# **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. User ID and E-Delivery Preferences**

Use this section to create a User ID and temporary password for online access, and to provide instructions to establish electronic delivery (e-delivery) of certain brokerage account communications.

#### Step 9. 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 10. 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.

### **New Account Agreement Instructions**

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.

#### **Step 11. 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 12. Additional Information

Use this section to provide additional information about your account.

#### Step 13. Standing/Periodic Instructions

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

#### **Step 14. U.S. Taxpayer Number Certification**

U.S. persons must sign the U.S. taxpaver 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 15. 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 GPMM-General Partner/Managing Member PREP-Personal Representative AGNT-Agent **GRNT-Grantor** PLAD-Plan Administrator BENF-Beneficiary GRDN-Guardian PATN-Power of Attorney **BEOW-Beneficial Owner IPTY-Interested Party** PRM-Primary Account Holder RIND-Responsible Individual **BORW-Borrower IMGR-Investment Manager** CONS-Conservator LHLD-Lien Holder SEC-Secondary Account Holder **CPER-Controlling Person** LPAR-Limited Partner STLR-Settlor **CUST-Custodian** MNGR-Manager SHLR-Shareholder **DECD-Deceased** MMBR-Member SPSR-Sponsor **DPTR-Depositor** MINR-Minor SUSO-Substantial Owner **DRTR-Director** OFCR-Officer **TCON-Trusted Contact EXEC-Executor** 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 BOLI-Bank Owned Life Insurance** BTRS-Bank Owned Life Insurance Trust **CLUB-Investment Club** COD-Receive/Deliver Versus Payment COLI-Corporate Owned Life Insurance IAJT-Investment Advisor/Joint CONS-Conservatorship CORN-Noncorporate Account IAPA-Investment Advisor/Partnership **CORP-Corporation** CPPS-Corporate Pension or Profit Sharing Plan **Profit Sharing** 

IAPW-Investment Advisor/Power of Attorney CTRS-Corporate Owned Life Insurance Trust CUST-Custodian DLJC-Pershing LLC SIMPLE Individual Retirement IASP-Investment Advisor/Sole Proprietor Account (IRA)

DLJI-Pershing LLC IRA

DLJP-Pershing LLC SARSEP and Prototype SEP DLJQ-Pershing LLC Qualified Retirement Plan (QRP)

DLJS-Pershing LLC SEP IRA

**ESTT-Estate** 

**EXMP-Exempt Organization** FINL-Financial Organization GOVT-Government Entity/Agency **GRDN-Guardian** 

IACP-Investment Advisor/Corporation

IACU-Investment Advisor/Custodian IAES-Investment Advisor/Estate IAGU-Investment Advisor/Guardian

IAGV-Investment Advisor/ Government Agency

IAIN-Investment Advisor/Individual

IANP-Investment Advisor/Nonprofit Organization

IAPP-Investment Advisor/Corporate Pension/

IART-Investment Advisor/Retirement Account IATI-Investment Advisor/Transfer on Death Individual

IATJ-Investment Advisor/Transfer on Death Joint

IATR-Investment Advisor/Trust

INDV-Individual

INVA-Investment Advisor/Managed Account

JNTN-Joint

LLCP-Limited Liability Corporation

LPAR-Limited Partnership

NPLC-Nonpurpose Loan Corporate NPLI-Nonpurpose Loan Individual NPLJ-Nonpurpose Loan Joint

NPLP-Nonpurpose Loan Partnership NPLT-Nonpurpose Loan Trust

NPRO-Nonprofit Organization N401-Prototype Individual 401(k)

N457-Nonqualified Deferred Compensation Plan

N529-State Sponsored Higher Education Plan

PART-Partnership PRME-Prime Broker PWRA-Power of Attorney

RETC-Third Party as Custodian SIMPLE IRA

RETE-Third Party as Custodian ERISA Account RETG-Third Party as Custodian IRA Guardian RETH-Third Party as Custodian 403(b)(7)

RETI-Third Party as Custodian IRA

RETN-Third Party as Custodian Roth IRA Guardian

RETP-Third Party as Custodian Prototype SEP

RETQ-Third Party as Custodian QRP RETR-Third Party as Custodian Roth IRA

RETS-Third Party as Custodian SARSEP and SEP RETV-Third Party as Custodian Education Savings

SOLE-Sole Proprietorship

TODI-Transfer on Death Individual TODJ-Transfer on Death Joint

TRST-Trust

OFFICE USE ONLY	Account Number		IP Number
Retirement (Skip to	to Stan 2)		BE REQUIRED TO OPEN THESE ACCOUNT TYPES. LENT PROFESSIONAL FOR MORE INFORMATION.
	· 	TVDF OF ACCOUNT	ADDITIONAL DEGLEMATION
TYPE OF ACCOUNT  Individual	ADDITIONAL DESIGNATION	TYPE OF ACCOUNT	ADDITIONAL DESIGNATION  Establishment Date:
Corporation	C Corp S Corp	Trust	Trust Type:  Charitable Revocable
Corporate Pension/ Profit Sharing	Plan Name:  Trustees:  Beneficiaries:		Living   Irrevocable   Irrevocable   Testamentary   Family   Trustees:
Custodial	UGMA (Uniform Gift to Minors Act) UTMA (Uniform Transfer to Minors Act) Complete Custodial Accounts Section.	500 Pl	Can the trustees act independently?  Yes No
Estate	Person or Entity Appointed to Act on Behalf of the Account:  Administrator  Personal Representative  Special Administrator  Temporary Administrator  Executor  Executor  Executrix  Number Appointed to Account:	Bank Collateral Conservatorship Coverdell Education Savings Account Exempt Organization Financial Organization	
☐ Joint Tenant ☐ Limited Liability Company	Complete Joint Accounts Section.  C Corp S Corp Partnership Disregarded Entity* (name of owner):	Government Entity/ Agency Guardianship Investment Club IRA or Retirement	
Power of Attorney	Power of Attorney Agent's Name:	Third Party Custodian  Noncorporate	
Individual Single Member LLC		Nonprofit Organization	
Sole Propietorship		Nonpurpose Loan	
Transfer on Death:	Agreement Execution Date:	Partnership  Other	Please Specify:
Transfer on Death:	Complete Joint Accounts Section.  Agreement Execution Date:		



 $<sup>^{\</sup>star}$  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.

Are the account holders married to	each other?	Tenancy State	Number of Tenant	ts
☐ Yes ☐ No				
Tenancy Clause	7.6	1 11 D: 1: (C :	I.	
Community Property Tenants by Entirety		perty with Rights of Survivo Th Rights of Survivorship	orship Tenants in Co Usufruct (LA	mmon Residents only)
		В		,,,
or Custodial Accounts C				
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				
☐ Created by gift ☐ Tru	ıst 🗌 Exercise b	y appointment 🔲 Trans	fer by fiduciary or obligo	r 🗌 Will
STEP 2. INSTITUTION	AL/NON-INSTIT	TUTIONAL ACCOUNT		
nstitutional Account, as				
		nce company or registered		
	ers Act of 1940 or w	n the Securities and Exchar vith a state securities comi		
Other Entity (whether a r least \$50 million	natural person, corp	ooration, partnership, trust	, or otherwise) with total	assets of at
None of the Above				
nstitutional Account Suit f None of the Above was sel			not required	
Waived for all recommen	,		,	
Accepted for all recomm				
	ne recommendation	s involving the following a	sset classes:	
Equities Options		e Mutual Funds	Unit Investment Trusts	
Exchanged Traded Fur				
Determined at the time of		ation		
For Broker-Dealer Use Of the selection above represents a frepresents that the institutional clied decisions made in connection with	full or partial waiver of the ent account is capable of	e servicing broker/dealer's suitabil exercising independent judgment	ity obligation, the servicing brok with respect to security and inve	er/dealer estment strategy
STEP 3. USA PATRIOT	ACT INFORMAT	ION		
۸/امما نماام استناما م	formula familiata a c			naial
What is the <b>initial</b> source of nstitution, please indicate th			assets from another fina	nciai
_	Accumulated S	Savings Alimony	Gift	
Accounts Receivable	Accumulated 3			
Income From Earnings	Inheritance	Insurance P		ent Proceeds
Income From Earnings Legal Settlement	☐ Inheritance ☐ Lottery/Gamin	g Pension/IRA	A/Retirement Savings	
Income From Earnings	Inheritance		A/Retirement Savings	ent Proceeds Real Estate

					CDECIAL NOTE FOR NON U.C.
Disclosures Required Under the	USA PATRIOT A	СТ			SPECIAL NOTE FOR NON-U.S. ACCOUNTS: WITH RESPECT
Is this account for a Foreign Financia of a U.S. bank; broker-dealer; futures mutual fund; money transmitter or c	merchant; commo	dities introducing bro		Yes No	TO ASSETS CUSTODIED BY PERSHING ON YOUR BEHALF, YOU ACKNOWLEDGE THAT INCOME AND CAPITAL GAINS
Is this account a private banking acc	ount as defined und	ler the USA PATRIO	Γ Act?	☐ Yes ☐ No	OR DISTRIBUTIONS TO YOU
Is this an account for a Foreign Bank	as defined under th	e USA PATRIOT Act	?	Yes No	FROM THIS ACCOUNT MAY BE TAXABLE IN YOUR HOME
• If yes, is the bank a Central Bank?				Yes No	JURISDICTION AND/OR YOUR JURISDICTION OF TAX
• If yes, is this a Foreign Bank opera-	ting under an Offsho	ore Banking License?	•	Yes No	RESIDENCE IF DIFFERENT FROM YOUR HOME JURISDICTION.
<ul> <li>If yes, is this a Foreign Bank opera Country or Territory?</li> </ul>	ting under a banking	g license issued by a	Non-Cooperative	☐ Yes ☐ No	YOU ACKNOWLEDGE TO YOUR FINANCIAL ORGANIZATION AN
<ul> <li>If yes, is this a Foreign Bank operasubject to Section 311 measures?</li> </ul>	ting under a banking	g license issued by a	jurisdiction	☐ Yes ☐ No	TO PERSHING THAT YOU HAVE TAKEN YOUR OWN TAX ADVIC IN THIS REGARD.
If the answer to any of the three questions about 10% or more of the Bank (if its shares are	ove is yes, how many peop not publicly traded?	ole or entities			IF NUMBER IS GREATER THAN ZERO, A FOREIGN
Are you, or anyone with an interest imilitary, governmental, or political omember of such an official?				Yes No	BANK BENEFICIAL OWNERSHIP FORM MUST ACCOMPANY THIS REQUEST.
If yes, identify the name of the official, office he	eld and country				7
STEP 4. PRIMARY ACCOUNT	HOI DED INEOD	MATION			
SIEP 4. PRIMART ACCOONT	HOLDER INFOR	MATION			
Name					IF DISREGARDED
C i - I C i (CCNI)					ENTITY, ENTER INFORMATION FOR
Social Security (SSN)	Persor		oloyee Identification Nu	mber (Eliv)	THE U.S. OWNER.
Email	Date of I	Birth		Specified Adult Yes No	"SPECIFIED ADULT" SHALL MEAN: (A) A
Home Phone	Business Phone		Mobile Phone	163 110	AGE 65 AND OLDER;
Legal Address (no P.O. box)					OR (B) A NATURAL PERSON AGE 18 AND
Legal Address (110 F.O. DOX)					OLDER WHO THE MEMBER REASONABLY
City		State/Province	Zip/Postal Cod	e	BELIEVES HAS A
Country					MENTAL OR PHYSICAL IMPAIRMENT THAT
					RENDERS THE INDIVIDUAL UNABLE
Mailing Address (if different from legal addre	ss)				TO PROTECT HIS OR HER OWN INTERESTS.
City		State/Province	Zip/Postal Cod	e	IF YOU WISH TO ADD
Country					A TRUSTED CONTACT, PLEASE COMPLETE THE TRUSTED CONTACT
Primary Citizenship(s)		Additional Citizenship	(s)		FORM.
U.S. Resident Alien  Yes No	Country of Birth				A COPY OF THE ID IS REQUIRED FOR EACH NON-U.S.
Gondor	arital Status				PERSON AND FOR U.S. CITIZENS LIVING
<b>Gender</b> M ☐ Male ☐ Female	<b>Status</b>   Single   Marrie	ed Divorced	Domestic Parti	ner Widowed	ABROAD. PROOF OF
	g			dowed	ADDRESS MAY ALSO BE REQUIRED.
Dependents					7
Number of Dependents					

Occupation			Years Employed	Type of Busi	ness
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Employer Name					
Employer's Address					
City			State/Province	Zip/Postal (	Code
Country					
General Investment Kn	e Extensi	ve None			
Knowledge and Experie	INVESTMENT				INVESTMENT EXPERIENCE
Commodities, Futures	Limited	Moderate	Extensive	None	Since Year:
Equities	Limited	Moderate	Extensive	None	Since Year:
Exchange Traded Funds	Limited	Moderate	Extensive	None	Since Year:
Fixed Annuities	Limited	Moderate	Extensive	None	Since Year:
Fixed Income	Limited	Moderate	Extensive	None	Since Year:
Insurance	Limited	Moderate	Extensive	None	Since Year:
Mutual Funds	Limited	Moderate	Extensive	None	Since Year:
Options	Limited	☐ Moderate	Extensive	None	Since Year:
Precious Metals	Limited	☐ Moderate	☐ Extensive	None	Since Year:
Real Estate	Limited	☐ Moderate	☐ Extensive	None	Since Year:
Unit Investment Trusts	Limited	☐ Moderate	☐ Extensive	None	Since Year:
Variable Annuities	Limited	☐ Moderate	☐ Extensive	☐ None	Since Year:
Other:	Limited	☐ Moderate	Extensive	None	Since Year:
inancial Information  dentify Verification Me	thod Used				
Compliance Data Cent	er Inc. Report (	(CDCR)	Internal	Review (INR	(V)
Regulatory Data Corpo	ration (RDCR)		Other ID	Vendor (O	THR)
Annual Income From \$			To \$		
Net Worth (excluding home)			To \$		
From \$ Liquid Net Worth					

GOVERNMENT	PHOTO ID #1		GOVERNMEN	T PHOTO ID #	2		GOVERNMENT ISSU UNEXPIRED PHOTO
Type of Unexpired Photo ID		Type of Une	expired Photo ID				IDENTIFICATION SHOULD BE PROVIDE
ID Number		ID Number					FOR ALL INDIVIDUATION OF THAT WERE NOT
Country of Issue		Country of	Issue				VERIFIED USING NON-DOCUMENTA METHODS, AND
State/Province/Subdivision of ID		State/Provi	nce/Subdivision of ID				FOR NON-RESIDENT ALIENS, ALONG WI
Date of Issue Da	e of Expiration	Date of Issu	le	Date of Expiration	on		AN IRS FORM W-8B
ID Verification Comments		,	'				
Corporate/Business Inforr	nation						
Corporate/Business ID Number		Formation [	Date of Corporation/Bu	siness			IF APPLICABLE.
State/Province of Incorporation		Country of	Incorporation				
Legal Entity Identifier (LEI)							
Are you an employee of this b	roker-dealer?				Yes	☐ No	
Are you related to an employe	e at this broker-dealer?				Yes	☐ No	
Employee Name			Relationship				
Are you an employee of anoth	er broker-dealer?		1		Yes	☐ No	
Broker-Dealer Name							
Are you related to an employe	e at another broker-deal	er?			Yes	☐ No	
Broker-Dealer Name		Employee N	lame	Relationship			
Are you maintaining any othe	brokerage accounts?				Yes	☐ No	
With what firm(s) are you maintaining	g other brokerage accounts?		Years of Investment E	xperience			
Are you or any member of you member of a stock exchange of	r immediate family affilia or the Financial Industry F	ated with or e Regulatory A	employed by a uthority?		Yes	☐ No	
Employer authorization is required. W	hat is the affiliation?						
Are you a senior officer, direct	or, or 10% or more share	holder of a p	ublic company?		Yes	☐ No	
Company Name(s)							

Name					"SPECIFIED SHALL MEA
Social Security (SSN)	Person	Entity Emp	loyee Identi	fication Number (EIN)	AGE 65 ANI OR (B) A NA
mail	Date of Bir	th   —             —		Specified Yes	
Home Phone Busin	ess Phone		Mobile Ph	one	BELIEVES H MENTAL OF
egal Address (no P.O. box)					IMPAIRMEN RENDERS T
City		State/Province	Zip/	Postal Code	TO PROTECT HER OWN I
Country					IF YOU WIS
Mailing Address (if different from legal address)					PLEASE COI TRUSTED C
City		State/Province	Zip/	'Postal Code	FORM.
Country		ı			A COPY OF IS REQUIRE EACH NON
rimary Citizenship(s)		Additional Citizenship	(s)		PERSON AN U.S. CITIZE
J.S. Resident Alien Yes No	Country of Birth	I			ABROAD. P ADDRESS N BE REQUIRE
Sender Marital Male Female Single	Status e	☐ Divorced	Dome	stic Partner	Widowed
Dependents					
Number of Dependents					
mployment and Industry Affiliations Employed Self-Employed Re		mployed 🗌 Hor	nemaker	Student	

State/Province

Zip/Postal Code

Account Number

# General Investment Knowledge and Experience ☐ Limited ☐ Moderate ☐ Extensive ☐ None

Country

	INVESTMENT KNOWL	EDGE			INVESTMENT EXPERIENCE	
Commodities, Futures	Limited N	loderate	Extensive	☐ None	Since Year:	
Equities	Limited N	loderate	Extensive	None	Since Year:	
Exchange Traded Funds	Limited N	loderate	Extensive	None	Since Year:	
Fixed Annuities	Limited N	loderate	Extensive	☐ None	Since Year:	
Fixed Income	Limited N	loderate	Extensive	None	Since Year:	
Insurance	Limited N	loderate	Extensive	☐ None	Since Year:	
Mutual Funds	Limited N	loderate	Extensive	None	Since Year:	
Options	Limited N	loderate	☐ Extensive	☐ None	Since Year:	
Precious Metals	Limited N	loderate	☐ Extensive	☐ None	Since Year:	
Real Estate	Limited N	loderate	☐ Extensive	☐ None	Since Year:	
Unit Investment Trusts	☐ Limited ☐ <i>N</i>	loderate	☐ Extensive	☐ None	Since Year:	
Variable Annuities	Limited N	loderate	☐ Extensive	☐ None	Since Year:	
Other:	☐ Limited ☐ N	loderate	☐ Extensive	☐ None	Since Year:	
iquid Net Worth						-
From \$  Fax Bracket: 0-15%	☐ 15.1%-32% ☐	32.1%-50	To \$ )%			
From \$		32.1%-50				
ax Bracket:		32.1%-50	50.1% +	OVERNMENT	PHOTO ID #2	
ax Bracket:   0-15%  Unexpired Government  GOVERNM	t Identification	32.1%-50	)%	OVERNMENT	PHOTO ID #2	UNEXPIRED PHOTO IDENTIFICATION
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From \$ Fax Bracket: 0-15%  Jnexpired Government  GOVERNM  Type of Unexpired Photo ID  D Number	t Identification	32.1%-50	0% 50.1% +  G Type of Unexpired Ph	OVERNMENT	PHOTO ID #2	SHOULD BE PROVIDED FOR ALL INDIVIDUA
From \$ Fax Bracket: 0-15%  Jnexpired Governmen	t Identification ENT PHOTO ID #1	32.1%-50	O% 50.1% +  G Type of Unexpired Ph  ID Number	<b>OVERNMENT</b> oto ID	PHOTO ID #2	UNEXPIRED PHOTO IDENTIFICATION SHOULD BE PROVII FOR ALL INDIVIDU. THAT WERE NOT VERIFIED USING NON-DOCUMENTA METHODS, AND FOR NON-RESIDEN ALIENS, ALONG WI
From \$  ax Bracket:  0-15%  Inexpired Government  GOVERNM  Type of Unexpired Photo ID  D Number  Country of Issue  State/Province/Subdivision of ID	t Identification ENT PHOTO ID #1	32.1%-50	O% 50.1% +  G Type of Unexpired Ph  ID Number  Country of Issue	OVERNMENT oto ID	PHOTO ID #2 Date of Expiration	UNEXPIRED PHOTO IDENTIFICATION SHOULD BE PROVI FOR ALL INDIVIDU THAT WERE NOT VERIFIED USING NON-DOCUMENTA METHODS, AND FOR NON-RESIDEN ALIENS, ALONG W
From \$  Fax Bracket: 0-15%  Inexpired Government  GOVERNM  Type of Unexpired Photo ID  D Number  Country of Issue  State/Province/Subdivision of ID  Date of Issue	t Identification ENT PHOTO ID #1	32.1%-50	G Type of Unexpired Pt ID Number Country of Issue State/Province/Subo	OVERNMENT oto ID		UNEXPIRED PHOTO IDENTIFICATION SHOULD BE PROVIDED THAT WERE NOT VERIFIED USING NON-DOCUMENTA METHODS, AND FOR NON-RESIDEN ALIENS, ALONG WI
From \$  Fax Bracket: 0-15%  Unexpired Government  GOVERNM  Type of Unexpired Photo ID  D Number  Country of Issue  State/Province/Subdivision of ID  Date of Issue  D Verification Comments	t Identification ENT PHOTO ID #1  Date of Expiration	32.1%-50	G Type of Unexpired Pt ID Number Country of Issue State/Province/Subo	OVERNMENT oto ID		UNEXPIRED PHOTO IDENTIFICATION SHOULD BE PROVI FOR ALL INDIVIDU THAT WERE NOT VERIFIED USING NON-DOCUMENTA METHODS, AND FOR NON-RESIDEN ALIENS, ALONG W
From \$  Fax Bracket: 0-15%  Jnexpired Government  GOVERNM  Type of Unexpired Photo ID  ID Number  Country of Issue	t Identification ENT PHOTO ID #1  Date of Expiration  formation	32.1%-50	G Type of Unexpired Pt ID Number Country of Issue State/Province/Subo	OVERNMENT oto ID livision of ID	Date of Expiration	UNEXPIRED PHOTO IDENTIFICATION SHOULD BE PROVII FOR ALL INDIVIDU. THAT WERE NOT VERIFIED USING NON-DOCUMENTA METHODS, AND FOR NON-RESIDEN

Broker-Dealer Affiliations							
Are you an employee of this broker-deale	er?				Yes	☐ No	
Are you related to an employee at this bro	oker-dealer?				Yes	☐ No	
Employee Name		Relatio	nship				
Are you an employee of another broker-d	lealer?				Yes	□ No	
Broker-Dealer Name						110	
Are you related to an employee at anothe		NI.		D 1 1: 1:	Yes	☐ No	
Broker-Dealer Name	Employ	yee Name		Relationship	1		
Are you maintaining any other brokerage	accounts?				Yes	☐ No	
With what firm(s) are you maintaining other brokera	age accounts?	Years o	of Investment E	xperience			
Are you or any member of your immediat	te family affiliated with	or employ	red by a				
member of a stock exchange or the Finan					Yes	☐ No	
Employer authorization is required. What is the affili	ation?						
Are you a senior officer, director, or 10% o	or more shareholder of	f a public co	ompany?		Yes	□ No	
in a you a scinor officer, all ector, of 10 /0 (		•	, ,				
Company Name(s)  Additional Participants  Are there more than two participants for		omplete the	e		Yes	□ No	
Company Name(s)  Additional Participants  Are there more than two participants for Additional Holder/Participant Information  FinCen Certification		omplete the	Э		Yes	□ No	
Company Name(s)  Additional Participants  Are there more than two participants for Additional Holder/Participant Information	n Supplement sheet.	omplete the	е		Yes	□ No	
Additional Participants Are there more than two participants for Additional Holder/Participant Information	n Supplement sheet.		ę		Yes	□ No	
Additional Participants Are there more than two participants for Additional Holder/Participant Information FinCen Certification FinCEN Certification Form Signed by	n Supplement sheet.		e		☐ Yes	□ No	
Additional Participants Are there more than two participants for Additional Holder/Participant Information FinCen Certification FinCEN Certification Form Signed by Position Held by FinCEN Certifier  Trusted Contact	n Supplement sheet.		e		Yes	□ No	
Additional Participants Are there more than two participants for Additional Holder/Participant Information FinCen Certification FinCEN Certification Form Signed by Position Held by FinCEN Certifier	n Supplement sheet.  Certifi  e Trusted Contacts?		e		☐ Yes	□ No	
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Additional Participants Are there more than two participants for Additional Holder/Participant Information FinCen Certification FinCEN Certification Form Signed by Position Held by FinCEN Certifier  Trusted Contact Has an account holder indicated there are f Yes, complete the Trusted Contact Forn  STEP 6. INTERESTED PARTIES  First Interested Party  Name  Email	n Supplement sheet.  Certifi  e Trusted Contacts?	cation Date					
Additional Participants Are there more than two participants for Additional Holder/Participant Information FinCen Certification FinCEN Certification Form Signed by Position Held by FinCEN Certifier  Trusted Contact Has an account holder indicated there are f Yes, complete the Trusted Contact Forn  STEP 6. INTERESTED PARTIES  First Interested Party  Name  Email	n Supplement sheet.  Certifi  e Trusted Contacts? n.	cation Date	Birth   —				
Additional Participants Are there more than two participants for Additional Holder/Participant Information FinCen Certification FinCEN Certification Form Signed by Position Held by FinCEN Certifier  Trusted Contact Has an account holder indicated there are f Yes, complete the Trusted Contact Form  STEP 6. INTERESTED PARTIES  First Interested Party Name  Email  Home Phone	e Trusted Contacts?  n.  usiness Phone	cation Date	Birth   —				

Type of Notification: Statement Confirmation Proxy

Name		Dat	e of Birth		PLEASE ADD A SEPARATE SHEET
Email					FOR ADDITIONAL INTERESTED PARTIES.
Home Phone	Business Phone		Mobile Phone		_
Mailing Address					_
City		State/Province	Zip/Postal Code		
Country					_
Гуре of Notification:   Statement	Confirmation	Proxy			
STEP 7. CASH MANAGEMENT	•				
The sweep program consists of swed deposit products. The options availand	ble to you are subject	to change an	d you should contact yo		
Dnce a sweep option is elected, any nto the sweep product selected and edemptions, to the extent you have	free credit balance in I any debits in your br	your brokera; okerage acco	ge account will be autom unt will also be covered a	automatically by	
How would you like to handle pr	oceeds?				
I Descrite I I I I I I I I					
Remit Hold  f you opt to hold proceeds and wisl	n to utilize the sweep	feature, plea	se enter vour sweep opt	ion below.	
		feature, plea	se enter your sweep opt	ion below.	FOR MONEY MARKET FUND, FDIC INSURED
If you opt to hold proceeds and wisl Product Name or Acronym of Your Sweep Op	tion		se enter your sweep opt	ion below.	
f you opt to hold proceeds and wisl Product Name or Acronym of Your Sweep Op STEP 8. ELECTRONIC DELIVE	RY OF DOCUMEN	ITS			FUND, FDIC INSURED
f you opt to hold proceeds and wisl  Product Name or Acronym of Your Sweep Op  STEP 8. ELECTRONIC DELIVE  For your convenience, brokerage account other documents will be delivered.	RY OF DOCUMEN count statements, traced to you electronical	ITS de confirmatic	ns, prospectuses, accou notified by e-mail when	nt notifications documents	FUND, FDIC INSURED
Product Name or Acronym of Your Sweep Op  STEP 8. ELECTRONIC DELIVE  For your convenience, brokerage account other documents will be delivered.	RY OF DOCUMEN count statements, traced to you electronical online at our NetXInv	ITS  de confirmatic ly. You will be yestor™ webs	ns, prospectuses, accou notified by e-mail when	nt notifications documents	FUND, FDIC INSURED
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If you opt to hold proceeds and wisl Product Name or Acronym of Your Sweep Op  STEP 8. ELECTRONIC DELIVE For your convenience, brokerage accound other documents will be delivered become available for you to retrieve To link this account to your existing NetXInvestal Control of the Section o	RY OF DOCUMEN  count statements, traced to you electronical online at our NetXInv stor ID, please provide the II  Ferms and Conditions ded for delivery of not	de confirmation ly. You will be restor™ webs There that apply to ification ema	ns, prospectuses, accounotified by e-mail when te (www.netxinvestor.co	nt notifications documents om).	FUND, FDIC INSURED
f you opt to hold proceeds and wisl  Product Name or Acronym of Your Sweep Op  STEP 8. ELECTRONIC DELIVE  For your convenience, brokerage accound other documents will be delivered become available for you to retrieve  To link this account to your existing NetXInvestal A valid email address must be provided.	RY OF DOCUMEN  count statements, traced to you electronical online at our NetXInv stor ID, please provide the II  Ferms and Conditions ded for delivery of not	lts  de confirmatic ly. You will be yestor™ webs  here  that apply to ification ema  uired inform	ns, prospectuses, accounotified by e-mail when te (www.netxinvestor.co	nt notifications documents om).	FUND, FDIC INSURED
f you opt to hold proceeds and wisl  Product Name or Acronym of Your Sweep Op  STEP 8. ELECTRONIC DELIVE  For your convenience, brokerage accound other documents will be delivered become available for you to retrieve  To link this account to your existing NetXInvestal A valid email address must be provided.	RY OF DOCUMEN  count statements, traced to you electronical online at our NetXInv stor ID, please provide the II  Ferms and Conditions ded for delivery of not	lts  de confirmatic ly. You will be yestor™ webs  here  that apply to ification ema  uired inform	ns, prospectuses, accounotified by e-mail when te (www.netxinvestor.co	nt notifications documents om).	FUND, FDIC INSURED
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f you opt to hold proceeds and wisl Product Name or Acronym of Your Sweep Op  STEP 8. ELECTRONIC DELIVE For your convenience, brokerage accound other documents will be delivered become available for you to retrieve To link this account to your existing NetXInvest A valid email address must be provided to the form of the provided of the provided to the form of the provided to the provided to the form of the provided to the prov	RY OF DOCUMEN  count statements, trace and to you electronical conline at our NetXInvestor ID, please provide the Ifferms and Conditions ded for delivery of not ase provide this requirements.	de confirmation ly. You will be vestor™ webs There that apply to diffication ema	this Account Application ls.  ation:  e of Birth (required to establish   -   -   -    ces below. User IDs mus	nt notifications documents om).  n and Agreement.  a User ID)	FUND, FDIC INSURED
If you opt to hold proceeds and wisl Product Name or Acronym of Your Sweep Op  STEP 8. ELECTRONIC DELIVE For your convenience, brokerage account other documents will be delivered become available for you to retrieve To link this account to your existing NetXInvest A valid email address must be provided to the Top of	RY OF DOCUMEN count statements, traced to you electronical online at our NetXInv stor ID, please provide the ID Terms and Conditions ded for delivery of not ase provide this required indicate your first and	de confirmation ly. You will be restor™ webs  There  that apply to diffication emanuired inform  Dat  disecond choice  User ID Desired (1)	ons, prospectuses, account notified by e-mail when te (www.netxinvestor.count Application ils.  ation:  e of Birth (required to establish	nt notifications documents om).  n and Agreement.  a User ID)  t have a minimum	FUND, FDIC INSURED

New Account Agr	reement		Account Number	er 📖		
STEP 9. OBJECTIVE AI	ND INVESTM	ENT DETAILS				
Risk Exposure Low	Moderate	Speculation	High Risk			
Account Investment Object	tives Inco	<u> </u>	owth Short-Terr	n Growt	h	
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 \$	
			Other:		·	
Exchange-Traded Funds	Value \$				Value \$	
Real Estate	Value \$		Other:		Value \$	
Insurance	Value \$		Other:		Value \$	
Variable Annuities	Value \$		Other:		Value \$	
Investment Time Horizo	n and Liquidit	y Needs				
Time Horizon		Liquidity Needs				
		L H	ligh Medium	Low	•	
STEP 10. TAX LOT DIS	POSITION M	ETHODS				
Please choose one dispositi						
Reinvestment Plans and c). Financial Organization, the					ou or your	
		DISPOSITION METHODS	FOR STOCKS IN	DISPO	SITION METHODS	
DISPOSITION METHODS FOR M		PERSHING'S DIVIDEND R			L OTHER SECURITIES	
Average Cost (using FIF	O)	Average Cost (usir			st In, First Out (FIFO)	
First In, First Out (FIFO)		First In, First Out (F	FIFO)		gh Cost	
High Cost		High Cost		∐ Hi	gh Cost Long-Term	
High Cost Long-Term		High Cost Long-Te	rm	Hi	gh Cost Short-Term	
☐ High Cost Short-Term		☐ High Cost Short-Te	erm	La	st In, First Out (LIFO)	
☐ Last In, First Out (LIFO)		Last In, First Out (L	IFO)	Lo	w Cost	
Low Cost		Low Cost		Lo	w Cost Long-Term	
Low Cost Long-Term		Low Cost Long-Ter	m	Lo	w Cost Short-Term	
Low Cost Short-Term		Low Cost Short-Ter	rm	M	inimize Short-Term Gains	
Minimize Short-Term Ga	ninc	Minimize Short-Ter	rm Gains			

New Account Agreement	Account Number	
STEP 11. BOND ELECTIONS		
Election 1 - Bond Premium Amortization (tax free	e bonds must be amortized)	IT VOLUDO NOT
Yes/IRS Default: Amortize.		IF YOU DO NOT CHOOSE BOND
No/Alternative: Do not amortize.		ELECTIONS, THE NOTED IRS DEFAULTS
Election 2 - Market Discount Accrual Method		WILL BE SELECTED.
Ratable/Alternative		
☐ Constant Yield/IRS Default		
Election 3 - Include Market Discount as Income		
☐ <b>No/IRS Default:</b> Don't include market discount as in	ncome.	
☐ Yes/Alternative: Include market discount in income	2.	
STEP 12. ADDITIONAL INFORMATION		
Municipal Bond Offering Official Statements  Municipal bond offering official statements are available	e electronically at: http://www.emma.msrb.org/	
Are you interested in hard copy delivery of Municipal Bo	and Official Statements for this account? $\ \square$ Yes $\ \square$ No	
If the account is established for a trust, corporation, es has a Trustee Certification of Investment Powers form, of appointment, or other appropriate documentation established.	corporate resolution, letter of	
Please provide the names and addresses of your banks	s:	

This space intentionally left blank.

STEP 13. STANDING/PERIODIC	INSTRUCTION	NS	
How would you like to handle Interest			
Remit Credit	and Dividends:		
Income Distribution			
Method  First-Party Check  Third-Part  ACH (requires a completed ACH a			below and a completed letter of authorequires a completed letter of authorizat
Frequency  Annually Semiannually	Quarterly	Bimonthly 🗌 N	Nonthly Semimonthly
First Payment Date			
Information for Third-Party Check (	if applicable)		
Name		Email	
Home Phone	Business Phone		Mobile Phone
Mailing Address	I		
City		State/Province	Zip/Postal Code
Country			
	ty Check (provide		below and a completed letter of author
Principal Distribution  Method  First-Party Check  ACH (requires a completed ACH a  Account for Journal	ty Check (provide	name and address	below and a completed letter of authorequires a completed letter of authorizat
Principal Distribution  Method  First-Party Check  ACH (requires a completed ACH a	ty Check (provide uthorization form)	name and address	
Principal Distribution  Method  First-Party Check  Third-Party  ACH (requires a completed ACH a  Account for Journal	ty Check (provide uthorization form)	name and address	equires a completed letter of authorizat
Principal Distribution  Method  First-Party Check  Third-Party  ACH (requires a completed ACH a  Account for Journal  Account for Journal  Account for Journal  Frequency  Annually Semiannually  First Payment Date  Information for Third-Party Check (	ty Check (provide uthorization form)	name and address  Journal (re	equires a completed letter of authorizat
Principal Distribution  Method  First-Party Check  Third-Party  ACH (requires a completed ACH a  Account for Journal	ty Check (provide uthorization form)	name and address	equires a completed letter of authorizat
Principal Distribution  Method  First-Party Check  Third-Party  ACH (requires a completed ACH a  Account for Journal  Account for Journal  Account for Journal  Frequency  Annually Semiannually  First Payment Date  Information for Third-Party Check (	ty Check (provide uthorization form)	name and address  Journal (re	equires a completed letter of authorizat
Principal Distribution  Method  First-Party Check  Third-Party  ACH (requires a completed ACH a  Account for Journal	ty Check (provide uthorization form)  Quarterly  Grapplicable	name and address  Journal (re	equires a completed letter of authorizat
Principal Distribution  Method  First-Party Check  Third-Party  ACH (requires a completed ACH a  Account for Journal	ty Check (provide uthorization form)  Quarterly  Grapplicable	name and address  Journal (re	equires a completed letter of authorizat

STEP 14. U.S. TAXPAYER NUM	IBER CERTIFICAT	ION		
<ol> <li>Taxpayer Certification</li> <li>Under penalties of perjury, I certify that:</li> <li>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);</li> <li>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</li> <li>I am a U.S. citizen or other U.S. person (defined below); and</li> <li>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol>				THIS SECTION IS NO TO BE USED BY NON U.S. PERSON (SEE DEFINITION OF U.S. PERSON BELOW).
Certification instructions. You must cross out Item 2 above if withholding because you have faile interest paid, acquisition or abando individual retirement arrangement not required to sign the certificatio (if you are unsure, ask us for a com	ed to report all interes onment of secured pro (IRA), and generally, on, but you must provi	t and dividends on your to perty, cancellation of de payments other than into de your correct TIN. If yo	ax return. For mortgage bt, contributions to an erest and dividends, you are u are an exempt payee	
If you are exempt from FATCA reporyour exemption from FATCA report Definition of a U.S. person.	ting code (if any) here	e:	set of IRS instructions), enter	
<ul> <li>For federal tax purposes, you are c</li> <li>An individual who is a U.S. citiz</li> <li>A partnership, corporation, con the laws of the United States,</li> <li>An estate (other than a foreign</li> <li>A domestic trust (as defined in</li> </ul>	en or U.S. resident ali npany or association o estate), or	en, created or organized in th	e United States or under	
CTED 45 CIGNATURES				
The Internal Revenue Service does certifications required to avoid back I ACKNOWLEDGE AND AGREE THA PARAGRAPHS 13 AND 14, ON PAGE AGREEMENT WITH PREDISPUTE A	up withholding. IT THIS AGREEMENT S 13 AND 14. I HEREB RBITRATION CLAUS	CONTAINS A PREDISPU Y ACKNOWLEDGE RECI E THEREIN.	TE ARBITRATION CLAUSE,	IN
Primary Account Holder or Entity  Print Name	y Authorized Persor	<b>n</b> Date		PLEASE REVIEW YO
rint Name		—	-	INFORMATION, REA
				PAGES 13 AND 14, AND SIGN HERE. KE A COPY FOR YOUR RECORDS.
Signature				
	plicable)			

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

Date

X

Signature

Principal Printed Name

Investment Professional Printed Name

Date

Signature

#### **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.

## **New Account Agreement**

Account Number

- 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.

 $\label{lem:count_decomposition} Account owners should contact their Financial Institution or financial representative with additional questions.$ 

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.

#### 17. Electronic Delivery Terms

You agree that account communications may be available in an electronic form.

Account communications will be available in portable document format (PDF). You affirm that you have installed a recent version of Adobe Acrobat Reader or other software application that enables you to view and print your account communications. You may print or save a copy of any of the account communications at any time. You may request a mailed copy of any of your account communications by contacting your financial organization.

An electronic mail ("email") notification will be sent when account communications are available to be accessed. The email notification(s) will be sent to the email address(es) you provided directly to your financial organization or provided by registering for electronic delivery.

In the event that a notice of undeliverable status of an email notification is received by Pershing, your financial organization or Pershing may send a paper notification by U.S. mail to the postal address you provided directly to your financial organization.

In the event of an email notification failure, Pershing may discontinue your enrollment in electronic delivery and reset your account communications delivery preferences so that future documents will be delivered to your mailing address of record in paper form. By providing this Electronic Delivery Consent, you affirm that you have provided a valid email address, have access to the Internet and are at least 18 years of age. You agree that electronic delivery of the account communications is deemed accepted, regardless of whether you access or view a particular account communication document. You acknowledge that any authorized users for your account are able to make changes to the electronic delivery settings for your account, and you agree to accept responsibility for such changes.

You may change your delivery preferences at any time by following the instructions on the website, or by contacting your financial organization directly for assistance.