

FOR BRANCH USE ONLY		
Branch Prefix		Account Number
RR	RR2	Agency
Are holders employees of your B/D? <input type="checkbox"/> No <input type="checkbox"/> Yes		

Brokerage Account Application

Use this form to open a brokerage account with your Broker/Dealer to be held at National Financial Services LLC ("NFS"). Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information or signatures, use a copy of the relevant page.

1. Account Setup *Choose only ONE account type.*

You must indicate an account type (either personal or entity). Types of ownership are governed by the laws of your state of residence. If you need information about which are appropriate in your state, consult your state tax officials or your tax advisor. Additional paperwork is required for estate or entity accounts.

Number of Account Holders

Owners, trustees, custodians, authorized individuals.

Personal Accounts

Check one.

Individual

Joint:

- Tenants with Rights of Survivorship
 Tenants in Common
 Tenants in Entirety
 Community Property
 Usufruct

Transfer on Death:

- TOD – Individual
 TOD – Joint Tenants with Rights of Survivorship
 TOD – Joint Tenants in Entirety

Custodial:

- UGMA
 UTMA

Estate:

- Administrator
 Executor
 Personal Representative

Entity Accounts

Check one.

Corporations and Limited Liability Companies must also select the applicable tax classification. Entities taxed as a Partnership must select the Partnership account type.

Corporation

- C Corporation
 S Corporation

Partnership

Unincorporated Association

Limited Liability Company*

- C Corporation
 S Corporation

Trust:

- Under Agreement
 Under Will

Other

Non-Prototype:

- IRA
 Plan
 Trust

* A domestic LLC solely owned by an individual that is a disregarded entity for tax purposes should provide the individual's name, the DBA company name and the individual's SSN in Section 3.

Exempt Payee Code

If your entity qualifies for one of the 13 exempt payee codes, provide the code here. Refer to the last page of this application for a description of the codes.

2. Primary Account Holder

Personal Information

If account is a Tenants in Common, indicate this holder's share:

Provide personal information on the primary individual associated with this account.

Full Legal Name <i>First, M.I., Last</i>	
Date of Birth <i>MM DD YYYY</i>	Email
Daytime Phone	Evening Phone

Check all that apply and provide information. Single/Divorced/Widowed Married

Country of Citizenship		Country of Tax Residency	
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Type of Government-Issued ID	ID Number
State/Country of ID Issuance	ID Issuance Date	ID Expiration Date	

Legal Address

Cannot be a P.O. Box or Mail Drop.

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

Mailing Address

Same as Legal Address

Complete only if different from Legal Address above.

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

Employer Information and Affiliations

Check one. Employed Retired Not Employed

Provide Income Source if retired or not employed.

Occupation	Income Source	Employer Name	
Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

Check all that apply and provide information.

- You are, or an immediate family/household member is, a senior foreign political figure.
- You are, or an immediate family/household member is, a control person or affiliate of a publicly traded company under SEC Rule 144. *This would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors.*

Company Name	CUSIP or Symbol
--------------	-----------------

- You are affiliated with, or employed by, a stock exchange, or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer.
 - Same as employer above. *If different, provide the information below.*

Company Name			
Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

3. Entity Account Information

This section is only required for entity accounts. For additional holders, go to Section 4 or 8.

Entity Name			
Country of Organization		Country of Tax Residency	
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Type of Government-Issued ID	ID Number
State/Country of ID Issuance	ID Issuance Date	ID Expiration Date	

Legal Address

Cannot be a P.O. Box or Mail Drop.

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

Mailing Address

Same as Legal Address

Complete only if different from Legal Address above.

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

4. Additional Account Holder *Copy and complete this section for each additional Account Holder.*

Personal Information

Provide personal information on any additional individuals associated with this account (such as a joint owner, authorized individual, custodian, administrator, trustee, partner, or participant).

If account is a Tenants in Common, indicate this holder's share:

Percentage
%

Full Legal Name <i>First, M.I., Last</i>			
Date of Birth <i>MM DD YYYY</i>	Email		
Daytime Phone	Evening Phone		

Check all that apply and provide information.

Single/Divorced/Widowed
 Married
 Dependents
 # of Dependents

Country of Citizenship		Country of Tax Residency	
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Type of Government-Issued ID	ID Number
State/Country of ID Issuance	ID Issuance Date	ID Expiration Date	

Legal Address

Cannot be a P.O. Box or Mail Drop.

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

Mailing Address

Same as Legal Address

Complete only if different from Legal Address above.

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

continued on next page

4. Additional Account Holder *continued*

Employer Information and Affiliations

Check one. Employed Retired Not Employed

Provide Income Source if retired or not employed.

Occupation		Income Source		Employer Name	
Address Line 1			Address Line 2		
City	State/Province	Zip/Postal Code		Country	

Check all that apply and provide information.

- You are, or an immediate family/household member is, a senior foreign political figure.
- You are, or an immediate family/household member is, a control person or affiliate of a publicly traded company under SEC Rule 144. *This would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors.*

Company Name	CUSIP or Symbol
--------------	-----------------

- You are affiliated with, or employed by, a stock exchange, or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer.
- Same as employer above. *If different, provide the information below.*

Company Name			
Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

5. Suitability

Financial Position Choose the range that best describes your situation or provide the dollar amount.

Annual Income

From all sources

- \$0-\$25,000
 \$25,000-\$50,000
 \$50,000-\$100,000
 Over \$100,000

\$ _____

Estimated Net Worth

Excluding primary residence

- \$0-\$50,000
 \$50,000-\$100,000
 \$100,000-\$500,000
 Over \$500,000

\$ _____

Investable/Liquid Assets

Including cash and securities

- \$0-\$50,000
 \$50,000-\$100,000
 \$100,000-\$500,000
 Over \$500,000

\$ _____

Federal Tax Bracket

- 0%-15%
 25%-27½%
 Over 27½%

Account Funding Source

- Asset appreciation
 Business revenue
 Inheritance
 Legal/insurance settlement
 Sale of assets
 Savings from earnings
 Other: _____

Annual Expenses

Recurring

- \$0-\$50,000
 \$50,000-\$100,000
 \$100,000-\$250,000
 \$250,000-\$500,000
 Over \$500,000

\$ _____

Special Expenses

Future and non-recurring

- \$0-\$50,000
 \$50,000-\$100,000
 \$100,000-\$250,000
 Over \$250,000

\$ _____

Timeframe

Required for Special Expenses

- Within 2 years
 3-5 years
 6-10 years

continued on next page

5. Suitability *continued*

Investment Profile

Investment Purpose

- Save for education
- Save for retirement
- Save for short-term goal(s)
- Generate income
- Accumulate wealth
- Preserve wealth
- Market speculation
- Other: _____

Investment Objectives

Rank your investment objectives for this account in order of importance (1 being the highest). Review the attached Customer Agreement for important information on investment objectives.

- ___ Preservation of capital
- ___ Income
- ___ Capital appreciation
- ___ Speculation
- ___ Trading profits
- ___ Other: _____

Risk Tolerance

- Conservative
- Moderately Conservative
- Moderate
- Moderately Aggressive
- Aggressive
- Combination: _____

General Investment Knowledge

- Limited
- Good
- Extensive

Investment Time Horizon

- Near Term
- Very Short
- Short
- Intermediate
- Long
- Combination: _____

Product Knowledge

Investment Product Knowledge

Check either None, Limited, Good, or Extensive based on your knowledge of the following, OR provide your number of years of experience:

	None	Limited	Good	Extensive	Number of Years	Transactions per Year		
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15	
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15	
Short Term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15	
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15	
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15	
Limited Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15	
Variable Contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15	
Futures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15	
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15	
Alternative Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15	
Margin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15	
Foreign Currency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15	
Foreign Securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15	

Additional Suitability Information

Decision-Making Experience

Check all that apply:

- I consult with my broker. Yes No
- I make my own decisions. Yes No
- I consult with my family/friends. Yes No

Additional Information

Assets Held Away – Provide total value of assets held away and percentages for each type of asset. Total of all percentages must equal 100%

Total value of assets held away: \$	Stocks	Mutual Funds	Variable Contracts	Alternative Investments
	%	%	%	%
	Bonds	Options	Security Futures	Foreign Currency
	%	%	%	%
	Short-Term	Limited Partnerships	Annuities	Foreign Security
	%	%	%	%
				Other
				%



6. Account Characteristics

Service Instructions

Proceeds from Sales *Choose one.*

- Hold in core account investment vehicle (if specified) or in brokerage account
- Send by check to mailing address of account
- Send by external bank link (EFT)
- Send by intra-bank payment (IBP)
Consult Broker/Dealer for availability
- Delivery vs. payment (DVP)

Security Purchases *Choose one.*

- Hold in street name
- Register certificates to account name and send to mailing address
- Delivery vs. payment (DVP)

Dividend/Distribution Income *Choose one.*

Note that any dividend/distribution income sent to a DVP account will remain there pending additional instructions.

- Handle all dividends and distributions like sales proceeds
- Reinvest mutual fund and equity dividends, handle all other distributions like sales proceeds
- Reinvest mutual fund dividends, handle all other distributions like sales proceeds
- Reinvest equity dividends, handle all other distributions like sales proceeds

Pay all distributions in cash and send a check:

- Weekly Twice a Month
- Monthly Quarterly

Bank Information

Required if you choose external or internal bank link or can be used to establish standing instructions for electronic transfers between your brokerage account and your bank account.

Bank Account Type

- Checking
- Savings

ABA Number	Account Number
<input type="text"/>	<input type="text"/>

Core Account Investment Vehicle

Consult your Broker/Dealer for a list of available investment vehicles. If you do not choose a core account investment vehicle for your core account, your Broker/Dealer may invest your cash/credit balances in a taxable interest-bearing credit account or in a default core account investment vehicle of its choice while awaiting reinvestment. Different core account investment vehicles may have different rates of return and different terms and conditions, such as FDIC insurance or SIPC protection. If you do not select a core account investment vehicle, your Broker/Dealer may not consider these differences when selecting a default core account investment vehicle for you. You authorize your Broker/ Dealer to change the core account investment vehicle in your core account at its discretion.

Core Account Investment Vehicle Name	Core Account Investment Vehicle Symbol
<input type="text"/>	<input type="text"/>

Duplicate Information

- To All Account Holders** If selected, New Account Profiles (NAPs) and Revised Account Profiles (RAPs) regarding changes to investment objectives, additional account holder address changes, and name changes will be sent to each account holder's mailing address. If not selected, these communications will be mailed to the mailing address of the account and deemed to have been delivered to all account holders.
- To Third Party** Attach additional sheet if necessary. Completing this section will be considered your request to your Broker/Dealer to instruct NFS to send the type(s) of duplicate documents checked to the party or parties indicated.

Check all that apply. Trade Confirmations Statements

Name			
<input type="text"/>			
Address			
<input type="text"/>			
City	State/Province	Zip/Postal Code	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

eDelivery

- Paper delivery of account statements, trade confirmations and/or eligible letters can be suppressed and a reminder delivered to you electronically when they are ready to be viewed online. Selecting this option indicates your interest in this optional feature. A follow-up email will be sent to you with instructions on how to complete the enrollment process online.
- Use the primary account holder's email address that is provided in Section 2.
- Use another account holder's email address. *Provide the email address below.*

Email
<input type="text"/>

continued on next page

6. Account Characteristics *continued*

Optional Features You must qualify to add these features to your account. **Additional applications will be required.**

Indicate any features in this section that you would like to request. **Consult your Broker/Dealer for availability and eligibility, and to obtain the appropriate additional application(s) to apply for the features(s) you want.**

Account Features

- Margin
- Options
- Fee-Based Account *Indicate type below.*

Account Type

Cash Management and Banking Features *Choose one.*

- Brokerage Portfolio
- Brokerage Access

7. Beneficiary/FBO Information

This section is required for Transfer on Death Accounts, is optional for Trust and Non-Prototype accounts, and does not apply to any other types of accounts. **Social Security/Taxpayer ID Number or Date of Birth is required for each beneficiary.**

Electing "per stirpes" indicates that if the specified beneficiary(ies) predeceases you, his or her share of the account will pass through to his or her descendants. Before making a Per Stirpes designation, consult with an estate-planning attorney and see the Customer Agreement. *If you make any Per Stirpes designation, provide name of executor or other contact:*

Contact/Executor Name

Primary Beneficiaries/FBO

For each beneficiary, check one and provide information. Social Security/Taxpayer ID Number or Date of Birth/Trust is required for each beneficiary.

Use percentages only, not dollar amounts.

If beneficiary is a trust, provide trust name and date trust was established.

To designate additional beneficiaries, attach instructions with the necessary beneficiary information.

<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Entity	Beneficiary Name			<input type="checkbox"/> Per Stirpes
	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage
				. %
	Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>	
<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Entity	Beneficiary Name			<input type="checkbox"/> Per Stirpes
	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage
				. %
	Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>	
<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Entity	Beneficiary Name			<input type="checkbox"/> Per Stirpes
	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage
				. %
	Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>	

Primary beneficiary percentages must total 100%.

continued on next page



7. Beneficiary/FBO Information *continued*

Contingent Beneficiaries

For each beneficiary, check one and provide information. Social Security/Taxpayer ID Number or Date of Birth/Trust is required for each beneficiary.

Use percentages only, not dollar amounts.

If beneficiary is a trust, provide trust name and date trust was established.

To designate additional beneficiaries, attach instructions with the necessary beneficiary information.

<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Entity	Beneficiary Name			<input type="checkbox"/> Per Stirpes
	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage
				. %
	Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>	
<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Entity	Beneficiary Name			<input type="checkbox"/> Per Stirpes
	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage
				. %
	Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>	
<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust <input type="checkbox"/> Entity	Beneficiary Name			<input type="checkbox"/> Per Stirpes
	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage
				. %
	Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>	

Contingent beneficiary percentages must total 100%.

8. Entities That Are Account Holders

Entity Information

Provide information on any entity that is an account holder. Be sure to also provide, in Section 2 or 4, personal information on at least one individual associated with this account.

Entity Name			
Taxpayer ID Number		Country of Tax Residence	State/Country of Organization
Trust Date <i>required for Trusts</i>	Entity ID Document	State/Country of ID Issuance	

Legal Address

Cannot be a P.O. Box or Mail Drop.

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

Mailing Address

Same as Legal Address

Complete only if different from Legal Address above.

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

9. Signature(s) and Date(s) *Form cannot be processed without signature(s) and date(s).*

USA PATRIOT Act Notice: To help the government fight the funding of terrorism and money laundering, federal law and contractual obligations between your Broker/Dealer and us require us to obtain your name, date of birth, address and a government-issued ID number before opening your account, and to verify the information. In certain circumstances, we may obtain and verify comparable information for any person authorized to make transactions in an account or beneficial owners of certain entities. Additional documentation is required for certain entities, such as trusts, estates, corporations, partnerships and other organizations. Your account may be restricted if we or your Broker/Dealer cannot obtain and verify this information. We or your Broker/Dealer will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if your account is restricted or closed.

In the section below, "NFS," "us," and "we" refer to National Financial Services LLC and its officers, directors, employees, agents, affiliates, shareholders, successors, assigns, and representatives as the context may require; "you" refers to the account holder(s) indicated on the account form and any authorized individuals; "you" refers to all account holder(s), collectively and individually; "Broker/Dealer" refers to the correspondent managing your account.

By signing below, you:

- Affirm that you are at least 18 years of age and are of full legal age in the state in which you reside.
- Affirm that you have received, read, understand, and agree to the current terms of Account Agreement and the account features you selected and agree to future amendments to these terms.
- Understand that unless you provide written notice to the contrary, your Broker/Dealer may supply your name to issuers of securities held in your account so you can receive important information regarding such securities.
- Represent and warrant that if you have not checked the boxes for Associations and Corporate Control Status, you are not affiliated with or employed by a stock exchange, the Financial Industry Regulatory Authority, or a Broker/Dealer and you are not a control person or affiliate of a public company under SEC Rule 144 (such as a director, 10% shareholder, or a policymaking officer), or an immediate family or household member of such a person.
- Affirm that you have also read, understand, and agree to the terms of the applicable prospectus or disclosure document for any mutual fund that you purchase or exchange or Bank Deposit Sweep Program into which you have funds transferred or invest, including any mutual fund or Bank Deposit Sweep Program that you choose for your core account and that you agree to future amendments to these terms.
- Represent that, if you choose a bank sweep product for your core account investment vehicle, you are: (1) a natural person; (2) if you are a fiduciary, each of the beneficial owners are natural persons; or (3) if this account is established as a Transfer on Death account, each beneficiary is a natural person.
- Agree that if you do not choose a core account investment vehicle for your account, you authorize your Broker/Dealer to select a default core account investment vehicle for you, and you shall hold your Broker/Dealer and us harmless for such default selection and any resulting consequences.
- Understand that different core account investment vehicles may have different rates of return and terms and conditions, such as FDIC insurance or SIPC protection, and your Broker/Dealer may not have considered these differences when selecting a core account investment vehicle for you.
- Have instructed your Broker/Dealer to establish, as your agent, an account with us. You have appointed your Broker/Dealer as your exclusive agent to act for and on your behalf with respect to all matters regarding your account with us, including the placing of securities purchase and sale orders; the selection of your core account investment vehicle, including a Bank Deposit Sweep Program; and to act in all respects in connection with such core account investment vehicle; and, provided margin and/or options trading have/had been approved, delivery of margin and option instructions for your account. No fiduciary relationship exists with us. Understand that we will look solely to your Broker/Dealer and not you with respect to such orders or instructions, and we are instructed to deliver confirmations, statements, and all other notices, including margin maintenance calls, if applicable, to your Broker/Dealer. Any such communications delivered to your Broker/Dealer shall be deemed to have been delivered to you. You agree to hold us harmless from and against any losses, costs, or expenses arising in connection with the delivery or receipt of any such communication(s), provided we have acted in accordance with the above. The foregoing shall be effective until written revocation is received by us and your Broker/Dealer.

The required signature(s) and date(s) are on page 10 and must be accompanied by all pages of the Brokerage Account Application.

continued on next page

9. Signature(s) and Date(s) *continued*

If you are a U.S. person:

- You certify under penalties of perjury that: (1) the Social Security number or Taxpayer identification Number that you provided on this application is correct (or you are waiting for a number to be issued to you); and (2) you are not subject to backup withholding because: (a) you are exempt from backup withholding, or (b) you have not been notified by the Internal Revenue Service (IRS) that you are subject to backup withholding for failure to report all interest or dividends, or (c) the IRS

has notified you that you are no longer subject to backup withholding; and (3) you are a U.S. citizen or other U.S. person, including a U.S. resident alien; and (4) the FATCA code(s) entered on this form (if any) indicating that you are exempt from FATCA reporting are correct.

- 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, you must check this box to indicate that you do not certify Item 2.

If you are not a U.S. person:

- You are submitting the applicable Form W-8 with this form to certify your foreign status and, if applicable, claim tax treaty benefits.

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

You acknowledge that this account is governed by a pre-dispute arbitration clause, which appears on the last page of the Brokerage Account Customer Agreement, and that you have read the pre-dispute arbitration clause.

All account holders (including authorized individuals and trustees) must sign and date in accordance with the signature requirements outlined in the account's supporting documents.

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

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

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

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

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

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

For Branch Use Only

Account accepted in accordance with firm policies.

Registered Rep. No./Name	Signature	Date <i>MM - DD - YYYY</i>
Office Manager/Principal Name	Signature	Date <i>MM - DD - YYYY</i>

Backup Withholding Exemption Codes

Use the codes below to populate the Tax Exemption Code field in the Account Registration section of applicable new account applications.

The following is an excerpt from the IRS Form W-9. For more information, visit www.irs.gov/formspubs.

Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.

The following codes identify payees that are exempt from backup withholding:

- 1 An organization exempt from tax under Section 501(a), any IRA, or a custodial account under Section 403(b)(7) if the account satisfies the requirements of Section 401(f)(2)
- 2 The United States or any of its agencies or instrumentalities
- 3 A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities
- 4 A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5 A corporation
- 6 A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States
- 7 A futures commission merchant registered with the Commodity Futures Trading Commission
- 8 A real estate investment trust
- 9 An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10 A common trust fund operated by a bank under Section 584(a)
- 11 A financial institution
- 12 A middleman known in the investment community as a nominee or custodian
- 13 A trust exempt from tax under Section 664 or described in Section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Payments over \$600 required to be reported	Generally, exempt payees 1 through 5