

New York State Office of the Attorney General

IPB ePayment User Guide

Version 1.1

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Table of Contents

IPB ePayment Overview	3
For New Users	4
Creating an Account	4
General Tasks	6
Troubleshooting	6
Changing Your Password	6
Logging In	7
Logging Out	8
The IPB ePayment Application Home Page	8
Adding a Filing	8
Editing or Canceling a Filing	8
Paying for a Filing	8
Selecting a Filing Type	9
Submitting the Filing Types	9
Broker-Dealers	9
Issuers Offering over \$500,000	10
Issuers Offering \$500,000 and under	10
Salesperson Registrations	11
Supplemental Filings	11
Dealer Exemption Request Filing	12
No Action Request	12
Franchise Initial Registration	12
Franchise Amendment, Exemption, Broker	13
Commodity BD or Advisor – CMBD/CADV	13
CM-2 (Commodity Salespersons incl. re-employment)	14
CM3/CM4 - Amendment	14
Other*	15
Paying for a Filing	16
Electronic Checks	17
Debit or Credit	18
Checking Previous Receipts	19

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 of Forgot password?	
	Create account on orgot password:	
WARNING! This sy 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,	
you are consenting 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	
penalties as well a	may subject you to state and rederal criminal prosecution and s civil penalties.	
Forgot Pas	sword?	
Forgot Pas	sword?	_
- Forgot Pas	sword?	
Forgot Pas	sword?	
Forgot Pas	sword? ddress *	
Enter Email A	sword? ddress *	
Enter Email A	sword? ddress *	
Enter Email Ar	sword? ddress * bot	
Enter Email Ar	ddress * bot	
Enter Email Ar	sword? ddress * bot recAPTONA Printy-Term	
Enter Email Ar	sword? ddress * bot CCAPTORA Printy - Terms Submit	
Enter Email Ar	sword? ddress * bot CAPTONA Process Submit	
Enter Email Ar	sword? ddress * bot CAPTONA Prang - Tema Submit	

•••••	••••		
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?
WARNING! Th contains U.S. (you are conse	is system is the property of the New York State Attorney General and Sovernment 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

4. The IPB ePayments home page appears.

New York State Office of the Attorney General Investor Protection Bureau Online Payments		
Daney Control	Investor Protection Bureau Home	
Welcome, John Doe	Log Out My Previous Receipts	
- 		
Select F	iling Type	
Select Filing Type	- Add Filing	
You must select one filing type and click add filing to contin	nue.	
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 Myself OThird Party or Client Third Party or Client Name *	n behalf of a third party or client?	
If submitting on behalf of a third party or client, please enter applicable. By checking this box, I certify that I am authorized to sub Your online payment will be processed by Converge. F. to the Office of the Attorney General. After clicking 'Pr secure payment website. If you intend to pay with a Credit Card, please note the Privacy Policy.	er the name of the sponsor/issuer/applicant/registrant as unit payment on behalf of this party or client * or your security, your account information will not be sent occed to Payment.* you will be taken to the Converge at a Service Fee will be added onto your payment.	
Save Filings f 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	

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	8

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	+
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 Of	fering \$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 ##.##.##", "i####.####" 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		
Salesperson 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	of the following formats "S ##-##- a number up to 6 digits.	
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.

Desire Exemption Request Filing Requestor Name * Requestor Address * Requestor Address * State Address City: State. Zay Notes Total Filing Fee State Address City: State. Zay Add This Filing Cancel Add This Filing Requestor Firm Name * State Address. City. State. Zay State Filing Fee State Address. City. State. Zay Total Filing Fee State Address. City. State. Zay Franchise Initial Registration Franchise Address * State Address. City. State. Zay Franchise Name * Franchise Name * Franchise Name * Notes Total Filing Fee S750.00	Add Filing	
Requestor Name * Requestor Address * Requestor Address * Storer Address * Storer Address * Storer Address * Total Filing Fee Salos 00 Add This Filing Cancel Add This Filing Requestor Firm Name * Requestor Firm Address * (Storer Address Cep, State, Zep) Salesperson, if any Notes Total Filing Fee Salesperson, if any Cancel	D	ealer Exemption Request Filing
Requestor Address * Requestor Address * (Steer Address, Zay) Notes Total Filing Fee Salos non Add This Filing Requestor Firm Name * Requestor Firm Address * (Steer Address, Cay, State, Zay) Salesperson, if any Notes Total Filing Fee Salesperson, if any Intel Registration Required fields are indicated with a * Franchise Initial Registration Required fields are indicated with a * Franchise Name * (Steer Address, Cay, State, Zpy) Franchise Name * Notes Total Filing Fee State Tiling Fee	Required fields are indicated with a *	
Requestor Address * (Street Address, Cay, State, Zay) Notes	Requestor Name *	
Requestor Address - " (Steef Address, Cey, State, Zp) Notes Total Filing Fee Steef Address, Cey, State, Zp) Add This Filing Cancel Add This Filing Requestor Firm Name * Requestor Firm Name * Requestor Firm Name * Stalesperson, if any Notes Total Filing Fee \$225.00 Add This Filing Cancel Add This Filing Franchise Initial Registration Franchise Name * Franchise Name * Notes Total Filing Fee \$750.00		
Notes Total Filing Fee Saloo 00 Add This Filing Cancel Add This Filing Cancel Add This 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 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 Franchisor Name*	Requestor Address *	(Street Address, City, State, Zip)
Notes Total Filing Fee S300.00 Add This Filing Cancel Add This Filing Requestor Firm Name* Requestor Firm Address* (Steet Address, Cely, Stele, Zep) Salesperson, if any Notes Total Filing Fee S225.00 Add This Filing Cancel Add This Filing Cancel		
Total Filing Fee \$300.00 Add This Filing Cancel Add Filing Cancel Add Filing No Action Request Requestor Firm Name *	Notes	
Total Filing Fee \$300.00 Add This Filing Cancel Add This Filing Cancel Add Filing No Action Request Requestor Firm Name *		
Add This Filing Cancel Add Filing No Action Request Requestor Firm Name *	Total Filing Fee	\$300.00
Add This Filing Cancel Add This Filing Cancel Add This Filing Cancel Requestor Firm Name* Requestor Firm Address* (Street Address, City, State, Zp) Salesperson, if any Notes Total Filing Fee S225.00 Cancel		
Add This Filing Cancel Add This Filing Cancel Add This Game Indicated with a * Requestor Firm Name * Requestor Firm Address * (Street Address, City, State, Zp) Salesperson, if any Notes Total Filing Fee S225.00 Cancel C		
Add This Filing Cancel Add This Filing No Action Request Requestor Firm Name*		
Add This Filing Cancel Add This Filing No Action Request Requestor Firm Name *		
Add Filing No Action Request Requestor Firm Name * Requestor Firm Address * Gitreet Address, City, State, Zip) Salesperson, if any Notes Total Filing Fee S225.00 Add This Filing Cancel Add Filing Franchise Initial Registration Required fields are indicated with a * Franchisor Name * Franchise Name * Street Address, City, State, Zip) Franchise Name * Franchise Name * Notes Total Filing Fee \$750.00		Add This Filing Cancel
No Action Request Requestor Firm Name * 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 Sequired fields are indicated with a * Franchise Initial Registration Required fields are indicated with a * Franchisor Name * Franchise Name * Notes Total Filing Fee \$750.00		
No Action Request Requester Firm Name * Requestor Firm Address * (Street Address, City, State, Zip) Salesperson, if any Notes Total Filing Fee S225.00 Add This Filing Cancel Add This Filing Cancel Required fields are indicated with a * Franchise Initial Registration Required fields are indicated with a * Franchiser Name * Franchiser Address • (Street Address, City, State, Zip) Franchiser Name * Total Filing Fee S750.00	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 This Filing Cancel 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 Total Filing Fee \$750.00	Poquired fields are indicated with a *	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 Add Filing Franchise Initial Registration Required fields are indicated with a * Franchisor Name * (Street Address, City, State, Zip) Franchise Name * Notes Total Filing Fee \$750.00	Required fields are indicated with a	
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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 Total Filing Fee \$750.00	Requestor Firm Address *	
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, Zp) Franchise Name * Notes Total Filing Fee \$750.00		(Street Address, City, State, Zip)
Notes Total Filing Fee \$225.00 Add This Filing Cancel Add Filing Add Filing Franchise Initial Registration Required fields are indicated with a * Franchisor Name * Franchisor Address * (Street Address, City, Stale, Zip) Franchise Name * Notes Total Filing Fee \$750.00	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) Franchise Name * Notes Total Filing Fee \$750.00	Mataa	
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) Franchise Name * Notes Total Filing Fee \$750.00	Notes	
Add This Filing Cancel Add Filing Cancel Add Filing Franchise Initial Registration Required fields are indicated with a * Franchisor Name * Franchisor Name * (Street Address, City, State, Zip) Franchise Name * (Street Address, City, State, Zip) Total Filing Fee \$750.00	Total Filing Fee	\$225.00
Add This Filing Cancel Add Filing Franchise Initial Registration Required fields are indicated with a *	lotar filling f co	
Add This Filing Cancel Add Filing Franchise Initial Registration Required fields are indicated with a *		
Add This Filing Cancel Add Filing Franchise Initial Registration Required fields are indicated with a *		
Add Filing Required fields are indicated with a * Franchisor Name * Franchisor Address * Franchisor Address * (Street Address, City, State, Zip) Franchise Name * Notes Total Filing Fee		Add This Filing Cancel
Add Filing Required fields are indicated with a * Franchisor Name * Franchisor Address * Franchisor Address * (Street Address, City, State, Zip) Franchise Name * Notes Total Filing Fee		
Franchise Initial Registration Required fields are indicated with a * Franchisor Name * Franchisor Address * [Street Address, City, State, Zip) Franchise Name * Notes Total Filing Fee	Add Filing	
Required fields are indicated with a * Franchisor Name * Franchisor Address * (Street Address, City, State, Zip) Franchise Name * Notes Total Filing Fee		Franchise Initial Registration
Franchisor Name *	Required fields are indicated with a *	
Franchisor Address * (Street Address, City, State, Zip) Franchise Name *	Franchisor Name *	
Indicision Fiduless (Street Address, City, State, Zip) Franchise Name *	Franchisor Address *	
Franchise Name *		(Street Address, City, State, Zip)
Notes Total Filing Fee \$750.00	Franchise Name *	
Notes Total Filing Fee \$750.00		
Total Filing Fee \$750.00	Notes	
Total Filing Fee \$750.00		
	Total Filing Fee	\$750.00

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 automatica adjustable

2. Sel

Total Filing Fee field is ally set and is not an field	Total Filing Fee	\$150
ect Add this Filing.		

Add Filing

Required fields are indicated with a *

Franchise Name *

File Number

Notes

Franchisor or Franchise Broker Name * Franchisor or Franchise Broker Address *

Commodity BD or Advisor – CMBD/CADV

1. 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	

Add This Filing

Cancel

Form	Add Filing	
	Commo	dity BD or Advisor - CMBD/CADV
	Required fields are indicated with a *	
	Form	CMBD ~
lvisor	Commodity BD or Advisor Name *	
lvisor	Commodity BD or Advisor Address *	(Street Address, City, State, Zip)
onal)	Permit Number	Any permit number should be in one of the following formats "S ## ##.##", "C ## ## ##", "##### ####" or in a number up to 6 digits.
S	Notes	
	Total Filing Fee	\$100.00
		Add This Filing Cancel
	•	

Franchise amendment, exemption, broker

contain numbers

00

(Street Address, City, State, Zip)

Any file number should be in the following format "##-#####" and must only

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

- 2. Fill out the following fields
 - Community BD or Ad • Name
 - Community BD or Ad Address
 - Permit Number (Option)
 - Notes (Optional) •

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

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	
CM	3/CM4- Amendment
Required fields are indicated with a *	
Commodity BD or Advisor Name *	1
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 ## ## ##", "i#### ####" 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	Filina
~	001001	Add		i ming.

Add Filing		
	Other	
Required fields are indicated with a *		
THIS FILING TYPE SHOULD ONLY BE U DISCUSSION WTH THE INVESTOR PRO DESCRIPTION OF THE REASON FOR Y WITHOUT PRIOR DISCUSSION MAY RE If the Office of the Attorney General appro how to complete the below fields. You mu	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

User Information

Name *

Phone '

Email Address *

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 Part option, you will be prompted more information: the name Party or Client, and a certific box that you are authorized t payment for them.

hird Party or Client Name *	
'submitting on behalf of a third party or client, please enter the name of the sponsor/issuer/applicant/registrant as pplicable.	5
y checking this box, I certify that I am authorized to submit payment on behalf of this party or client *	- 1

y or Client		
to provide	Are you submitting this payment on behalf of yourself or O Myself O Third Party or Client	on behalf of a third party or client?
of the Third ation check to submit	Your online payment will be processed by Converge. to the Office of the Attorney General. After clicking ' secure payment website. If you intend to pay with a Credit Card, please note to Privacy Policy	For your security, your occount information will not be sent Proceed to Payment." you will be taken to the Converge that a Service Fee will be added onto your payment.
	Save Filings	Proceed to Payment
uer/applicant/registrant as party or client *	If you have questions, please contact IPB EPAY for support.	Additionally, our correspondence address is: 28 Liberty St. 21st Floor New York, NY 10005

- 4. Select Save Filings.
- 5. 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 mistaker 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 C Electronic Check Credit or Debit Card Select Payment Method If paying your filing fees via eCheck, please be sure that your bank account supports Automated Clearing House ectronic Clearance Service (ACH ECS) transactions Save and Continue Cance

Select Filing Type

Invoice Summary

Address

City *

State

Select State

Add Filing

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.

rition payment is complete, year coorte an emainment	

Approval Code 111038

Total

Order Section	
Amount	300.00 USD
СН	ЕСКОИТ

Amount	375.00 USD	Company			
nent		First Name " Test		Last name " User	
CHECK		Address1			
ank Roudig Number 1 223456789 123456	ount Number ' 17890	Address2			
ank Account Type 🕘 Personal 🔘 Business		City	State/Province	Postal Code	
y Clicking the "I Agree" box below, you authorize undefined to use formation from your check to initiate a one-time fund tareafer from our account or to process the payment as a cohech transaction or ark drawn draft from your account for the amount of \$375 00. If your agriment is furthmend use to insufficient funds, you authorize us to asia a one-time electric funds transfer or to use a bank draft drawn om your account to collect a fee as allowed by state law.		Country + Phone			
1 Agree					

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

To O Me

noreply@elavon.com

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	Total of all charges and fees	231.73 USD
	Service fee is non-refundable.	
	L	
	CHECKOUT	
	Order Section Billing Address Amount 2256 (U.SD) Company	
9. The Order Section screen adds the following fields to fill in.	Total of al dages and fees 23173150 Payment Address1	Last name
Card Number	PROMINICARD Address 2	State/Province Postal Code
Expiration Date	Explains Dark/M/YY OV/2* County - Emplains Dark/M/YY OV/2* Emplains	
CVV2	Pione Storene Advess	Sana si bilin
Shipping Address Shipping Address	Ship to Company Ship to Forst Name	Ship to Last name
	Skip te Adheest Skip te Adheest	
10. Check I Agree to the Terms and	Ship to Chy Ship to Chy	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	Description for	My Previous Receipts
12. If you're done, click Log Out at the		
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		
When payment is complete you receive an en	nail from no- Order Co	onfirmation
reply@evalon.com noting the details.		
	\$2.99 USD	O Me
Your payment has been preserved	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	