



Account Number

Partnership Agreement

Use this form to authorize an account to be opened in the name of the Partnership with National Financial Services LLC ("NFS"), and identify those officers or individuals authorized by Resolution to transact business on the account.

Complete all sections. 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. Entity Account Information

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

2. Authorized Individual Information

Complete this section for each person authorized to transact on the account.

First Authorized Individual

Provide your name and any other information required by your Broker/Dealer.

Full Legal Name <i>First, M.I., Last</i>			
Social Security Number	Date of Birth <i>MM DD YYYY</i>	Phone	
Email			
Country of Citizenship		Country of Tax Residency	
Type of Government-Issued ID	ID Number	State/Country of ID Issuance	
ID Issuance Date <i>MM DD YYYY</i>	ID Expiration Date <i>MM DD YYYY</i>		

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2. Authorized Individual Information *continued*

Legal Address

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

Address			
City	State/Province	Zip/Postal Code	Country

Mailing Address

Same as Legal Address

Complete only if different
from Legal Address
above.

Address			
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
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- 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

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2. Authorized Individual Information *continued*

Second Authorized Individual

Provide your name and any other information required by your Broker/Dealer.

Full Legal Name <i>First, M.I., Last</i>			
Social Security Number	Date of Birth <i>MM DD YYYY</i>	Phone	
Email			
Country of Citizenship		Country of Tax Residence	
Type of Government-Issued ID	ID Number	State/Country of ID Issuance	
ID Issuance Date <i>MM DD YYYY</i>	ID Expiration Date <i>MM DD YYYY</i>		

Legal Address

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

Address			
City	State/Province	Zip/Postal Code	Country

Mailing Address

Complete only if different from Legal Address above.

Same as Legal Address

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

USA PATRIOT Act Notice: To help the government fight money laundering and the funding of terrorism, 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 or your Broker/Dealer may obtain and verify comparable information for any person authorized to make transactions in an account or beneficial owners of certain entities. Further documentation is required for certain entities such as trusts, estates, corporations, partnerships and other organizations. Your account may be restricted if we 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.

Resolved:

First: The undersigned jointly and severally agree that each of the persons named in this Section 2 shall have authority on behalf of the Partnership account ("Account") to buy, sell, trade and otherwise deal in, through your Broker/Dealer and NFS stocks, bonds, options and any other securities, listed or unlisted on margin or otherwise (including short sales). The persons named in Section 2 shall also have the authority on behalf of the Account to receive and dispose of on behalf of the Account demands, notices, confirmations, reports, statements of account, and communications of every kind; to receive and dispose of, on behalf of the Account, money, securities and property of every kind; and to make, terminate or modify, on behalf of the Account, agreements relating to any of the foregoing matters or waive any of the provisions thereof; and generally to deal with NFS on behalf of the Account as if the authorized individual

maintained sole interest in the account, without notice to the other authorized individuals of the account.

Second: The undersigned further authorize NFS in the event of death or retirement of any of the members of said Partnership to take such proceedings, require such papers, retain such portion of or restrict transactions in the Account as NFS may deem advisable to protect NFS against any liability, penalty or loss under any present or future law or otherwise. It is further agreed that in the event of the death or retirement of any member of the said Partnership, the remaining members will immediately cause NFS to be notified of such fact.

Third: Each of the undersigned has signed a Supplemental Application for NFS Margin Account Privileges (if the Partnership wishes to use margin account privileges) and completed

the respective Account Application, which are intended to cover, in addition to the provisions hereof, the terms upon which the Account is to be carried.

This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which NFS may have under any other agreement or agreements between NFS and the undersigned, or any of them, now existing or hereafter entered into, and is binding on the undersigned and their legal representatives, successors, and assigns. This authorization and indemnity is also a continuing one and shall remain in full force and effect until revoked by a written notice, addressed to NFS and delivered to NFS' main office, signed by any _____ (indicate the number of partners required) partners.

Provide copies of those pages of the Partnership agreement that provide the official name of the Partnership and all signatures. All General Partners, or all partners authorized to establish the account, must sign below.

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

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

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