

# New Account Agreement Instructions

For your account to be opened promptly and accurately, please provide the information requested on the form as outlined in the instructions below.

## Step 1. Account Registration (check one)

Additional documentation may be required to open certain account types. Use the supplemental form to identify all participants and their respective roles in the account. Contact your investment professional for more information.

## Steps 2-3. Institutional/Non-Institutional Account and USA Patriot Act Information

These sections MUST be completed in order to establish the account.

## Steps 4-5. Account Holder Information and Secondary Account Holder Information

The legal address MUST be a street address. A post office box is not acceptable for a legal address. A legal address is the account holder's permanent residence address or, in the case of an entity, the place where it maintains a physical presence. For those accounts opened for nonresident aliens and foreign entities, the legal address must be the same as the permanent residence address listed on IRS Form W-8BEN, W-8BENE or W-8IMY. You must provide annual income and net worth in the same manner. For instance, if the account is a joint account, and you are providing a combined annual income, you must also provide a combined net worth.

**NOTE:** To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial organizations to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask you to provide a copy of your driver's license or other identifying documents. The information you provide in this form may be used to perform a credit check and verify your identity by using internal sources and third-party vendors. If additional space is needed, attach a separate sheet.

## Step 6. Interested Parties

If you would like to add an interested party to your account, provide the interested party's contact information in this section. Indicate if you would like the interested party to receive copies of your statements, confirmations, and proxies.

## Step 7. Cash Management

Check the appropriate box to tell us how your proceeds should be handled. If you elect to sweep proceeds, enter the product name or acronym to designate your sweep instruction.

## Step 8. Objective and Investment Details

Use this section to provide details about your account objectives and investments. Account investment objectives are defined as follows:

**Income** – An investment approach by which an investor generally seeks current income over time.

**Long-Term Growth** – An investment approach by which an investor generally seeks capital appreciation through buying and holding securities over an extended period of time.

**Short-Term Growth** – An investment approach by which an investor generally seeks short-term capital gains through buying and selling securities over a short period of time.

## Step 9. Tax Lot Disposition Methods

**First In, First Out** (the tax lot(s) with the earliest trade date(s) will be disposed, sold, transferred or exchanged first based on the order of their acquisition).

**Last In, First Out** (the tax lot(s) with the latest trade date(s) will be disposed, sold, transferred or exchanged first based on the order of their acquisition).

**Average Cost Using First In, First Out** (this option is available ONLY for mutual fund shares and covered stocks in Pershing's dividend reinvestment plans, and it reflects the average cost per share, considering all tax lots of a security, even those no longer held by the investor. Upon disposition of mutual fund shares, the average cost per share is used to calculate gain or loss and although the calculation of gain or loss is based on an average cost, the tax lots are disposed of on a FIFO basis).

**High Cost** (the tax lot(s) with the highest unit cost are disposed of first, whether the tax lot(s) are short-term or long-term for capital gain tax purposes).

**High Cost Long-Term** (the tax lot(s) that have the highest unit cost, and produce a long-term capital gain or loss, are disposed of first — If no long-term shares are identified, or if an inadequate number of long-term shares are identified, then the short-term shares with the highest unit cost will be disposed of).

**High Cost Short-Term** (the tax lot(s) that have the highest unit cost, and produce a short-term capital gain or loss, are disposed of first — If no short-term shares are identified, or if an inadequate number of short-term shares are identified, then the long-term shares with the highest unit cost will be disposed of).

**Low Cost** (the tax lots with the lowest unit cost are disposed of first, whether the tax lots are short-term or long-term for capital gain tax purposes).

**Low Cost Long-Term** (the tax lots with the lowest unit cost, and produce a long-term gain or loss, are disposed of first — If no long-term shares are identified, or if an inadequate number of long-term shares are identified, then the short-term shares with the lowest unit cost will be disposed of).

**Low Cost Short-Term** (the tax lot(s) with the lowest unit cost, and produce a short-term capital gain or loss, are disposed of first — If no short-term shares are identified, or if an inadequate number of short-term shares are identified, then the long-term shares with the lowest unit cost will be disposed of).

**Minimize Short Term Gains** (take losses first and gains last. The tax lots are disposed in the following order: Short term lots sold at a loss, from highest cost to lowest cost; long term lots sold at a loss, from highest cost to lowest cost; short term lots sold at no gain or loss; long term lots sold at no gain or loss; long term loss sold at a gain, from highest to lowest cost; short term lots sold at a gain, from highest cost to lowest cost).

Please consult a tax advisor before selecting a tax lot disposition method. Pershing LLC may not provide tax advice, and accordingly, you are solely responsible for the tax effect of any selected method (or your use of your introducing brokerage firm's default method), and change from or to a new method, for federal, state, local and foreign tax purposes. Please contact your introducing brokerage firm to change a selection. Pershing LLC reserves the right to introduce new tax lot disposition methods at any time or to make any change in the offered tax lot disposition methods that is required by applicable law or regulations, without prior notice.

Pershing's application of the tax lot disposition methods to all account trades and transactions shall control in all instances.

**NOTE:** Data provided by outside vendors may not be the actual data that is reported to the IRS, Pershing LLC will be reporting the data that is maintained at Pershing LLC.

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## Step 10. Bond Elections

Bonds contain provisions that allow investors to elect to amortize the premium or accrete the discount when calculating and reporting cost basis for federal income tax purposes.

## Step 11. Additional Information

Use this section to provide additional information about your account.

## Step 12. Standing/Periodic Instructions

Check the appropriate boxes to tell us how your income and periodic principal distributions should be handled.

## Step 13. U.S. Taxpayer Number Certification

U.S. persons must sign the U.S. taxpayer certification built into the New Account Form. If the account is a JOINT account, you must provide the Social Security Number or the Taxpayer Identification Number of the individual whose name appears first. For custodial accounts, use the Social Security Number of the minor. If you are a nonresident alien or foreign entity, you should not sign the taxpayer certification included

in this form, and instead submit an IRS Form W-8BEN, W-8IMY or other appropriate W8 series forms with this application. Nonresident alien joint accounts require IRS Form W-8BEN for each account holder. The account holder's country of permanent residence is the country where the account holder claims to be a resident for purposes of that country's income tax. If a reduced rate of withholding is being claimed under an income tax treaty, residency must be determined in the manner required by the treaty. If the account holder does not have a tax residence in any country, the permanent residence is where the account holder normally resides (or maintains an office for accounts not owned by individuals). The primary account owner whose Social Security Number or Taxpayer Identification Number is used should sign the Taxpayer Certification on page 12.

## Step 14. Signatures

Sign and date the form. The primary and secondary owners of a joint account must sign the form on page 12. Additional owners must sign the additional participant form. For a custodial account, only the custodian needs to sign.

## Participant Information Supplement

Use one of the codes below to designate the participant role for the additional participant on an account.

ADMN-Administrator	GRNT-Grantor	PREP-Personal Representative
AGNT-Agent	GRDN-Guardian	PLAD-Plan Administrator
BENF-Beneficiary	IPTY-Interested Party	PATN-Power of Attorney
BORW-Borrower	IMGR-Investment Manager	PRM-Primary Account Holder
CONS-Conservator	LHLD-Lien Holder	RIND-Responsible Individual
CUST-Custodian	LPAR-Limited Partner	SEC-Secondary Account Holder
DECD-Deceased	MNGR-Manager	STLR-Settlor
DPTR-Depositor	MMBR-Member	SHLR-Shareholder
DRTR-Director	MINR-Minor	SPSR-Sponsor
EXEC-Executor	OFCE-Officer	SUSO-Substantial Owner
GPMM-General Partner/Managing Member	PTNR-Partner	TSTE-Trustee

## For Broker-Dealer Use Only

Provide investment professional and principal approvals.

## Account Category Codes (for office use only)

BKCL-Bank Collateral Account	IACU-Investment Advisor/Custodian	NPLP-Nonpurpose Loan Partnership
BOLI-Bank Owned Life Insurance	IAES-Investment Advisor/Estate	NPLT-Nonpurpose Loan Trust
BTRS-Bank Owned Life Insurance Trust	IAGU-Investment Advisor/Guardian	NPRO-Nonprofit Organization
CLUB-Investment Club	IAGV-Investment Advisor/ Government Agency	N401-Prototype Individual 401(k)
COD-Receive/Deliver Versus Payment	IAIN-Investment Advisor/Individual	N457-Nonqualified Deferred Compensation Plan
COLI-Corporate Owned Life Insurance	IAJT-Investment Advisor/Joint	N529-State Sponsored Higher Education Plan
CONS-Conservatorship	IANP-Investment Advisor/Nonprofit Organization	PART-Partnership
CORN-Noncorporate Account	IAPA-Investment Advisor/Partnership	PRME-Prime Broker
CORP-Corporation	IAPP-Investment Advisor/Corporate Pension/ Profit Sharing	PWRA-Power of Attorney
CPPS-Corporate Pension or Profit Sharing Plan	IAPW-Investment Advisor/Power of Attorney	RETC-Third Party as Custodian SIMPLE IRA
CTRS-Corporate Owned Life Insurance Trust	IART-Investment Advisor/Retirement Account	RETE-Third Party as Custodian ERISA Account
CUST-Custodian	IASP-Investment Advisor/Sole Proprietor	RETG-Third Party as Custodian IRA Guardian
DLJC-Pershing LLC SIMPLE Individual Retirement Account (IRA)	IATI-Investment Advisor/Transfer on Death Individual	RETH-Third Party as Custodian 403(b)(7)
DLJI-Pershing LLC IRA	IATJ-Investment Advisor/Transfer on Death Joint	RETI-Third Party as Custodian IRA
DLJP-Pershing LLC SARSEP and Prototype SEP	IATR-Investment Advisor/Trust	RETN-Third Party as Custodian Roth IRA Guardian
DLJQ-Pershing LLC Qualified Retirement Plan (QRP)	INDV-Individual	RETP-Third Party as Custodian Prototype SEP
DLJS-Pershing LLC SEP IRA	INVA-Investment Advisor/Managed Account	RETR-Third Party as Custodian Roth IRA
ESTT-Estate	JNTN-Joint	RETS-Third Party as Custodian SARSEP and SEP
EXMP-Exempt Organization	LLCP-Limited Liability Corporation	RETV-Third Party as Custodian Education Savings SOLE-Sole Proprietorship
FINL-Financial Organization	LPAR-Limited Partnership	TODI-Transfer on Death Individual
GOVT-Government Entity/Agency	NPLC-Nonpurpose Loan Corporate	TODJ-Transfer on Death Joint
GRDN-Guardian	NPLI-Nonpurpose Loan Individual	TRST-Trust
IACP-Investment Advisor/Corporation	NPLJ-Nonpurpose Loan Joint	

# New Account Agreement

**OFFICE USE ONLY** | Account Number             | IP Number

## STEP 1. ACCOUNT REGISTRATION

- Retirement (Skip to Step 2)
- Retail (Select a type of retail account below)

ADDITIONAL DOCUMENTATION MAY BE REQUIRED TO OPEN THESE ACCOUNT TYPES.  
CONTACT YOUR INVESTMENT PROFESSIONAL FOR MORE INFORMATION.

TYPE OF ACCOUNT	ADDITIONAL DESIGNATION
<input type="checkbox"/> Individual	
<input type="checkbox"/> Corporation	<input type="checkbox"/> C Corp <input type="checkbox"/> S Corp
<input type="checkbox"/> Corporate Pension/ Profit Sharing	Plan Name: _____ Trustees: _____ Beneficiaries: _____
<input type="checkbox"/> Custodial	<input type="checkbox"/> UGMA (Uniform Gift to Minors Act) <input type="checkbox"/> UTMA (Uniform Transfer to Minors Act) Complete Custodial Accounts Section.
<input type="checkbox"/> Estate	Person or Entity Appointed to Act on Behalf of the Account: <input type="checkbox"/> Administrator <input type="checkbox"/> Personal Representative <input type="checkbox"/> Special Administrator <input type="checkbox"/> Temporary Administrator <input type="checkbox"/> Executor <input type="checkbox"/> Executrix Number Appointed to Account: _____
<input type="checkbox"/> Joint Tenant	Complete Joint Accounts Section.
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Disregarded Entity* (name of owner): _____
<input type="checkbox"/> Power of Attorney	Power of Attorney Agent's Name: _____
<input type="checkbox"/> Individual Single Member LLC	
<input type="checkbox"/> Sole Proprietorship	
<input type="checkbox"/> Transfer on Death: Individual	Agreement Execution Date: _____
<input type="checkbox"/> Transfer on Death: Joint	Complete Joint Accounts Section. Agreement Execution Date: _____

TYPE OF ACCOUNT	ADDITIONAL DESIGNATION
<input type="checkbox"/> Trust	Establishment Date: _____ Trust Type: <input type="checkbox"/> Charitable <input type="checkbox"/> Revocable <input type="checkbox"/> Living <input type="checkbox"/> Irrevocable <input type="checkbox"/> Irrevocable Living <input type="checkbox"/> Testamentary <input type="checkbox"/> Family Trustees: _____ Beneficiaries: _____ Can the trustees act independently? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> 529 Plan	
<input type="checkbox"/> Bank Collateral	
<input type="checkbox"/> Conservatorship	
<input type="checkbox"/> Coverdell Education Savings Account	
<input type="checkbox"/> Exempt Organization	
<input type="checkbox"/> Financial Organization	
<input type="checkbox"/> Government Entity/ Agency	
<input type="checkbox"/> Guardianship	
<input type="checkbox"/> Investment Club	
<input type="checkbox"/> IRA or Retirement Third Party Custodian	
<input type="checkbox"/> Noncorporate	
<input type="checkbox"/> Nonprofit Organization	
<input type="checkbox"/> Nonpurpose Loan	
<input type="checkbox"/> Partnership	
<input type="checkbox"/> Other	Please Specify: _____

\*If the owner is a U.S. person, complete Step 4 using the owner's information. If the owner is a non-U.S. person, the appropriate IRS form W-8 must be provided from the non-U.S. owner.



NAW9

**For Joint Accounts Only**

Are the account holders married to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tenancy State	Number of Tenants
Tenancy Clause <input type="checkbox"/> Community Property <input type="checkbox"/> Community Property with Rights of Survivorship <input type="checkbox"/> Tenants in Common <input type="checkbox"/> Tenants by Entirety <input type="checkbox"/> Joint Tenants with Rights of Survivorship <input type="checkbox"/> Usufruct (LA Residents only)		

**For Custodial Accounts Only**

State in Which Gift was Given	Date Gift Was Given	
Age Designated to Terminate	Minor's Date of Birth	
Manner in Which Gift was Given <input type="checkbox"/> Created by gift <input type="checkbox"/> Trust <input type="checkbox"/> Exercise by appointment <input type="checkbox"/> Transfer by fiduciary or obligor <input type="checkbox"/> Will		

**STEP 2. INSTITUTIONAL/NON-INSTITUTIONAL ACCOUNT**

**Institutional Account, as Defined in the FINRA Rule**

- A bank, savings and loan association, insurance company or registered investment company
- An investment adviser registered either with the Securities and Exchange Commission under Section 203 of the Investment Advisers Act of 1940 or with a state securities commission (or any agency or office performing like functions)
- Other Entity (whether a natural person, corporation, partnership, trust, or otherwise) with total assets of at least \$50 million
- None of the Above

**Institutional Account Suitability Obligation**

If None of the Above was selected in the previous section, this section is not required

- Waived for all recommendations
- Accepted for all recommendations
- Waived exclusively for the recommendations involving the following asset classes:  
Please select those which are applicable:  
 Equities     Options     Fixed Income     Mutual Funds     Unit Investment Trusts  
 Exchanged Traded Funds     Other \_\_\_\_\_
- Determined at the time of each recommendation

**For Broker-Dealer Use Only**

if the selection above represents a full or partial waiver of the servicing broker/dealer's suitability obligation, the servicing broker/dealer represents that the institutional client account is capable of exercising independent judgment with respect to security and investment strategy decisions made in connection with the waiver.

**STEP 3. USA PATRIOT ACT INFORMATION**

What is the **initial** source of funds for this account? If you are transferring assets from another financial institution, please indicate the origin of those investments.

- Accounts Receivable     Accumulated Savings     Alimony     Gift
- Income From Earnings     Inheritance     Insurance Proceeds     Investment Proceeds
- Legal Settlement     Lottery/Gaming     Pension/IRA/Retirement Savings
- Rollover     Rental Income     Sale of Business     Sales of Real Estate
- Spouse/Parent     Other \_\_\_\_\_

**Disclosures Required Under the USA PATRIOT ACT**

Is this account for a Foreign Financial Institution (e.g. non-U.S. bank; non-U.S. branch of a U.S. bank; broker-dealer; futures merchant; commodities introducing broker; mutual fund; money transmitter or currency exchanger)?  Yes  No

Is this account a private banking account as defined under the USA PATRIOT Act?  Yes  No

Is this an account for a Foreign Bank as defined under the USA PATRIOT Act?  Yes  No

- If yes, is the bank a Central Bank?  Yes  No
- If yes, is this a Foreign Bank operating under an Offshore Banking License?  Yes  No
- If yes, is this a Foreign Bank operating under a banking license issued by a Non-Cooperative Country or Territory?  Yes  No
- If yes, is this a Foreign Bank operating under a banking license issued by a jurisdiction subject to Section 311 measures?  Yes  No

If the answer to any of the three questions above is yes, how many people or entities own 10% or more of the Bank (if its shares are not publicly traded)?

Are you, or anyone with an interest in this account, currently or formerly, either (1) a senior military, governmental, or political official, or (2) closely associated with an immediate family member of such an official?  Yes  No

If yes, identify the name of the official, office held and country

**SPECIAL NOTE FOR NON-U.S. ACCOUNTS: WITH RESPECT TO ASSETS CUSTODIED BY PERSHING ON YOUR BEHALF, YOU ACKNOWLEDGE THAT INCOME AND CAPITAL GAINS OR DISTRIBUTIONS TO YOU FROM THIS ACCOUNT MAY BE TAXABLE IN YOUR HOME JURISDICTION AND/OR YOUR JURISDICTION OF TAX RESIDENCE IF DIFFERENT FROM YOUR HOME JURISDICTION. YOU ACKNOWLEDGE TO YOUR FINANCIAL ORGANIZATION AND TO PERSHING THAT YOU HAVE TAKEN YOUR OWN TAX ADVICE IN THIS REGARD.**

**IF NUMBER IS GREATER THAN ZERO, A FOREIGN BANK BENEFICIAL OWNERSHIP FORM MUST ACCOMPANY THIS REQUEST.**

**STEP 4. PRIMARY ACCOUNT HOLDER INFORMATION**

Name		
Social Security (SSN)	<input type="checkbox"/> Person <input type="checkbox"/> Entity	Employee Identification Number (EIN)
Email	Date of Birth	Specified Adult <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone	Business Phone	Mobile Phone
<b>Legal Address</b> (no P.O. box)		
City	State/Province	Zip/Postal Code
Country		
<b>Mailing Address</b> (if different from legal address)		
City	State/Province	Zip/Postal Code
Country		
Primary Citizenship(s)		Additional Citizenship(s)
U.S. Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Birth	

**IF DISREGARDED ENTITY, ENTER INFORMATION FOR THE U.S. OWNER.**

**"SPECIFIED ADULT" SHALL MEAN: (A) A NATURAL PERSON AGE 65 AND OLDER; OR (B) A NATURAL PERSON AGE 18 AND OLDER WHO THE MEMBER REASONABLY BELIEVES HAS A MENTAL OR PHYSICAL IMPAIRMENT THAT RENDERS THE INDIVIDUAL UNABLE TO PROTECT HIS OR HER OWN INTERESTS.**

**IF YOU WISH TO ADD A TRUSTED CONTACT, PLEASE COMPLETE THE TRUSTED CONTACT FORM.**

**A COPY OF THE ID IS REQUIRED FOR EACH NON-U.S. PERSON AND FOR U.S. CITIZENS LIVING ABROAD. PROOF OF ADDRESS MAY ALSO BE REQUIRED.**

**Gender**  Male  Female      **Marital Status**  Single  Married  Divorced  Domestic Partner  Widowed

**Dependents**

Number of Dependents

# New Account Agreement

Account Number -

## Employment and Industry Affiliations

Employed  Self-Employed  Retired  Unemployed  Homemaker  Student

Occupation	Years Employed	Type of Business
Employer Name		
Employer's Address		
City	State/Province	Zip/Postal Code
Country		

## General Investment Knowledge and Experience

Limited  Moderate  Extensive  None

## Knowledge and Experience by Investment Type

INVESTMENT	INVESTMENT KNOWLEDGE				INVESTMENT EXPERIENCE
Equities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Options	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Fixed Income	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Mutual Funds	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Unit Investment Trusts	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Exchange Traded Funds	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Real Estate	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Insurance	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Variable Annuities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Fixed Annuities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Precious Metals	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Commodities, Futures	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Other:	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:

## Financial Information

### Identify Verification Method Used

Compliance Data Center Inc. Report (CDCR)  Internal Review (INRV)  
 Regulatory Data Corporation (RDCR)  Other ID Vendor (OTHR)

<b>Annual Income</b> From \$	To \$
<b>Net Worth (excluding home)</b> From \$	To \$
<b>Liquid Net Worth</b> From \$	To \$

Check box if aggregated with other joint tenants.

**Tax Bracket:**  0-15%  15.1%-32%  32.1%-50%  50.1% +

## Unexpired Government Identification

GOVERNMENT PHOTO ID #1		GOVERNMENT PHOTO ID #2	
Type of Unexpired Photo ID		Type of Unexpired Photo ID	
ID Number		ID Number	
Country of Issue		Country of Issue	
State/Province/Subdivision of ID		State/Province/Subdivision of ID	
Date of Issue	Date of Expiration	Date of Issue	Date of Expiration

GOVERNMENT ISSUED UNEXPIRED PHOTO IDENTIFICATION SHOULD BE PROVIDED FOR ALL INDIVIDUALS THAT WERE NOT VERIFIED USING NON-DOCUMENTARY METHODS, AND FOR NON-RESIDENT ALIENS, ALONG WITH AN IRS FORM W-8BEN.

ID Verification Comments

## Corporate/Business Information

Corporate/Business ID Number	Formation Date of Corporation/Business
State/Province of Incorporation	Country of Incorporation

IF APPLICABLE.

## Broker-Dealer Affiliations

Are you an employee of this broker-dealer?  Yes  No

Are you related to an employee at this broker-dealer?  Yes  No

Employee Name	Relationship
<input type="text"/>	<input type="text"/>

Are you an employee of another broker-dealer?  Yes  No

Broker-Dealer Name

Are you related to an employee at another broker-dealer?  Yes  No

Broker-Dealer Name	Employee Name	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>

Are you maintaining any other brokerage accounts?  Yes  No

With what firm(s) are you maintaining other brokerage accounts?	Years of Investment Experience
<input type="text"/>	<input type="text"/>

Are you or any member of your immediate family affiliated with or employed by a member of a stock exchange or the Financial Industry Regulatory Authority?  Yes  No

Employer authorization is required. What is the affiliation?

Are you a senior officer, director, or 10% or more shareholder of a public company?  Yes  No

Company Name(s)

**STEP 5. SECONDARY ACCOUNT HOLDER INFORMATION**

Name		
Social Security (SSN)	<input type="checkbox"/> Person <input type="checkbox"/> Entity	Employee Identification Number (EIN)
Email	Date of Birth	Specified Adult <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone	Business Phone	Mobile Phone
<b>Legal Address</b> (no P.O. box)		
City	State/Province	Zip/Postal Code
Country		
<b>Mailing Address</b> (if different from legal address)		
City	State/Province	Zip/Postal Code
Country		
Primary Citizenship(s)		Additional Citizenship(s)
U.S. Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Birth	

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**Gender**

Male  Female

**Marital Status**

Single  Married  Divorced  Domestic Partner  Widowed

**Dependents**

Number of Dependents
----------------------

**Employment and Industry Affiliations**

Employed  Self-Employed  Retired  Unemployed  Homemaker  Student

Occupation	Years Employed	Type of Business
Employer Name		
Employer's Address		
City	State/Province	Zip/Postal Code
Country		

**General Investment Knowledge and Experience**

Limited  Moderate  Extensive  None



**Knowledge and Experience by Investment Type**

INVESTMENT	INVESTMENT KNOWLEDGE				INVESTMENT EXPERIENCE
Equities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Options	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Fixed Income	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Mutual Funds	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Unit Investment Trusts	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Exchange Traded Funds	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Real Estate	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Insurance	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Variable Annuities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Fixed Annuities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Precious Metals	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Commodities, Futures	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:
Other:	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:

**Financial Information**

**Identify Verification Method Used**

- Compliance Data Center Inc. Report (CDCR)       Internal Review (INRV)  
 Regulatory Data Corporation (RDCR)       Other ID Vendor (OTHR)

<b>Annual Income</b> From \$	To \$
<b>Net Worth (excluding home)</b> From \$	To \$
<b>Liquid Net Worth</b> From \$	To \$

**Tax Bracket:**  0-15%     15.1%-32%     32.1%-50%     50.1% +

**Unexpired Government Identification**

GOVERNMENT PHOTO ID #1		GOVERNMENT PHOTO ID #2	
Type of Unexpired Photo ID		Type of Unexpired Photo ID	
ID Number		ID Number	
Country of Issue		Country of Issue	
State/Province/Subdivision of ID		State/Province/Subdivision of ID	
Date of Issue	Date of Expiration	Date of Issue	Date of Expiration

**GOVERNMENT ISSUED UNEXPIRED PHOTO IDENTIFICATION SHOULD BE PROVIDED FOR ALL INDIVIDUALS THAT WERE NOT VERIFIED USING NON-DOCUMENTARY METHODS, AND FOR NON-RESIDENT ALIENS, ALONG WITH AN IRS FORM W-8BEN.**

ID Verification Comments

**Corporate/Business Information**

Corporate/Business ID Number	Formation Date of Corporation/Business
State/Province of Incorporation	Country of Incorporation

**IF APPLICABLE.**

**Broker-Dealer Affiliations**

Are you an employee of this broker-dealer?  Yes  No

Are you related to an employee at this broker-dealer?  Yes  No

Employee Name	Relationship
---------------	--------------

Are you an employee of another broker-dealer?  Yes  No

Broker-Dealer Name
--------------------

Are you related to an employee at another broker-dealer?  Yes  No

Broker-Dealer Name	Employee Name	Relationship
--------------------	---------------	--------------

Are you maintaining any other brokerage accounts?  Yes  No

With what firm(s) are you maintaining other brokerage accounts?	Years of Investment Experience
---	--------------------------------

Are you or any member of your immediate family affiliated with or employed by a member of a stock exchange or the Financial Industry Regulatory Authority?  Yes  No

Employer authorization is required. What is the affiliation?
--

Are you a senior officer, director, or 10% or more shareholder of a public company?  Yes  No

Company Name(s)
-----------------

**Additional Participants**

Are there more than two participants for this account? If Yes, complete the Additional Holder/Participant Information Supplement sheet.  Yes  No

**Specified Adult**

If this account has an account holder that is considered a specified adult, are there Trusted Contacts? If Yes, complete the Trusted Contact Form.  Yes  No

**STEP 6. INTERESTED PARTIES**

**First Interested Party**

Name		Date of Birth			
Email					
Home Phone		Business Phone		Mobile Phone	
Mailing Address					
City			State/Province	Zip/Postal Code	
Country					

Type of Notification:  Statement  Confirmation  Proxy

**Second Interested Party**

Name		Date of Birth	
Email			
Home Phone	Business Phone	Mobile Phone	
Mailing Address			
City	State/Province	Zip/Postal Code	
Country			

PLEASE ADD A SEPARATE SHEET FOR ADDITIONAL INTERESTED PARTIES.

Type of Notification:  Statement  Confirmation  Proxy

**STEP 7. CASH MANAGEMENT**

The sweep program consists of sweep options, which may include money market mutual funds as well as bank deposit products. The options available to you are subject to change and you should contact your advisor for additional information on the products available to you through your sweep program.

Once a sweep option is elected, any free credit balance in your brokerage account will be automatically invested into the sweep product selected and any debits in your brokerage account will also be covered automatically by redemptions, to the extent you have a balance in the sweep product sufficient to cover the debit balance.

**How would you like to handle proceeds?**

Remit  Hold

**If you opt to hold proceeds and wish to utilize the sweep feature, please enter your sweep option below.**

Product Name or Acronym of Your Sweep Option
--

FOR MONEY MARKET FUND, FDIC INSURED DEPOSIT OR BANK SWEEP.

**STEP 8. OBJECTIVE AND INVESTMENT DETAILS**

**Risk Exposure**  Low  Moderate  Speculation  High Risk

**Account Investment Objectives**  Income  Long-Term Growth  Short-Term Growth

**Other Investments**

INVESTMENT	INVESTMENT VALUE	INVESTMENT	INVESTMENT VALUE
Equities	Value \$	Fixed Annuities	Value \$
Options	Value \$	Precious Metals	Value \$
Fixed Income	Value \$	Commodities and Futures	Value \$
Mutual Funds	Value \$	Other:	Value \$
Unit Investment Trusts	Value \$	Other:	Value \$
Exchange-Traded Funds	Value \$	Other:	Value \$
Real Estate	Value \$	Other:	Value \$
Insurance	Value \$	Other:	Value \$
Variable Annuities	Value \$	Other:	Value \$

**Investment Time Horizon and Liquidity Needs**

Time Horizon	Liquidity Needs <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
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STEP 9. TAX LOT DISPOSITION METHODS

Please choose one disposition method as your default for a) Mutual Funds, b) Stocks in Pershing's Dividend Reinvestment Plans and c) All other securities. If a default disposition method is not chosen by you or your Financial Organization, the federally mandated default method will be applied on the account.

- DISPOSITION METHODS FOR MUTUAL FUNDS
DISPOSITION METHODS FOR STOCKS IN PERSHING'S DIVIDEND REINVESTMENT PLAN
DISPOSITION METHODS FOR ALL OTHER SECURITIES
Average Cost (using FIFO)
First In, First Out (FIFO)
High Cost
High Cost Long-Term
High Cost Short-Term
Last In, First Out (LIFO)
Low Cost
Low Cost Long-Term
Low Cost Short-Term
Minimize Short-Term Gains

STEP 10. BOND ELECTIONS

Election 1 - Bond Premium Amortization (tax free bonds must be amortized)

- Yes/IRS Default: Amortize.
No/Alternative: Do not amortize.

IF YOU DO NOT CHOOSE BOND ELECTIONS, THE NOTED IRS DEFAULTS WILL BE SELECTED.

Election 2 - Market Discount Accrual Method

- Ratable/Alternative
Constant Yield/IRS Default

Election 3 - Include Market Discount as Income

- No/IRS Default: Don't include market discount as income.
Yes/Alternative: Include market discount in income.

STEP 11. ADDITIONAL INFORMATION

Electronic Delivery

Are you interested in electronic delivery of brokerage documents (for example, account statements and/or trade confirmations) for this account? Yes No

IF YES, PLEASE COMPLETE A USER ID AND E-DELIVERY REQUEST FORM.

Municipal Bond Offering Official Statements

Municipal bond offering official statements are available electronically at: http://www.emma.msrb.org/

Are you interested in hard copy delivery of Municipal Bond Official Statements for this account? Yes No

If the account is established for a trust, corporation, estate, or other entity, has a Trustee Certification of Investment Powers form, corporate resolution, letter of appointment, or other appropriate documentation establishing and appropriate authority been submitted? Yes No

Please provide the names and addresses of your banks:

[Empty box for providing bank names and addresses]

**STEP 12. STANDING/PERIODIC INSTRUCTIONS**

How would you like to handle Interest and Dividends?

- Remit  Credit

**Income Distribution**

**Method**

- First-Party Check  Third-Party Check (provide name and address below and a completed letter of authorization)  
 ACH (requires a completed ACH authorization form)  Journal (requires a completed letter of authorization)

Account for Journal [ ][ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

**Frequency**

- Annually  Semiannually  Quarterly  Bimonthly  Monthly  Semimonthly

First Payment Date [ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

**Information for Third-Party Check (if applicable)**

Name		Email	
Home Phone	Business Phone		Mobile Phone
Mailing Address			
City	State/Province	Zip/Postal Code	
Country			

Type of Notification:  Statement  Proxy  Confirmation

**Principal Distribution**

**Method**

- First-Party Check  Third-Party Check (provide name and address below and a completed letter of authorization)  
 ACH (requires a completed ACH authorization form)  Journal (requires a completed letter of authorization)

Account for Journal [ ][ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

**Frequency**

- Annually  Semiannually  Quarterly  Bimonthly  Monthly  Semimonthly

First Payment Date [ ][ ][ ]-[ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

**Information for Third-Party Check (if applicable)**

Name		Email	
Home Phone	Business Phone		Mobile Phone
Mailing Address			
City	State/Province	Zip/Postal Code	
Country			

Type of Notification:  Statement  Proxy  Confirmation

**STEP 13. U.S. TAXPAYER NUMBER CERTIFICATION**

**Taxpayer Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form in Step 4 is my correct Social Security Number or Taxpayer Identification Number (or I am waiting for a number to be issued to me);
2. I am not subject to backup withholding because (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.**

You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. If you are an exempt payee (if you are unsure, ask us for a complete set of IRS instructions), enter your exempt payee code (if any) here:

If you are exempt from FATCA reporting (if you are unsure, ask us for a complete set of IRS instructions), enter your exemption from FATCA reporting code (if any) here: \_\_\_\_\_

**Definition of a U.S. person.**

For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7)

**THIS SECTION IS NOT TO BE USED BY NON-U.S. PERSON (SEE DEFINITION OF U.S. PERSON BELOW).**

**STEP 14. SIGNATURES**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

**I ACKNOWLEDGE AND AGREE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, IN PARAGRAPHS 13 AND 14, ON PAGES 13 AND 14. I HEREBY ACKNOWLEDGE RECEIPT OF THIS NEW ACCOUNT AGREEMENT WITH PREDISPUTE ARBITRATION CLAUSE THEREIN.**

**Primary Account Holder or Entity Authorized Person**

Print Name	Date
Signature	

X

**PLEASE REVIEW YOUR INFORMATION, READ THE AGREEMENT ON PAGES 13 AND 14, AND SIGN HERE. KEEP A COPY FOR YOUR RECORDS.**

**Secondary Account Holder (if applicable)**

Print Name	Date
Signature	

X

**For Broker-Dealer Use Only**  Accepted: Investment professional is registered in the state of client's residence.

Investment Professional Printed Name	Principal Printed Name
Date	Date
Signature	Signature

X X

**TO: FINANCIAL ORGANIZATION AND ITS ASSIGNS****1. Provisions in the Event of Failure to Pay or Deliver**

Whenever I (we) do not, on or before the settlement date, pay in full for any security purchased for my (our) account, or deliver any security sold for such account, you are authorized (subject to the provisions of any applicable statute, rule, or regulation):

(A) Until payment or delivery is made in full, to pledge, repledge, hypothecate, or rehypothecate, without notice, any or all securities which you or your clearing agent may hold for me (either individually or jointly with others), separately or in common with other securities or commodities or any other property, for the sum then due or for a greater or lesser sum and without retaining in your possession and control for delivery a like amount of similar securities.

(B) To sell any or all securities which you or your clearing agent may hold for me (either individually or jointly with others), to buy in any or all securities required to make delivery for my (our) account, or to cancel any or all outstanding orders or commitments for my (our) account.

**2. Cancellation Provisions**

You are authorized, in your discretion, should I (we) die or should you for any reason whatever deem it necessary for your protection, without notice, to cancel any outstanding orders in order to close out my (our) accounts, in whole or in part, or to close out any of the commitments made on my (our) behalf.

**3. General Provisions**

Any sale, purchase, or cancellation authorized hereby may be made according to your judgement and at your discretion on the exchange or other market where such business is then usually transacted, at public auction, or at private sale without advertising the same and without any notice, prior to tender, demand, or call. You may purchase the whole or any part of such securities free from any right of redemption, and I (we) shall remain liable for any deficiency. It is further understood that any notice, prior to tender, demand, or call, from you shall not be considered a waiver of any provision of this agreement. I (we) shall include any person executing this agreement. With my (our) signature on this document, I (we) authorize any free credit balance in my account to be automatically invested into the sweep product elected, unless I (we) instruct my financial organization differently. Pershing LLC is further authorized to rely on instructions that I (we) give to my financial organization regarding my (our) sweep elections. I (we) agree, that my (our) sweep option may be changed, including changes between money market funds and bank deposit products, with prior notification to me (us).

**4. Successors and Assigns**

This agreement and its provisions shall be continuous, and shall inure to the benefit of your present organization, and any successor organization or assigns, and shall be binding upon me (us) and/or the estate, executors, administrators, and assigns of my (our) account.

**5. Age**

I (we), if an individual, represent that I (we) am (are) of full age.

**6. Interest in Account**

No one except me (us) has an interest in any of my (our) accounts with you unless such interest is revealed in the title of such account, and in any case, I (we) have the interest indicated in such title.

**7. Orders and Statements**

Reports of the execution of orders and statements of my (our) account shall be conclusive if not objected to in writing, the former within two days and the latter within ten days, after forwarding by you to me (us) by mail or otherwise.

**8. Extraordinary Events**

You shall not be liable for loss or delay caused directly or indirectly by war, natural disasters, government restrictions, exchange, or market rulings, or other conditions beyond your control.

**9. Fees and Charges**

I (we) agree to the fees and charges on the fee schedule received by me (us). You may change the fee schedule from time to time.

**10. Joint Accounts**

If this is a joint account, unless we notify you otherwise and provide such documentation, as you require, the brokerage account(s) shall be held by us jointly with rights of survivorship (payable to either or the survivor of us). Each joint tenant irrevocably appoints the other as attorney-in-fact to take all action on his or her behalf and to represent him or her in all respects in connection with this Agreement. You shall be fully protected in acting, but shall not be required to act upon the instructions of either of us. Each of us shall be liable, jointly and individually, for any amounts due to you pursuant to this Agreement, whether incurred by either or both of us.

**11. Address**

Communications may be sent to me (us) at my (our) current address which is on file at your office, or at such other address as I (we) may hereafter give you in writing. All communications so sent, whether by mail, telegraph, messenger, or otherwise, shall be deemed given to me (us) personally, whether actually received or not.

**12. Recording Conversations**

I (we) understand and agree that for our mutual protection you may electronically record any of my (our) telephone conversations.

**13. ARBITRATION DISCLOSURES**

**THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE. BY SIGNING AN ARBITRATION AGREEMENT THE PARTIES AGREE AS FOLLOWS:**

- **ALL PARTIES TO THIS AGREEMENT ARE GIVING UP THE RIGHT TO SUE EACH OTHER IN COURT, INCLUDING THE RIGHT TO A TRIAL BY JURY, EXCEPT AS PROVIDED BY THE RULES OF THE ARBITRATION FORUM IN WHICH A CLAIM IS FILED.**
- **ARBITRATION AWARDS ARE GENERALLY FINAL AND BINDING; A PARTY'S ABILITY TO HAVE A COURT REVERSE OR MODIFY AN ARBITRATION AWARD IS VERY LIMITED.**
- **THE ABILITY OF THE PARTIES TO OBTAIN DOCUMENTS, WITNESS STATEMENTS, AND OTHER DISCOVERY IS GENERALLY MORE LIMITED IN ARBITRATION THAN IN COURT PROCEEDINGS.**
- **THE ARBITRATORS DO NOT HAVE TO EXPLAIN THE REASON(S) FOR THEIR AWARD, UNLESS, IN AN ELIGIBLE CASE, A JOINT REQUEST FOR AN EXPLAINED DECISION HAS BEEN SUBMITTED BY ALL PARTIES TO THE PANEL AT LEAST 20 DAYS PRIOR TO THE FIRST SCHEDULED HEARING DATE.**

- THE PANEL OF ARBITRATORS WILL TYPICALLY INCLUDE A MINORITY OF ARBITRATORS WHO WERE OR ARE AFFILIATED WITH THE SECURITIES INDUSTRY.
- THE RULES OF SOME ARBITRATION FORUMS MAY IMPOSE TIME LIMITS FOR BRINGING A CLAIM IN ARBITRATION. IN SOME CASES, A CLAIM THAT IS INELIGIBLE FOR ARBITRATION MAY BE BROUGHT IN COURT.
- THE RULES OF THE ARBITRATION FORUM IN WHICH THE CLAIM IS FILED, AND ANY AMENDMENTS THERETO, SHALL BE INCORPORATED INTO THIS AGREEMENT.

#### 14. ARBITRATION AGREEMENT

ANY CONTROVERSY BETWEEN YOU OR PERSHING AND US SHALL BE SUBMITTED TO ARBITRATION BEFORE AND ONLY BEFORE THE FINANCIAL INDUSTRY REGULATORY AUTHORITY. NO PERSON SHALL BRING A PUTATIVE OR CERTIFIED CLASS ACTION TO ARBITRATION, NOR SEEK TO ENFORCE ANY PREDISPUTE ARBITRATION AGREEMENT AGAINST ANY PERSON WHO HAS INITIATED IN COURT A PUTATIVE CLASS ACTION; OR WHO IS A MEMBER OF A PUTATIVE CLASS WHO HAS NOT OPTED OUT OF THE CLASS WITH RESPECT TO ANY CLAIMS ENCOMPASSED BY THE PUTATIVE CLASS ACTION UNTIL; (I) THE CLASS CERTIFICATION IS DENIED; (II) THE CLASS IS DECERTIFIED; OR (III) THE CUSTOMER IS EXCLUDED FROM THE CLASS BY THE COURT. SUCH FORBEARANCE TO ENFORCE AN AGREEMENT TO ARBITRATE SHALL NOT CONSTITUTE A WAIVER OF ANY RIGHTS UNDER THIS AGREEMENT EXCEPT TO THE EXTENT STATED HEREIN. THE LAWS OF THE STATE OF NEW YORK GOVERN.

#### 15. Specified Adult and Trusted Contact Disclosure

By completing a physical or electronic contact form or providing Trusted Party information to my broker or advisor for electronic capture, I/we authorize the named Financial Institution and Pershing LLC ("Pershing") and their affiliates to share my nonpublic personal information\* held at Financial Institution and Pershing with the named trusted contact person(s) (the "Trusted Contact Person(s)") identified as such. Additionally, I/we authorize this information to be shared with the Trusted Contact Person(s) at the discretion of

Financial Institution and Pershing. This authorization includes, but is not limited to, sharing or disclosing any information regarding securities, insurance, bank related, financial planning or other financial products or services offered by or through Financial Institution and/or Pershing or any financial information I/we may have provided to Financial Institution and Pershing. I/we understand that Financial Institution and Pershing, LLC may contact the named Trusted Contact Person(s) if there are questions/concerns about my whereabouts or health status (i.e., if Financial Institution and Pershing becomes concerned that I may no longer be able to handle my financial affairs) or in the event that Financial Institution and Pershing becomes concerned that I may be a victim of fraud or exploitation.

Account owners should contact their Financial Institution or financial representative with additional questions.

Account owners may also contact FINRA at its toll-free number for senior investors to get assistance or raise concerns about issues with brokerage accounts and investments.

CALL: 844-57-HELPS (844-574-3577)  
MONDAY – FRIDAY; 9 – 5 P.M. ET

\* "Nonpublic personal information" includes, but is not limited to: financial account information and balances, information regarding the purchase of a security or insurance product, and any other personally identifiable financial information: (i) provided by a me/us to my/our Financial Institution; (ii) resulting from any transaction in my/our account or any service performed on behalf of me/us by the Financial Institution; or (iii) otherwise obtained from me/us by the Financial Institution.

#### 16. Amendment and Modification of Agreement

I (we) agree that you or your successors or assigns may unilaterally, at any time, change or modify the terms and conditions of this New Account Agreement by sending me notice of the change as required by law or regulation.