
Enter Email A	ddress * bot	
Enter Email A	ddress * bot	

•••••	••••		
Confirm r	ew passwor	rd *	
•••••	••••		
		Submit	
_			

You have successfully reset your password. Please click here to login

Reset Password Successful

Logging In

Go to the Internet Protection Bureau screen and select the **ePayment** field. The **Login** screen appears.

To login:

1. Enter your user name in the User name field.

Note: Your User name is the email address you used to create the account.

- 2. Enter your password in the **Password** field.
- 3. Select Sign in.

– Login –	
User name	*
Password *	
	Sign in
_	Create account or Forgot password?
contains U.S. (you are conse Unauthorized	is system is the property of the New York State Attorney General and Government information. By accessing and using this computer system, nting to system monitoring for law enforcement and other purposes. use of the system is prohibited, and unauthorized use of, or access to this em may subject you to state and federal riminal prosecution and

4. The IPB ePayments home page appears.

	e of the Attorney General Bureau Online Payments
Dankey CEME	Investor Protection Bureau Home
Welcome, John Doe	Log Out My Previous Receipts
- - iling Information	
Select F	iling Type
Select Filing Type	- Add Filing
You must select one filing type and click add filing to contin	iue.
Invoice	Summary
Jser Information	
Name *	Address *
Email Address *	City *
Phone *	State *
	Select State -
Law Firm (If Applicable) *	Zip Code *
Are you submitting this payment on behalf of yourself or or O Myself O Third Party or Client	a behalf of a third party or client?
Third Party or Client Name *	
If submitting on behalf of a third party or client, please enter	er the name of the sponsor/issuer/applicant/registrant as
applicable. By checking this box, I certify that I am authorized to sub	mit payment on behalf of this party or client *
Your online payment will be processed by Converge. F. to the Office of the Attorney General. After clicking 'Ph secure payment website. If you intend to pay with a Credit Card, please note the Privacy Policy	
Save Filings	Proceed to Payment
you have questions, please contact IPB EPAY for support.	Additionally, our correspondence address is: 28 Liberty St 21st Floor New York, NY 10005

Logging Out

To log out of the IPB ePayment application, go to the **IPB Payment** screen and select **Log Out** near the top right of the screen.

The IPB ePayment Application Home Page

Once you log in, the **IPB Payment** home page displays. From this screen you can choose a filing to add, create and save a filing, or start the payment process.

This screen has two parts: The **Filing Information** section, where you can choose what kind of filing to create, and the **User Information** section which has some fields populated from the information associated with your login.

Adding a Filing

At the **Select Filing Type** field, select the dropdown menu, select the correct filing type, and select **Add Filing**, which takes you to a screen for that filing. See the procedures under *Submitting the Filing Types* for details.

Editing or Canceling a Filing

Before you click **Add This Filing** you can edit the filing fields, but once a filing is added to the invoice you cannot edit it.

If you want to cancel the filing instead of saving it, select **Cancel**. This loses whatever information you entered in the form and returns you to the **IPB Payment** homepage

Once added, you can also select the X in the invoice menu to remove a filing if you've made a mistake in the filing.

Paying for a Filing

Once you are done with creating a filing, select **Proceed to Payment**, and ePayment calculates the fee and takes you to the payment page. See the *Paying for a Filing* procedure below.

Total Filing Fee	\$1,200.00		
		Add This Filing	Cancel

Invoice Summary		
Filing Type	Filing Fee	Remove
Broker-Dealers	\$1,200.00	•

Selecting a Filing Type

To select a filing type to create or change:

1. Click the Select Filing Type field in the Filing Information section, and select the appropriate filing type from the dropdown menu that appears:

Select Filing Type
Select Filing Type
Broker-Dealers
Issuers Offering over \$500,000
Issuers Offering \$500,000 and under
Salesperson Registrations
Supplemental Filings
Dealer Exemption Request Filing
No Action Request
Franchise Initial Registration
Franchise amendment, exemption, broker
Commodity BD or Advisor - CMBD/CADV
CM-2 (Commodity Salespersons incl. re-employment)
CM3/CM4- Amendment
Other

2. Click the Add Filing button to the right of the Select Filing Type field to go to a screen that lets you create or change the filing.

Select Filing Type	
Select Filing Type	Add Filing

Note: Required fields in forms will be denoted with a red asterisk (*)

Submitting the Filing Types

Broker-Dealers

1. At the Add Filing screen for Broker-Dealers, select the proper form from the Select Form Drop Down Menu.

Note: The options for the Select Form Drop Down includes the options: M-1, M-11, Form99, NF and Uniform Notice Filing - Tier 2.

Select Form	4
Select Form	
M-1	
M-11	
Form99	
NF	
Uniform Notice Filing - Tier 2	

- **2.** Fill out the following fields:
 - **Broker-Dealer Name** •
 - Broker-Dealer Address
 - Permit Number (Optional)
 - Notes (Optional) •

Note: The Total Filing Fee field is automatically set and is not an adjustable field.

Add Filing	
	Broker-Dealers
Required fields are indicated with a *	
Select Form	Select Form -
Broker-Dealer Name *	
Broker-Dealer Address *	(Street Address, City, State, Zip)
Permit Number	Any permit number should be in one of the following formats "S ##.##.##", "C ##.##.##", "i####.####" or in a number up to 6 digits.
Notes	
Total Filing Fee	\$1,200.00
	Add This Filing Cancel

Issuers Offering over \$500,000

 At the Add Filing screen for Issuers Offering over \$500,000, select the proper form from the Select Form Drop Down Menu.

Note: The options for the Select Form Drop Down includes the options: M-1, M-11, Form99, NF and Uniform Notice Filing – Tier 2.

- 2. Fill out the following fields:
 - Issuer Name
 - Issuer Address
 - Permit Number (Optional)
 - Notes (Optional)

Note: The **Total Filing Fee** field is automatically set and is not an adjustable field.

3. Select Add this Filing.

n the Select Form	NF Uniform Notice Filing - Tier 2		
Add Filing			
	Issuers Offering over \$500,000		
Required fields are indicated with a *			
Select Form	Select Form *		
Issuer Name *			
Issuer Address *	(Street Address, City, State, Zip)		
Permit Number	Any permit number should be in one of the following formats "S ## ## ##", "C ## ## ##", "#### ####" or in a number up to 6 digits.		
Notes			
Total Filing Fee	\$1,200.00		
	Add This Filing Cancel		

Select Form

Select Form

M-11 Form99

Issuers Offering \$500,000 and under

 At the Add Filing screen for Issuers Offering \$500,000 and under, select the proper form from the Select Form Drop Down Menu.

Select Form	+
Select Form	
M-11	
Form99	
NF	
Uniform Notice Filing - Tier 2	

Note: The options for the Select Form Drop Down includes the options: M-11, Form99, NF and Uniform Notice Filing – Tier 2.

- 2. Fill out the following fields:
 - Issuer Name
 - Issuer Address
 - Permit Number (Optional)
 - Notes (Optional)

Note: The **Total Filing Fee** field is automatically set and is not an adjustable field.

Add Filing			
Issuers Offering \$500,000 and under			
Required fields are indicated with a *			
Select Form	Select Form +		
Issuer Name *			
Issuer Address *	(Street Address, City, State, Zip)		
Permit Number	Any permit number should be in one of the following formats "S ##.##.##", "C ##.##.##", "####.####" or in a number up to 6 digits.		
Notes			
Total Filing Fee	\$300.00		
	Add This Filing Cancel		

Salesperson Registrations

- 1. Fill out the following fields:
 - Broker-Dealer Name
 - Broker-Dealer Address
 - Permit Number (Optional)
 - Salesperson Full Name
 - Last 4 digits of Salesperson CRD, SSN, or Passport Number
 - Notes (Optional)

Note: The **Total Filing Fee** field is automatically set and is not an adjustable field.

2. Select Add this Filing.

Supplemental Filings

 At the Add Filing screen for Supplemental Filings, select the proper form from the Select Form Drop Down Menu.

Add Filing	
Sales	person Registrations
Required fields are indicated with a *	
Broker-Dealer Name *	
Broker-Dealer Address *	(Street Address, City, State, Zip)
Permit Number	Any permit number should be in one of the following formats "S ## ## ##", "C ## ##.##", "#### ####" or in a number up to 6 digits.
Salesperson Full Name *	
Last 4 digits of Salesperson CRD, SSN, or Passport Number *	
Notes	
Total Filing Fee	\$150.00
	Add This Filing Cancel

Select Form	
M-3	
M-4	
Amended M-11	
Amended Form99	
Amended NF	
Amended Uniform Tier 2	

Note: The options for the Select Form Drop Down includes the options: M-3, M-4, Amended M-11, Amended Form99, Amended NF and Amended Uniform Tier 2.

- 2. Fill out the following fields:
 - Broker-Dealer Name
 - Broker-Dealer Address
 - Permit Number (Optional)
 - Salesperson Full Name
 (Optional)
 - Last 4 digits of Salesperson CRD, SSN, or Passport Number (Optional)
 - Notes (Optional)

Note: The **Total Filing Fee** field is automatically set and is not an adjustable field.

Add Filing			
Suj	pplemental Filings		
Required fields are indicated with a *			
Select Form	Select Form		•
Broker-Dealer Name *			
Broker-Dealer Address *	(Street Address, City, State, Zip)		
Permit Number	Any permit number should be in one (##", "C ##-##-##", "I#### ####" or in		
Salesperson Full Name			
Last 4 digits of Salesperson CRD, SSN, or Passport Number			
Notes			
Total Filing Fee	\$30.00		
		Add This Filing	Cancel

Dealer Exemption Request Filing

- **1.** Fill out the following fields:
 - Requestor Name
 - Requestor Address
 - Notes (Optional)

Note: The **Total Filing Fee** field is automatically set and is not an adjustable field.

2. Select Add this Filing.

No Action Request

- **1.** Fill out the following fields:
 - Requestor Firm Name
 - Requestor Firm Address
 - Salesperson, if any (Optional)
 - Notes (Optional)

Note: The **Total Filing Fee** field is automatically set and is not an adjustable field.

2. Select Add this Filing.

Franchise Initial Registration

- **1.** Fill out the following fields:
 - Franchisor Name
 - Franchisor Address
 - Franchise Name
 - Notes (Optional)

Note: The **Total Filing Fee** field is automatically set and is not an adjustable field.

Requestor Name * Requestor Address * Requestor Address * (Street Address, City, State, Zip) Notes Total Filing Fee \$300.00 Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel	Add Filing	
Requestor Name * Requestor Address * Requestor Address * (Street Address, City, State, Zp) Notes Total Filing Fee Saloo 00 Add This Filing Cancel Add This Filing Requestor Firm Address * (Street Address, City, State, Zp) Salesperson, if any Notes Total Filing Fee Salesperson, if any Notes Total Filing Fee State Filing Fee Salesperson, if any Notes Total Filing Fee Salesperson, if any Notes Total Filing Fee State Initial Registration Required fields are indicated with a * Franchise Initial Registration Required fields are indicated with a * Franchisor Name *		ealer Exemption Request Filing
Requestor Address * (Street Address, Caly, State, Zap) Notes	Required fields are indicated with a *	
Notes	Requestor Name *	
Notes		
Total Filing Fee S300.00 Add This Filing Cancel Franchisor Name* Franchisor Name* Franchisor Name* Franchisor Name*	Requestor Address *	(Street Address, City, State, Zip)
Total Filing Fee S300.00 Add This Filing Cancel Franchisor Name* Franchisor Name* Franchisor Name* Franchisor Name*		
Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Requestor Firm Address * (Street Address, City, Street, Zip) Salesperson, if any Notes	Notes	
Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Requestor Firm Address * (Street Address, City, Street, Zip) Salesperson, if any Notes		
Add Filing Requestor Firm Name* Requestor Firm Address * Salesperson, if any Notes Total Filing Fee S225.00 Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Salesperson and the set of the set	Total Filing Fee	\$300.00
Add Filing Requestor Firm Name* Requestor Firm Address * Salesperson, if any Notes Total Filing Fee S225.00 Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Salesperson and the set of the set		
Add Filing Requestor Firm Name* Requestor Firm Address * Salesperson, if any Notes Total Filing Fee S225.00 Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Salesperson and the set of the set		
Add Filing Requestor Firm Name* Requestor Firm Address * Salesperson, if any Notes Total Filing Fee S225.00 Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Salesperson and the set of the set		
Add Filing Requestor Firm Name* Requestor Firm Address * Salesperson, if any Notes Total Filing Fee S225.00 Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Salesperson and the set of the set		
No Action Request Requestor Firm Name* Requestor Firm Address* (Street Address, City, State, Zip) Salesperson, if any Notes Total Filing Fee \$225.00 Add This Filing Cancel Add This Filing Cancel Pranchise Initial Registration Required fields are indicated with a* Franchise Initial Registration Required fields are indicated with a* Franchisor Name* Notes Notes Notes		Add This Filing Cancel
No Action Request Requestor Firm Name* Requestor Firm Address* (Street Address, City, State, Zip) Salesperson, if any Notes Total Filing Fee \$225.00 Add This Filing Cancel Add This Filing Cancel Pranchise Initial Registration Required fields are indicated with a* Franchise Initial Registration Required fields are indicated with a* Franchisor Name* Notes Notes Notes		
Requestor Firm Name • Requestor Firm Address • (Street Address, City, State, Zip) Salesperson, if any Notes Total Filing Fee \$225.00 Add This Filing Cancel Add Filing Franchise Initial Registration Required fields are indicated with a • Franchisor Name • Franchisor Address • (Street Address, City, State, Zip) Franchisor Address • (Street Address, City, State, Zip) Franchisor Name • Franchisor Address • (Street Address, City, State, Zip)	Add Filing	
Requestor Firm Name • Requestor Firm Address • (Street Address, City, State, Zip) Salesperson, if any Notes Total Filing Fee \$225.00 Add This Filing Cancel Add Filing Add This Filing Cancel Add Filing Franchise Initial Registration Required fields are indicated with a • Franchisor Name • Franchisor Address • (Street Address, City, State, Zip) Franchise Name • Notes	Poquired fields are indicated with a *	No Action Request
Requestor Firm Address * (Street Address, City, State, Zip) Salesperson, if any Notes Total Filing Fee \$225.00 Add This Filing Cancel Add Filing Cancel Add Filing Franchise Initial Registration Required fields are indicated with a * Franchisor Name * Franchisor Address * (Street Address, City, State, Zip) Franchise Name * Notes	Required fields are indicated with a	
(Street Address, City, State, Zip) Salesperson, if any Notes Total Filing Fee \$225.00 Add This Filing Cancel Add This Filing Cancel Add Filing Franchise Initial Registration Required fields are indicated with a * Franchisor Name * Franchisor Address * (Street Address, City, State, Zip) Franchise Name * Notes	Requestor Firm Name *	
Salesperson, if any Notes Total Filing Fee \$225.00 Add This Filing Cancel Add Filing Cancel Add Filing Cancel Add Filing Cancel Add Filing Cancel Add Filing Cancel Add Filing Cancel Add Filing Cancel Add Filing Cancel Add Filing Cancel Add Filing Cancel Add Filing Cancel Add Filing Cancel Add Filing Cancel Add Filing Cancel Cancel <td>Requestor Firm Address *</td> <td></td>	Requestor Firm Address *	
Notes Total Filing Fee \$225.00 Add This Filing Cancel Add This Filing Cancel Add Filing Franchise Initial Registration Required fields are indicated with a * Franchisor Name * Franchisor Address * (Street Address, City, State, Zip) Franchise Name * Notes		(Street Address, City, State, Zip)
Total Filing Fee \$225.00 Add This Filing Cancel Add Filing Cancel Add Filing Franchise Initial Registration Required fields are indicated with a* Franchisor Name* Franchisor Address* (Street Address, City, State, Zip) Franchise Name* Notes	Salesperson, if any	
Total Filing Fee \$225.00 Add This Filing Cancel Add Filing Cancel Add Filing Franchise Initial Registration Required fields are indicated with a* Franchisor Name* Franchisor Address* (Street Address, City, State, Zip) Franchise Name* Notes	Mataa	
Add This Filing Cancel Add This Filing Cancel Add Filing Franchise Initial Registration Required fields are indicated with a * Franchisor Name * Franchisor Address * (Street Address, City, State, Zp) Franchise Name * Notes	Notes	
Add This Filing Cancel Add This Filing Cancel Add Filing Franchise Initial Registration Required fields are indicated with a * Franchisor Name * Franchisor Address * (Street Address, City, State, Zp) Franchise Name * Notes	Total Filing Fee	\$225.00
Add Filing Franchise Initial Registration Required fields are indicated with a * Franchisor Name * Franchisor Address * (Street Address, City, State, Zip) Franchise Name * Notes	lotar filling f co	
Add Filing Franchise Initial Registration Required fields are indicated with a * Franchisor Name * Franchisor Address * (Street Address, City, State, Zip) Franchise Name * Notes		
Add Filing Franchise Initial Registration Required fields are indicated with a * Franchisor Name * Franchisor Address * (Street Address, City, State, Zip) Franchise Name * Notes		
Franchise Initial Registration Required fields are indicated with a * Franchisor Name * Franchisor Address * (Street Address, City, State, Zip) Franchise Name * Notes		Add This Filing Cancel
Franchise Initial Registration Required fields are indicated with a * Franchisor Name * Franchisor Address * (Street Address, City, State, Zip) Franchise Name * Notes		
Required fields are indicated with a * Franchisor Name * Franchisor Address * Street Address, City, State, Zip) Franchise Name * Notes	Add Filing	
Franchisor Name * Franchisor Address * (Street Address, City, State, Zip) Franchise Name * Notes		Franchise Initial Registration
Franchisor Address * (Street Address, City, State, Zip) Franchise Name *	Required fields are indicated with a *	
(Street Address, City, State, Zip) Franchise Name *	Franchisor Name *	
(Street Address, City, State, Zip) Franchise Name *	Franchisor Address *	
Notes		(Street Address, City, State, Zip)
Notes	Franchise Name *	
Total Filing Fee \$750.00	Notes	
Total Filing Fee \$750.00		
	Total Filing Fee	\$750.00
Add This Filing Cancel		

Franchise Amendment, Exemption, Broker

- **1.** Fill out the following fields:
 - Franchisor or Franchise Broker Name
 - Franchisor or Franchise Broker Address
 - Franchise Name
 - File Number (Optional)
 - Notes (Optional)

Note: The **Total Filing Fee** field is automatically set and is not an adjustable field.

2. Select Add this Filing.

Add Filing			
Franchise a	mendment, exemption, brok	er	
Required fields are indicated with a *			
Franchisor or Franchise Broker Name *			
Franchisor or Franchise Broker Address *	(Street Address, City, State, Zip)		
Franchise Name *			
File Number	Any file number should be in the fo contain numbers.	llowing format "##-#####" and mu	st only
Notes			
Total Filing Fee	\$150.00		
		Add This Filing	Cance

Commodity BD or Advisor – CMBD/CADV

 At the Add Filing screen for Commodity BD or Advisor – CMBD/CADV, select the proper form from the Select Form Drop Down Menu.

CMBD	~
CMBD	
CADV	

Note: The options for the Select Form	
Drop Down are CMBD or CADV.	

- **2.** Fill out the following fields:
 - Community BD or Advisor
 Name
 - Community BD or Advisor Address
 - Permit Number (Optional)
 - Notes (Optional)

Note: The **Total Filing Fee** field is automatically set and is not an adjustable field.

odity BD or Advisor - CMBD/CADV	
CMBD	~
(Street Address, City, State, Zip)	
Any permit number should be in one of the following formats "S ##.#####" "C ## ## ##", "#### ####" or in a number up to 6 digits.	;
\$100.00	
Add This Filing	
	CMBD (Street Address, City, State, Zip) Any permit number should be in one of the following formats "S ## ## ### "C ##.## ##", "#####.####" or in a number up to 6 digits.

CM-2 (Commodity Salespersons incl. re-employment)

- 1. Fill out the following fields:
 - Broker-Dealer Name
 - Broker-Dealer Address
 - Permit Number (Optional)
 - Salesperson Full Name
 (Optional)
 - Last 4 digits of Salesperson CRD, SSN, or Passport Number (Optional)
 - Notes (Optional)

Note: The **Total Filing Fee** field is automatically set and is not an adjustable field.

2. Select Add this Filing.

CM3/CM4 - Amendment

- **1.** Fill out the following fields:
 - Community BD or Advisor
 Name
 - Community BD or Advisor Address
 - Permit Number (Optional)
 - Salesperson Full Name
 (Optional)
 - Last 4 digits of Salesperson CRD, SSN, or Passport Number (Optional)
 - Notes (Optional)

Note: The **Total Filing Fee** field is automatically set and is not an adjustable field.

Add Filing					
CM-2 (Commodity Salespersons incl. re-employment)					
Required fields are indicated with a *					
Broker-Dealer Name *					
Broker-Dealer Address *	(Street Address, City, State, Zip)				
Permit Number	Any permit number should be in one of the following formats "S ##.##.##", "C ##.##.##,","####.####" or in a number up to 6 digits.				
Salesperson Full Name					
Last 4 digits of Salesperson CRD, SSN, or Passport Number					
Notes					
Total Filing Fee	\$25.00				
	Add This Filing Cancel				

Add Filing				
CM3/CM4- Amendment				
Required fields are indicated with a *				
Commodity BD or Advisor Name *				
Commodity BD or Advisor Address *	(Street Address, City, State, Zip)			
Permit Number	Any permit number should be in one of the following formats "S ## ##.###", "C ##.## ##", "####.#####" or in a number up to 6 digits.			
Salesperson Full Name				
Last 4 digits of Salesperson CRD, SSN, or Passport Number				
Notes				
Total Filing Fee	\$10.00			
	Add This Filing Cancel			

Other*

- **1.** Fill out the following fields:
 - Requestor Name
 - Requestor Address
 - Permit Number (Optional)
 - Salesperson Full Name
 (Optional)
 - Last 4 digits of Salesperson CRD, SSN, or Passport Number (Optional)
 - Registrant Name
 - Notes (Optional)
 - Filing Fee

Note: The **Filing Fee** field is adjustable for this filing type.

2	Select	bbA	this	Filing.
~	001001	Add		i ming.

Add Filing		
	Other	
Required fields are indicated with a *		
DISCUSSION WTH THE INVESTOR PRO DESCRIPTION OF THE REASON FOR Y WITHOUT PRIOR DISCUSSION MAY RE If the Office of the Attorney General appro	ISED IN LIMITED CIRCUMSTANCES AFTER DTECTION BUREAU. YOU MUST INCLUDE A YOUR PAYMENT. USE OF THIS PAYMENT METHOD SULT IN A NON-REFUNDABLE OVERPAYMENT. wes your using this payment option, they will inform you st complete those fields exactly as instructed.	
Requestor Name *		
Requestor Address *	(Street Address, City, State, Zip)	
Permit Number	Any permit number should be in one of the following formats "S ##- ##-##", "C ##-###", "i#### ####" or in a number up to 6 digits.	
Salesperson Full Name		
Last 4 digits of Salesperson CRD, SSN, or Passport Number		
Registrant Name *		
Notes		
Filing Fee *		
	Add This Filing	Cancel

*Note: This filing type should only be used in limited circumstances after discussion with the Investor Protection Bureau. You must include a description of the reason for your payment. Use of this payment method without prior discussion may result in a non-refundable overpayment.

Paying for a Filing

To pay for a filing, fill out the required information for that filing at the appropriate screen and click **Add This Filing**. ePayment calculates the fee and reverts to the **IPB Payment** screen. The **Invoice Summary** in the **Filing Information** section shows the information you submitted in this filing.

Filing Information

Select Filing Type

You must select one filing type and click add filing to continue.

- 1. Complete the User Information fields:
 - Name
 - Address
 - Email Address
 - City
 - Phone
 - State
 - Law Firm (If Applicable)
 - Zip Code
- 2. To submit the payment, choose either the **Myself** or **Third Party or Client** option.
- 3. If you choose the **Third Party or Client** option, you will be prompted to provide more information: the name of the Third Party or Client, and a certification check box that you are authorized to submit payment for them.

ihird Party or Client Name *	
f submitting on behalf of a third party or client, please enter the name of the sponsor/issuer/applicant/registrant as pplicable.	
ey checking this box, I certify that I am authorized to submit payment on behalf of this party or client *	

lser Information	
Name *	Address *
Email Address *	City *
Phone *	State *
	Select State •
Law Firm (If Applicable) *	Zip Code *
Are you submitting this payment on behalf of yourself or on Myself OThird Party or Client Your online payment will be processed by Converge. For, to the Office of the Attorney General. After clicking 'Proc secure payment website. If you intend to pay with a Credit Card, please note that Privacy Policy	your security, your account information will not be sent eed to Payment," you will be taken to the Converge
Save Filings you have questions, please contact IPB EPAY for support.	Proceed to Payment Additionally, our correspondence address is: 28 Liberty St. 21st Floor New York, NY 10005

Select Filing Type

Invoice Summary

Add Filing

- 4. Select Save Filings.
- Select your payment method, either Electronic Check, Credit or Debit Card.
- 6. Select Save and Continue.

Note: If you click **Cancel**, you can see your work, but it hasn't been transmitted to the database. You can edit, correct, and then save it.

- Save Invoice Information

 Confirm Save

 Please make sure you have selected the correct filing. There will be no refunds for overpayments or mistaken payments.

 Note: If you are submitting multiple filings, please ensure they are related to one another.

 After your invoice information is saved, you will be able to proceed to the payment screen. Upon completion of the payment, a receipt for the payment will be sent to the email address you provided.

 Select Payment Method

 Electronic Check
 Credit or Debit Card
 If paying your filing fees via eCheck, please be sure that your bank account supports Automated Clearing House Electronic Clearance Service (ACH ECS) transactions.

 *

 Save and Continue
 Cancel
- **7.** Verify the information you've entered. If the information is correct, select the **Proceed to Payment** option at the bottom right of the screen.



Electronic Checks

- 8. The Order Section screen in the Payment system will appear, select CHECKOUT.
- 9. The Order Section screen adds the following fields to fill in.
 - **Bank Routing Number** •
 - **Bank Account Number** •
 - Bank Account Type •
 - First Name •
 - Last Name •
 - **Billing Address** •
- 10. Check I Agree to the Terms and Conditions.
- 11. Select Submit Payment.

A message displays confirming the payment is complete.

> 12. If you're done, click Log Out at the top of the screen.

Note: If you have more filings to add, click Return to Main Page at the bottom of the screen.

Total

Order Section	
Amount	300.00 USD
СН	ECKOUT

Amount	375.00 USD	Company			
nent		First Name 1 Test		Last name " User	
CHECK		Address1			
ank Rouding Number' 123456789 12345677		Address2			
iank Account Type 🔘 Personal 🔘 Business		City	State/Province	Postal Code	
by Clicking the "I Agree" box below, you authorize undefined to use formation from your check to initiate a one-time fund transfer from our account of or porces the payment as a check thransaction or ank drawn draft from your account for the amount of \$375.00. If your ayment is returned due to insufficient funds, you authorize us to name a one-time electric funds transfer of our use a bank draft drawn rom your account to collect a fee as allowed by state law.		Country +			
1 Agree					
	SUBMIT PAY				

Welcome, John Doe	Log Out My Previous Receipts
Payment Complete	
Your payment has been successfully processed. You will receive an email shortly at Example Email Address containing your receipt.	

N



Order Confirmation

noreply@elavon.com To O Me

NYS OAG Investor Protection Bureau

	Order Section	
Debit or Credit	This payment will be processed as two separate payments Fee)	(for Amount and Service
	Amount	225.00 USD
8. The Order Section screen in the	Service Fee (2.99%)	6.73 USD
Payment system will appear, select CHECKOUT.	Total of all charges and fees	231.73 USD
	Service fee is non-refundable.	
	L	
	CHECKOUT	
	Order Section Billing Address Anout 225 69 USD Service Free (25%) 671 USD	
 The Order Section screen adds the following fields to fill in. 	Total of al dages and fees 23173150 Payment Address1	Last name
Card Number	Kontent CARD Address2	State/Province Postal Code
Expiration Date	Explains Dark/M/YY OV/2* County - Emplains Dark/M/YY OV/2* Emplains	
CVV2	Plum Shipping Address	Sana si bilin
Billing AddressShipping Address	Ship to Company Ship to Forst Name	Ship to Last name
	Ship ta Address1 Ship ta Address2	
10. Check I Agree to the Terms and	Ship to Chy Ship to Cuty	Ship to StateProvince Ship to Postal Code
Conditions.	Skip to Plana	
11. Select Submit Payment.	Isoma and Conditions Suttain Provident	
	Welcome, John Doe	Log Out
A message displays confirming the payment is complete.		My Previous Receipts
12. If you're done, click Log Out at the	Payment Complete	
top of the screen.	Your payment has been successfully processed. You will receive an email sh Example Email Address containing your receipt.	ortly at
Note: If you have more filings to add, click	Return to Main Page	
Return to Main Page at the bottom of the screen.		
When payment is complete, you receive an en	nail from no- Order Co	onfirmation
reply@evalon.com noting the details.		reply@elavon.com
	\$2.99 USD	O Me
Your payment has been approved	02/26/2021 04:33:33 PM DEMO	
Payment VISA 40*********0002		
Transaction ID 260221ED3-86CC3086-DEC8-48 Approval Code 043848 ECI	329-819F-781DCE73298F	
Invoice Number IPB0048166		

Checking Previous Receipts

You can view and download previous payment receipts.

1. At the top right of the IPB Payment screen, click My Previous Receipts:



- **2.** A list of receipts will then be displayed.
- 3. Select **Download** to see a copy of the receipt. A PDF file containing the receipt will then be downloaded to your computer.

Click on a receipt to download it			
Date Submitted	Total Fee	Plan ID	Download Receipt
04/18/2019	\$375.00		Download
04/18/2019	\$375.00		Download
04/18/2019	\$525.00	CP160033	Download
04/17/2019	\$60.00	CP160033	Download
04/17/2019	\$375.00		Download
04/17/2019	\$375.00		Download
04/15/2019	\$475.00	CP160033	Download
04/12/2019	\$375.00		Download