

For Branch Use Only		
BRANCH PREFIX	ACCOUNT NO.	
RR	RR2	AGENCY
Are Holders Employees of your B/D? <input type="checkbox"/> No <input type="checkbox"/> Yes		

# BROKERAGE ACCOUNT APPLICATION

**Important Information** To help the government fight the funding of terrorism and money-laundering activities, Federal law and contractual obligations to National Financial Services LLC ("NFS") require that your Broker/Dealer verify your identity by obtaining your name, date of birth, address, and a government-issued identification number before opening your account. In certain circumstances, your Broker/Dealer may obtain and verify this information with respect to any person(s) authorized to effect transactions in an account. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is also required. Your account may be restricted and/or closed if your Broker/Dealer cannot verify this information. Neither your Broker/Dealer nor NFS will be responsible for any losses or damages (including, but not limited to, lost opportunities) resulting from any failure to provide this information, or from any restriction placed upon, or closing of, your account.

► All items marked with this symbol are required. Applications that are missing required information will not be processed.

## 1. ACCOUNT SETUP

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, please consult your state tax officials or your tax advisor. Additional paperwork is required for estate or entity accounts.

► **No. of Account Holders:** \_\_\_\_\_ Owners, trustees, custodians, authorized individuals

### Personal Accounts

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>Individual</b><br><br><b>Joint:</b><br><input type="checkbox"/> Tenants with Rights of Survivorship<br><input type="checkbox"/> Tenants in Common<br><input type="checkbox"/> Tenants in Entirety<br><input type="checkbox"/> Community Property<br><input type="checkbox"/> Usufruct | <b>Transfer on Death:</b><br><input type="checkbox"/> TOD – Individual<br><input type="checkbox"/> TOD – Joint Tenants with Rights of Survivorship<br><input type="checkbox"/> TOD – Joint Tenants in Entirety | <b>Custodial:</b><br><input type="checkbox"/> UGMA<br><input type="checkbox"/> UTMA<br><br><b>Estate:</b><br><input type="checkbox"/> Administrator<br><input type="checkbox"/> Executor<br><input type="checkbox"/> Personal Representative |
|---|--|--|

### Entity Accounts

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <b>Corporation</b><br><input type="checkbox"/> <b>Partnership</b><br><input type="checkbox"/> <b>Unincorporated Association</b><br><input type="checkbox"/> <b>Limited Liability Company</b><br><br>Enter the tax classification (D = disregarded entity, C = corporation, P = partnership): _____ | <b>Trust:</b><br><input type="checkbox"/> Under Agreement<br><input type="checkbox"/> Under Will<br><br><input type="checkbox"/> <b>Other:</b> _____ | <b>Non-Prototype:</b><br><input type="checkbox"/> IRA<br><input type="checkbox"/> Plan<br><input type="checkbox"/> Trust |
|---|--|--|
- For entity accounts, complete the Primary Account Holder section below for one authorized individual associated with the account. Provide entity details in Section 3.

## 2. PRIMARY ACCOUNT HOLDER

Provide personal information on the primary individual associated with this account (such as the primary owner, authorized individual, custodian, administrator, trustee, partner, or participant). If there are additional account holders, see Section 7.

### Personal Information

For Tenants in Common, indicate this owner's share: \_\_\_\_\_

► FULL LEGAL NAME *first, middle, last* \_\_\_\_\_ ► DATE OF BIRTH *mm/dd/yyyy* \_\_\_\_\_

DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

Single/Divorced/Widowed  Married No. of Dependents: \_\_\_\_\_

► **Legal Address** *No P.O. boxes*

ADDRESS LINE 1 \_\_\_\_\_

ADDRESS LINE 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

► COUNTRY OF CITIZENSHIP \_\_\_\_\_

►  SOCIAL SECURITY NO.  TAXPAYER ID NO. ► COUNTRY OF TAX RESIDENCE \_\_\_\_\_

► TYPE OF GOVERNMENT-ISSUED ID \_\_\_\_\_ ► ID NUMBER \_\_\_\_\_

► STATE/COUNTRY OF ID ISSUANCE \_\_\_\_\_ ID ISSUANCE DATE \_\_\_\_\_ ► ID EXPIRATION DATE \_\_\_\_\_

► **Mailing Address**  *Same as Legal Address*

ADDRESS LINE 1 \_\_\_\_\_

ADDRESS LINE 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

**Employer Information and Affiliations** *Attach additional sheet if needed.*

► **Employment Status**     Employed     Retired     Not Employed

OCCUPATION \_\_\_\_\_ INCOME SOURCE *If retired or not employed* \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_

ADDRESS LINE 1 \_\_\_\_\_

ADDRESS LINE 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

►  I am     I am not    a control person or affiliate of a public company under SEC Rule 144 (such as a director, 10% shareholder, or policy-making officer), or an immediate family or household member of such a person. *If yes, provide name of company:* \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ COMPANY SYMBOL/CUSIP \_\_\_\_\_

►  I am     I am not    affiliated with, or employed by, a stock exchange or member firm of either an exchange, the Financial Industry Regulatory Authority (FINRA) or a municipal securities Broker/Dealer. *If yes, provide name of entity:*     Same as My Employer.

AFFILIATED ENTITY NAME \_\_\_\_\_

ADDRESS LINE 1 \_\_\_\_\_

ADDRESS LINE 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

►  I am     I am not    a senior foreign political figure, or a family member or close relative of a senior foreign political figure.

List additional account holders in Section 7.

**3. ENTITY ACCOUNT INFORMATION**

This section is only required for entity accounts. For additional holders, go to section 7 or 8.

► ENTITY NAME \_\_\_\_\_

► TAX ID NUMBER \_\_\_\_\_ ► COUNTRY OF TAX RESIDENCE \_\_\_\_\_

► **Legal Address** *No P.O. boxes*

ADDRESS LINE 1 \_\_\_\_\_

ADDRESS LINE 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

► COUNTRY OF ORGANIZATION \_\_\_\_\_ TRUST DATE *Required for Trusts* \_\_\_\_\_

► ENTITY ID DOCUMENT \_\_\_\_\_ STATE/COUNTRY OF ID ISSUANCE \_\_\_\_\_

► **Mailing Address**     Same as Legal Address

ADDRESS LINE 1 \_\_\_\_\_

ADDRESS LINE 2 \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

**4. SUITABILITY**

**Financial Profile** *For joint accounts, provide combined information.*

<p>► <b>Annual Income</b> <i>From all sources</i></p> <p><input type="checkbox"/> Under \$25,000</p> <p><input type="checkbox"/> \$25,000 - \$50,000</p> <p><input type="checkbox"/> \$50,001 - \$100,000</p> <p><input type="checkbox"/> Over \$100,000</p> <p>\$ _____</p>	<p>► <b>Estimated Net Worth</b> <i>Excluding primary residence</i></p> <p><input type="checkbox"/> Under \$50,000</p> <p><input type="checkbox"/> \$50,000 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$500,000</p> <p><input type="checkbox"/> Over \$500,000</p> <p>\$ _____</p>	<p>► <b>Investable/Liquid Assets</b> <i>Including cash and securities</i></p> <p><input type="checkbox"/> Under \$50,000</p> <p><input type="checkbox"/> \$50,000 - \$100,000</p> <p><input type="checkbox"/> \$100,001 - \$500,000</p> <p><input type="checkbox"/> Over \$500,000</p> <p>\$ _____</p>	<p>► <b>Federal Tax Bracket</b></p> <p><input type="checkbox"/> 15% or below</p> <p><input type="checkbox"/> 25% to 27.5%</p> <p><input type="checkbox"/> 27.5% or above</p>	<p><b>Account Funding Source</b></p> <p><input type="checkbox"/> Asset appreciation</p> <p><input type="checkbox"/> Business revenue</p> <p><input type="checkbox"/> Inheritance</p> <p><input type="checkbox"/> Legal/insurance settlement</p> <p><input type="checkbox"/> Sale of assets</p> <p><input type="checkbox"/> Savings from earnings</p> <p><input type="checkbox"/> Other: _____</p>
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**Investment Profile**

<p>► <b>Investment Objectives</b> 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.</p> <p>___ Preservation of capital</p> <p>___ Income</p> <p>___ Capital appreciation</p> <p>___ Speculation</p> <p>___ Trading profits</p> <p>___ Other: _____</p>	<p>► <b>Risk Tolerance</b></p> <p><input type="checkbox"/> Conservative</p> <p><input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> Aggressive</p> <p><input type="checkbox"/> Combination: _____</p> <p>► <b>Investment Time Horizon</b></p> <p><input type="checkbox"/> Short (0-5 years)</p> <p><input type="checkbox"/> Intermediate (6-10 years)</p> <p><input type="checkbox"/> Long (over 10 years)</p> <p><input type="checkbox"/> Combination: _____</p>	<p>► <b>General Investment Knowledge</b>    <input type="checkbox"/> Good    <input type="checkbox"/> Limited    <input type="checkbox"/> Extensive</p> <p>► <b>Investment Product Knowledge</b></p> <p>Please enter the account holder's level of knowledge in each of the following:</p> <table border="1"> <thead> <tr> <th></th> <th>None</th> <th>Limited</th> <th>Good</th> <th>Extensive</th> </tr> </thead> <tbody> <tr> <td>Stocks</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Bonds</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mutual Funds</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Options</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Variable Contracts</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Limited Partnerships</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		None	Limited	Good	Extensive	Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variable Contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Limited Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Limited Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																	

**5. ACCOUNT CHARACTERISTICS****Service Instructions****► Proceeds from Sales** *Choose one.*

- Hold in core money market fund (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. Also required if you want to establish standing instructions for electronic transfers between your brokerage account and your bank account.*

**Bank Account Type**     Checking     Savings

ABA NUMBER

ACCOUNT NUMBER

**Core Money Market Fund**

*Consult your Broker/Dealer for a list of available funds. If you do not choose a fund for your Core Account, your Broker/Dealer may invest your credit balances in a taxable interest-bearing credit account or its default fund choice while awaiting reinvestment.*

FUND NAME

FUND SYMBOL

**Additional Authorized Trader**

*Attach additional sheet if necessary. You must also submit a Trade Authorization form.*

Authorize this person to trade on this account.

NAME

- Limited Trading Authority
- Full Trading Authority
- Power of Attorney
- Other: \_\_\_\_\_

**Duplicate Information****To 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.*

Send this party duplicate:     Statements     Trade Confirmations

NAME

ADDRESS

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

COUNTRY

**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 no more than one.*

- Brokerage Portfolio
- Brokerage Access

**6. 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 other types of accounts.

Share percentages must total 100% for primary and 100% for contingent. Use percentages only, not dollar amounts.

If beneficiary is a trust, provide trust name, names of all trustees, and date trust was established.

Before making a Per Stirpes designation, consult with an estate planning attorney and see the Customer Agreement for important information. If you make any Per Stirpes designation, provide name of executor or other contact:

CONTACT/EXECUTOR NAME

**PRIMARY Beneficiaries/FBO**

NAME OF BENEFICIARY  Spouse  Non-Spouse  Trust  Entity

SOCIAL SECURITY NO.  TAXPAYER ID NO. DATE OF BIRTH/TRUST mm/dd/yyyy

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAME OF TRUSTEES *if applicable*  Per Stirpes

NAME OF BENEFICIARY  Spouse  Non-Spouse  Trust  Entity

SOCIAL SECURITY NO.  TAXPAYER ID NO. DATE OF BIRTH/TRUST mm/dd/yyyy

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAME OF TRUSTEES *if applicable*  Per Stirpes

NAME OF BENEFICIARY  Spouse  Non-Spouse  Trust  Entity

SOCIAL SECURITY NO.  TAXPAYER ID NO. DATE OF BIRTH/TRUST mm/dd/yyyy

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAME OF TRUSTEES *if applicable*  Per Stirpes

NAME OF BENEFICIARY  Spouse  Non-Spouse  Trust  Entity

SOCIAL SECURITY NO.  TAXPAYER ID NO. DATE OF BIRTH/TRUST mm/dd/yyyy

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAME OF TRUSTEES *if applicable*  Per Stirpes

NAME OF BENEFICIARY  Spouse  Non-Spouse  Trust  Entity

SOCIAL SECURITY NO.  TAXPAYER ID NO. DATE OF BIRTH/TRUST mm/dd/yyyy

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAME OF TRUSTEES *if applicable*  Per Stirpes

**CONTINGENT Beneficiaries**

NAME OF BENEFICIARY  Spouse  Non-Spouse  Trust  Entity

SOCIAL SECURITY NO.  TAXPAYER ID NO. DATE OF BIRTH/TRUST mm/dd/yyyy

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAME OF TRUSTEES *if applicable*  Per Stirpes

NAME OF BENEFICIARY  Spouse  Non-Spouse  Trust  Entity

SOCIAL SECURITY NO.  TAXPAYER ID NO. DATE OF BIRTH/TRUST mm/dd/yyyy

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAME OF TRUSTEES *if applicable*  Per Stirpes

NAME OF BENEFICIARY  Spouse  Non-Spouse  Trust  Entity

SOCIAL SECURITY NO.  TAXPAYER ID NO. DATE OF BIRTH/TRUST mm/dd/yyyy

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAME OF TRUSTEES *if applicable*  Per Stirpes

NAME OF BENEFICIARY  Spouse  Non-Spouse  Trust  Entity

SOCIAL SECURITY NO.  TAXPAYER ID NO. DATE OF BIRTH/TRUST mm/dd/yyyy

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAME OF TRUSTEES *if applicable*  Per Stirpes

NAME OF BENEFICIARY  Spouse  Non-Spouse  Trust  Entity

SOCIAL SECURITY NO.  TAXPAYER ID NO. DATE OF BIRTH/TRUST mm/dd/yyyy

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAME OF TRUSTEES *if applicable*  Per Stirpes

**7. ADDITIONAL ACCOUNT HOLDERS**

Use this section to provide personal information on any additional individuals associated with this account (such as a joint owner, authorized individual, minor, administrator, trustee, partner, or participant). If there are more than two account holders, see instructions at bottom of page.

**Personal Information**

For Tenants in Common, indicate this owner's share: \_\_\_\_\_

▶ FULL LEGAL NAME *first, middle, last* ▶ DATE OF BIRTH *mm/dd/yyyy*

DAY PHONE EVENING PHONE

E-MAIL

Single/Divorced/Widowed  Married No. of Dependents: \_\_\_\_\_

▶ **Legal Address** *No P.O. boxes*  *Same as Primary Holder's Legal Address*

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE/PROVINCE ZIP/POSTAL CODE

COUNTRY

▶ COUNTRY OF CITIZENSHIP

▶  SOCIAL SECURITY NO.  TAXPAYER ID NO. ▶ COUNTRY OF TAX RESIDENCE

▶ TYPE OF GOVERNMENT-ISSUED ID ▶ ID NUMBER

▶ STATE/COUNTRY OF ID ISSUANCE ID ISSUANCE DATE ▶ ID EXPIRATION DATE

▶ **Mailing Address**  *Same as Legal Address of This Account Holder*

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE/PROVINCE ZIP/POSTAL CODE

COUNTRY

**Employer Information and Affiliations** *Attach additional sheet if needed.*▶ **Employment Status**  Employed  Retired  Not Employed

OCCUPATION INCOME SOURCE *If retired or not employed*

EMPLOYER NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE ZIP COUNTRY

▶  **I am**  **I am not** a control person or affiliate of a public company under SEC Rule 144 (such as a director, 10% shareholder, or policy-making officer), or an immediate family or household member of such a person.  
*If yes, provide name of company:*

COMPANY NAME COMPANY SYMBOL/CUSIP

▶  **I am**  **I am not** affiliated with, or employed by, a stock exchange or member firm of either an exchange, the Financial Industry Regulatory Authority (FINRA), or a municipal securities Broker/Dealer.  
*If yes, provide name of entity:*  *Same as My Employer.*

AFFILIATED ENTITY NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE ZIP COUNTRY

▶  **I am**  **I am not** a senior foreign political figure, or a family member or close relative of a senior foreign political figure.**8. ENTITIES THAT ARE ACCOUNT HOLDERS**

Provide information on any entity that is an account holder. Be sure to also provide, in Section 2 or 7, personal information on at least one individual associated with this account. If there is more than one entity that is an account holder, see instructions at bottom of page.

**Entity Information** *If this account holder is an entity, provide information below.*

▶ ENTITY NAME

▶ TAX ID NO. ▶ COUNTRY OF TAX RESIDENCE

▶ **Legal Address** *No P.O. boxes*

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE/PROVINCE ZIP/POSTAL CODE

COUNTRY

▶ STATE/COUNTRY OF ORGANIZATION ▶ TRUST DATE *For Trusts Only*

▶ ENTITY ID DOCUMENT ▶ STATE/COUNTRY OF ID ISSUANCE

▶ **Mailing Address**  *Same as Legal Address*

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE/PROVINCE ZIP/POSTAL CODE

COUNTRY

**9. CUSTOMER AGREEMENT AND SIGNATURE****To My Broker/Dealer and National Financial Services LLC**

I am at least 18 years of age and am of full legal age in the state in which I reside. In consideration of your accepting one or more accounts, I hereby acknowledge that I have read, understood and agree to the terms set forth in the Customer Agreement herein. I understand that upon issuer's request, in accordance with applicable rules and regulations, my Broker/Dealer will disclose my name to issuers of securities if securities are held in my account so that I can receive important information unless I do not consent to disclosure, and I will notify my Broker/Dealer if I do not consent (I may not be able to object to this disclosure for certain securities issued by investment companies that are registered under the Investment Company Act of 1940, or as required by law).

I understand that telephone calls to my Broker/Dealer may be recorded, and I hereby consent to such recording. Reports of executions of orders and statements of my account shall be conclusive if not objected to in writing within five (5) days and ten (10) days, respectively, after transmitted to me by mail or otherwise.

I understand that it is my responsibility to read the prospectus for any mutual fund into which I purchase or exchange. I have received and read the prospectus for the mutual fund in which I am investing — including, but not limited to, any mutual fund that I choose for my Core Fund — and I agree to the terms of the prospectus and the Core Account section of the Customer Agreement.

**Notice to National Financial Services LLC**

This is to advise you that I (we) have instructed my Broker/Dealer to establish, in my (our) behalf, and as my (our) agent an account with you. I (We) have appointed my Broker/Dealer as my (our) exclusive agent to act for and on my (our) behalf with respect to all matters regarding my (our) account with you, including, but not limited to, the placing of securities purchase and sale orders and, provided margin and/or options trading have/has been approved for the account, delivery of margin and option instructions for my (our) account. I (We) acknowledge that no fiduciary relationship exists with NFS. You shall look solely to my Broker/Dealer and not me (us) with respect to such orders or instructions; and you are hereby instructed to deliver confirmations, statements, and all written or other notices, including margin maintenance calls, if applicable, with respect to my (our) account to my Broker/Dealer. Any such communications delivered to my Broker/Dealer shall be deemed to have been delivered to me (us). I (We) agree to hold you harmless from and against any losses, costs or expenses arising in connection with the delivery or receipt of any such communication(s), provided you have acted in accordance with the above. The foregoing shall be effective as to my (our) account until written notice to the contrary is received by you and my Broker/Dealer.

If I am a U.S. citizen, U.S. resident alien or other U.S. person, I certify under penalties of perjury that: (1) the Social Security Number or Taxpayer Identification Number that I provided on this application is correct (or I am waiting for a number to be issued to me); and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding for failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person, including a U.S. resident alien.

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, check this box to indicate that you do not certify item 2 above.

If I am not a U.S. citizen, U.S. resident alien or other U.S. person, I am submitting the applicable Form W-8 with this form to certify my foreign status and, if applicable, claim tax treaty benefits.

**Pre-Dispute Arbitration**

This account is governed by a pre-dispute arbitration clause, which appears on the last page of the Client Agreement, and you acknowledge that you have received a copy of this clause.

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

**Signature and Date are required.**

► **SIGNATURES.** All account holders (owners and authorized individuals) must sign and date in accordance with the signature requirements outlined in the account's supporting documents.

X

1. SIGNATURE

DATE mm/dd/yyyy

X

4. SIGNATURE

DATE mm/dd/yyyy

X

2. SIGNATURE

DATE mm/dd/yyyy

X

5. SIGNATURE

DATE mm/dd/yyyy

X

3. SIGNATURE

DATE mm/dd/yyyy

X

6. SIGNATURE

DATE mm/dd/yyyy

For Branch Use Only

REGISTERED REP. NO./NAME

SIGNATURE

DATE mm/dd/yyyy

OFFICE MANAGER/PRINCIPAL NAME

SIGNATURE

DATE mm/dd/yyyy