

# NEW ACCOUNT FORM (instructions)

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

## I. ACCOUNT REGISTRATION (CHECK ONE)

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

## II-III. INSTITUTIONAL/NON-INSTITUTIONAL ACCOUNT AND USA PATRIOT ACT INFORMATION

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

## IV-V. 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 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.

## VI. 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.

## VII. TRANSACTION PROCESSING

Check the appropriate boxes to tell us how your proceeds or dividends/interest should be handled.

## VIII. 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)

**First In, First Out Using Average Cost** (this option is available ONLY for mutual fund shares, 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)

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

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

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

continues on next page

## IX. ADDITIONAL INFORMATION

Use this section to provide additional information about your account. 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.

## X. CASH MANAGEMENT

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

## XI. U.S. TAXPAYER NUMBER CERTIFICATION

U.S. persons must sign the U.S. taxpayer certification built into the New Account Form. If the account is a JOINT account, you must provide the Social Security Number or the Taxpayer Identification Number of the individual whose name appears first. For custodial accounts, use the Social Security Number of the minor. If you are a nonresident alien or foreign entity, you should not sign the taxpayer certification included in this form, and instead submit an IRS Form W-8BEN or W-8IMY 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 5.

## XII. SIGNATURES

Sign and date the form. The primary and secondary owners of a joint account must sign the form on page 5. 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	MINR—Minor	SHLR—Shareholder
AGNT—Agent	GRNT—Grantor	OFCR—Officer	SPSR—Sponsor
BENF—Beneficiary	GRDN—Guardian	PTNR—Partner	TSTE—Trustee
BORW—Borrower	GRDN—Guardian	PREP—Personal Representative	
CONS—Conservator	IPTY—Interested Party	PLAD—Plan Administrator	
CUST—Custodian	IMGR—Investment Manager	PATN—Power of Attorney	
DECD—Deceased	LHLD—Lien Holder	PRM—Primary Account Holder	
DPTR—Depositor	LPAR—Limited Partner	RIND—Responsible Individual	
DRTR—Director	MNGR—Manager	SEC—Secondary Account Holder	
EXEC—Executor	MMBR—Member	STLR—Settlor	

## FOR BROKER-DEALER USE ONLY

Provide investment professional and principal approvals.

### ACCOUNT CATEGORY CODES (FOR OFFICE USE ONLY)

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



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ACCOUNT NUMBER:     —

## III. USA PATRIOT ACT INFORMATION

What is the source of funds for this account?  Income from Earnings  Investment Proceeds  Gift  Sale of Business  Inheritance  Other  Pension/IRA/Retirement Savings  Spouse/Parent  Lottery/Gaming  Insurance Proceeds  Legal Settlement

Is this account a Private Banking Account as defined under the USA PATRIOT Act?  Yes  No

Is this an account for a Foreign Bank as defined under the USA PATRIOT Act?  Yes  No ...If yes, is the bank a Central Bank?  Yes  No

SPECIAL NOTE FOR NON-U.S. ACCOUNTS: With respect to assets custodied by Pershing on your behalf, you acknowledge that income and capital gains or distributions to you from his account may be taxable in your home jurisdiction. You acknowledge to your financial organization and to Pershing that you have taken your own tax advice in this regard.

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

If yes, is this a Foreign Bank Account operating under an Offshore Banking License?  Yes  No

If yes, is this a Foreign Bank Account operating under a banking license issued by a Non-Cooperative Country or Territory?  Yes  No

If yes, is this a Foreign Bank Account operating under a banking license issued by a jurisdiction subject to Section 311 measures?  Yes  No

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

Are you or anyone with an interest in this account either (1) a senior military, governmental, or political official, or (2) closely associated with an immediate family member of such an official?  Yes  No If Yes, identify the name of the official, office held, and country: \_\_\_\_\_

\*If number is greater than zero, a Foreign Bank Beneficial Ownership form must accompany this request.

## IV. ACCOUNT HOLDER INFORMATION

### PRIMARY ACCOUNT HOLDER

Name: \_\_\_\_\_  Person  Entity Social Security Number or Taxpayer ID Number: \_\_\_\_\_

LEGAL ADDRESS	MAILING ADDRESS (if different)
ATTN: _____	ATTN: _____
Address: _____	Address: _____
_____	_____
City: _____ State: _____ Zip/Postal Code: _____	City: _____ State: _____ Zip/Postal Code: _____
Province/County/Subdivision: _____ Country: _____	Province/County/Subdivision: _____ Country: _____

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_ Telephone Number (Cellular): \_\_\_\_\_ Telephone Number (Business): \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

### EMPLOYMENT INFORMATION

Employment Status:  Employed (EMPL)  Self-Employed (SEMP)  Retired (RETD)  Unemployed (UEMP)  Homemaker (HOME)  Student (STDT)

Occupation: \_\_\_\_\_ Years Employed: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ ATTN: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Province/County/Subdivision: \_\_\_\_\_ Country: \_\_\_\_\_

### FINANCIAL INFORMATION

Identify Verification Method Used:  Compliance Data Center Inc. Report (CDCR)  Internal Review (INRV)  Regulatory Data Corporation (RDCR)  Other ID Vendor (OTHR)

Check box if aggregated with other joint tenants.  
Liquid Net Worth: From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_

Check box if aggregated with other joint tenants.

Annual Income:  
From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_

Net Worth (Excluding home):  
From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_

Tax Bracket:  
 0-15% (LWTB)  
 15.1%-32% (MDTB)  
 32.1%-50% (HITB)  
 50.1% + (TPTB)



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## V. SECONDARY ACCOUNT HOLDER INFORMATION

### SECONDARY ACCOUNT HOLDER

Name: \_\_\_\_\_  Person  Entity Social Security Number or Taxpayer ID Number: \_\_\_\_\_

LEGAL ADDRESS	MAILING ADDRESS (if different)
ATTN: _____	ATTN: _____
Address: _____	Address: _____
_____	_____
City: _____ State: _____ Zip/Postal Code: _____	City: _____ State: _____ Zip/Postal Code: _____
Province/County/Subdivision: _____ Country: _____	Province/County/Subdivision: _____ Country: _____

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_  
 Telephone Number (Home): \_\_\_\_\_ Telephone Number (Cellular): \_\_\_\_\_ Telephone Number (Business): \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Gender:  Male  Female Marital Status:  Single  Married  Divorced  Domestic Partner  Widowed

### EMPLOYMENT INFORMATION

Employment Status:  Employed (EMPL)  Self-Employed (SEMP)  Retired (RETD)  Unemployed (UEMP)  Homemaker (HOME)  Student (STDT)  
 Occupation: \_\_\_\_\_ Years Employed: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 Employer's Name: \_\_\_\_\_ ATTN: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Province/County/Subdivision: \_\_\_\_\_ Country: \_\_\_\_\_

### FINANCIAL INFORMATION

Identify Verification Method Used:  Compliance Data Center Inc. Report (CDCR)  Check box if aggregated with other joint tenants.  
 Internal Review (INRV) Annual Income: From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_ Tax Bracket:  0-15% (LWTB)  
 Regulatory Data Corporation (RDCR)  15.1%-32% (MDTB)  
 Other ID Vendor (OTHR) Net Worth (Excluding home): From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_  32.1%-50% (HTB)  
 Check box if aggregated with other joint tenants. Liquid Net Worth: From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_  50.1%+ (TPTB)

### INVESTMENT KNOWLEDGE AND EXPERIENCE

GENERAL INVESTMENT KNOWLEDGE:  Limited  Moderate  Extensive  None

#### KNOWLEDGE AND EXPERIENCE BY INVESTMENT TYPE

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

### UNEXPIRED GOVERNMENT IDENTIFICATION

**NOTE:** Unexpired photo government identification should be provided for all nonresident aliens, along with an IRS Form W-8BEN.

ID Verification Comments: \_\_\_\_\_

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

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## V. SECONDARY ACCOUNT HOLDER INFORMATION (CONTINUED)

### BROKER-DEALER AFFILIATIONS

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

Are you related to an employee at this broker-dealer?  Yes... Employee name: \_\_\_\_\_  
 No Relationship: \_\_\_\_\_

Are you an employee of **another** broker-dealer?  Yes... Broker-dealer name: \_\_\_\_\_  
 No

Are you related to an employee at **another** broker-dealer?  Yes... Broker-dealer name: \_\_\_\_\_ Employee name: \_\_\_\_\_  
 No Relationship: \_\_\_\_\_

Are you maintaining any other brokerage accounts?  Yes... With what firms(s) are you maintaining other brokerage accounts? \_\_\_\_\_  
 No Years of investment experience: \_\_\_\_\_

Are you or any member of your immediate family affiliated with or employed by a member of a stock exchange or the Financial Industry Regulatory Authority?  Yes  No  
 If Yes, employer authorization is required. What is the affiliation? \_\_\_\_\_

Are you a senior officer, director, or 10% or more shareholder of a public company?  Yes... Company name(s) \_\_\_\_\_  
 No \_\_\_\_\_

### ADDITIONAL PARTICIPANTS

Are there more than two participants for this account?  Yes... Fill out the Additional Holder/Participant Information Supplement sheet at the end of this form.  No

## VI. INTERESTED PARTIES

FIRST INTERESTED PARTY	SECOND INTERESTED PARTY
Name: _____	Name: _____
Mailing Address: _____	Mailing Address: _____
_____	_____
City: _____ State: _____ Zip/Postal Code: _____	City: _____ State: _____ Zip/Postal Code: _____
Province/County/Subdivision: _____	Province/County/Subdivision: _____
Country: _____	Country: _____
Telephone Number (Home): _____	Telephone Number (Home): _____
Telephone Number (Business): _____	Telephone Number (Business): _____
E-mail: _____	E-mail: _____
Type of Notification: <input type="checkbox"/> Statement <input type="checkbox"/> Proxy <input type="checkbox"/> Confirmation	Type of Notification: <input type="checkbox"/> Statement <input type="checkbox"/> Proxy <input type="checkbox"/> Confirmation

## VII. TRANSACTION PROCESSING

Money Market Fund or FDIC Bank Sweep. Fund/Bank Sweep Name: \_\_\_\_\_

How would you like to handle proceeds?  Remit  
 Hold in Account  
 Hold and Sweep to Money Market Fund... Fund name: \_\_\_\_\_

How would you like to handle dividends/interest?  Hold  
 Remit (Indicate frequency/method/start date in the Cash Management section under Income Distribution).

## VIII. TAX LOT DISPOSITION METHODS

NOTE: Please choose one disposition method as your default for a) Mutual Funds and b) All other securities. If a default disposition method is not chosen by you or your Financial Organization, the federally mandated default method will be applied on the account:

### A) DISPOSITION METHODS FOR MUTUAL FUNDS:

- First In, First Out (FIFO)
- Last In, First Out (LIFO)
- Average Cost (using First In, First Out)
- High Cost
- High Cost Long-Term
- High Cost Short-Term
- Low Cost
- Low Cost Long-Term
- Low Cost Short-Term

### B) DISPOSITION METHODS FOR STOCKS IN PERSHING'S DIVIDEND REINVESTMENT PLANS

- First In, First Out (FIFO)
- Last In, First Out (LIFO)
- High Cost
- High Cost Long-Term
- High Cost Short-Term
- Low Cost
- Low Cost Long-Term
- Low Cost Short-Term

### C) DISPOSITION METHODS FOR ALL OTHER SECURITIES

- First In, First Out (FIFO)
- Last In, First Out (LIFO)
- High Cost
- High Cost Long-Term
- High Cost Short-Term
- Low Cost
- Low Cost Long-Term
- Low Cost Short-Term

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## IX. ADDITIONAL INFORMATION

Will you be giving discretion over this account to another?  Yes... Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 No Have the required form(s) been submitted?  Yes  No

Risk Exposure: (check one)  Low  Moderate  Speculation  High Risk  
 If the account is established for a trust, corporation, estate, or other entity, has a certificate of trust, corporate resolution, letter of appointment, or other appropriate documentation establishing and delegating authority been submitted?  Yes  No

Please provide the names and addresses of your banks:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

## OTHER INVESTMENTS

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

**Investment Time Horizon and Liquidity Needs:**  
 Time Horizon \_\_\_ / \_\_\_ / \_\_\_\_\_ Liquidity Needs:  High  Medium  Low

**Electronic Delivery:**  
 Are you interested in electronic delivery of brokerage documents (for example, account statements and/or trade confirmations) for this account? Please check one:  Yes\*  No  
 \*Requires a completed User ID and E-delivery Request form.

**Municipal Bond Offering Official Statements:**  
 Municipal bond offering official statements are available electronically at: <http://www.emma.msrb.org/>  
 Are you interested in hard copy delivery of Municipal Bond Official Statements for this account? Please check one:  Yes  No

## X. CASH MANAGEMENT

### INCOME DISTRIBUTION

Method:  First-Party Check  
 Third-Party Check\* (Provide name and address below)  
 ACH\*\*  
 Journal\* Account for journal: \_\_\_\_\_

Frequency:  Annually  Bimonthly  Quarterly  
 Semiannually  Semimonthly  Monthly

First Payment Date: \_\_\_\_\_

### PRINCIPAL DISTRIBUTION

Method:  First-Party Check  
 Third-Party Check\* (Provide name and address below)  
 ACH\*\*  
 Journal\* Account for journal: \_\_\_\_\_

Frequency:  Annually  Bimonthly  Quarterly  
 Semiannually  Semimonthly  Monthly

First Payment Date: \_\_\_\_\_

### INFORMATION FOR THIRD-PARTY CHECK (If applicable)

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Province/County/Subdivision: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Telephone Number (Home): \_\_\_\_\_  
 Telephone Number (Business): \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Type of Notification:  Statement  Proxy  Confirmation

### INFORMATION FOR THIRD-PARTY CHECK (If applicable)

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Province/County/Subdivision: \_\_\_\_\_  
 Country: \_\_\_\_\_  
 Telephone Number (Home): \_\_\_\_\_  
 Telephone Number (Business): \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Type of Notification:  Statement  Proxy  Confirmation

\*Requires a completed letter of authorization. \*\*Requires a completed ACH authorization form.

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## XI. U.S. TAXPAYER NUMBER CERTIFICATION

This section is not to be used by nonresident aliens and foreign entities.

**TAXPAYER CERTIFICATION:** Under penalties of perjury, I certify that:

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

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

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

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

The signature provided below is that of the primary account holder.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## XII. SIGNATURES

Please review your information, read the Agreement on Page 8, and sign below. Keep a copy for your records.

I ACKNOWLEDGE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, IN PARAGRAPHS 13 AND 14, ON PAGE 8.

Primary Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR BROKER-DEALER USE ONLY

Accepted: Investment Professional is Registered in the State of Client's Residence

Investment Professional (Print name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal (Print name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 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.

### 4. SUCCESSORS

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

### 5. AGE

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

### 6. INTEREST IN ACCOUNT

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

### 7. ORDERS AND STATEMENTS

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

### 8. EXTRAORDINARY EVENTS

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

### 9. FEES AND CHARGES

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

### 10. JOINT ACCOUNTS

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

### 11. ADDRESS

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

### 12. RECORDING CONVERSATIONS

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

### 13. ARBITRATION DISCLOSURES

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

- ALL PARTIES TO THIS AGREEMENT ARE GIVING UP THE RIGHT TO SUE EACH OTHER IN COURT, INCLUDING THE RIGHT TO A TRIAL BY JURY, EXCEPT AS PROVIDED BY THE RULES OF THE ARBITRATION FORUM IN WHICH A CLAIM IS FILED.
- ARBITRATION AWARDS ARE GENERALLY FINAL AND BINDING; A PARTY'S ABILITY TO HAVE A COURT REVERSE OR MODIFY AN ARBITRATION AWARD IS VERY LIMITED.
- THE ABILITY OF THE PARTIES TO OBTAIN DOCUMENTS, WITNESS STATEMENTS, AND OTHER DISCOVERY IS GENERALLY MORE LIMITED IN ARBITRATION THAN IN COURT PROCEEDINGS.
- THE ARBITRATORS DO NOT HAVE TO EXPLAIN THE REASON(S) FOR THEIR AWARD, UNLESS, IN AN ELIGIBLE CASE, A JOINT REQUEST FOR AN EXPLAINED DECISION HAS BEEN SUBMITTED BY ALL PARTIES TO THE PANEL AT LEAST 20 DAYS PRIOR TO THE FIRST SCHEDULED HEARING DATE.
- THE PANEL OF ARBITRATORS WILL TYPICALLY INCLUDE A MINORITY OF ARBITRATORS WHO WERE OR ARE AFFILIATED WITH THE SECURITIES INDUSTRY.
- THE RULES OF SOME ARBITRATION FORUMS MAY IMPOSE TIME LIMITS FOR BRINGING A CLAIM IN ARBITRATION. IN SOME CASES, A CLAIM THAT IS INELIGIBLE FOR ARBITRATION MAY BE BROUGHT IN COURT.
- THE RULES OF THE ARBITRATION FORUM IN WHICH THE CLAIM IS FILED, AND ANY AMENDMENTS THERETO, SHALL BE INCORPORATED INTO THIS AGREEMENT.

### 14. ARBITRATION AGREEMENT

ANY CONTROVERSY BETWEEN YOU AND US OR PERSHING LLC 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.

# NEW ACCOUNT FORM

## Additional Holder/Participant Information Supplement

ACCOUNT NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--

### I. ADDITIONAL HOLDER/PARTICIPANT

**ADDITIONAL HOLDER/PARTICIPANT INFORMATION**

Name: \_\_\_\_\_  Person  Entity Social Security Number or Taxpayer ID Number: \_\_\_\_\_  
 Additional Holder/Participant Role (See the instructions for the appropriate code): \_\_\_\_\_

LEGAL ADDRESS	MAILING ADDRESS (If different)
ATTN: _____	ATTN: _____
Address: _____	Address: _____
_____	_____
City: _____ State: _____ Zip/Postal Code: _____	City: _____ State: _____ Zip/Postal Code: _____
Province/County/Subdivision: _____ Country: _____	Province/County/Subdivision: _____ Country: _____

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_  
 Telephone Number (Home): \_\_\_\_\_ Telephone Number (Cellular): \_\_\_\_\_ Telephone Number (Business): \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Gender:  Male  Female Marital Status:  Single  Married  Divorced  Domestic Partner  Widowed

**EMPLOYMENT INFORMATION**

Employment Status:  Employed (EMPL)  Self-Employed (SEMP)  Retired (RETD)  Unemployed (UEMP)  Homemaker (HOME)  Student (STDT)  
 Occupation: \_\_\_\_\_ Years Employed: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
 Employer's Name: \_\_\_\_\_ ATTN: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Province/County/Subdivision: \_\_\_\_\_ Country: \_\_\_\_\_

**FINANCIAL INFORMATION**

Identify Verification Method Used: <input type="checkbox"/> Compliance Data Center Inc. Report (CDCR) <input type="checkbox"/> Internal Review (INRV) <input type="checkbox"/> Regulatory Data Corporation (RDCR) <input type="checkbox"/> Other ID Vendor (OTHR)	<input type="checkbox"/> Check box if aggregated with other joint tenants.
<input type="checkbox"/> Check box if aggregated with other joint tenants. Liquid Net Worth: From: \$ _____ To: \$ _____	Annual Income: From: \$ _____ To: \$ _____ Net Worth (Excluding home): From: \$ _____ To: \$ _____

Tax Bracket:  
 0-15% (LWTB)  
 15.1%-32% (MDTB)  
 32.1%-50% (HITB)  
 50.1% + (TPTB)

**INVESTMENT KNOWLEDGE AND EXPERIENCE**

GENERAL INVESTMENT KNOWLEDGE:  Limited  Moderate  Extensive  None

**KNOWLEDGE AND EXPERIENCE BY INVESTMENT TYPE**

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

**UNEXPIRED GOVERNMENT IDENTIFICATION**

**NOTE:** Unexpired photo government identification should be provided for all nonresident aliens, along with an IRS Form W-8BEN.

ID Verification Comments: \_\_\_\_\_

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

# NEW ACCOUNT FORM

## Additional Holder/Participant Information Supplement

ACCOUNT NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### I. ADDITIONAL HOLDER/PARTICIPANT (CONTINUED)

#### BROKER-DEALER AFFILIATIONS

- Are you an employee of this broker-dealer?  Yes  No
- Are you related to an employee at this broker-dealer?  Yes... Employee name: \_\_\_\_\_  
 No Relationship: \_\_\_\_\_
- Are you an employee of **another** broker-dealer?  Yes... Broker-dealer name: \_\_\_\_\_  
 No
- Are you related to an employee at **another** broker-dealer?  Yes... Broker-dealer name: \_\_\_\_\_ Employee name: \_\_\_\_\_  
 No Relationship: \_\_\_\_\_
- Are you maintaining any other brokerage accounts?  Yes... With what firms(s) are you maintaining other brokerage accounts? \_\_\_\_\_  
 No Years of investment experience: \_\_\_\_\_
- Are you or any member of your immediate family affiliated with or employed by a member of a stock exchange or the Financial Industry Regulatory Authority?  Yes  
If Yes, employer authorization is required. What is the affiliation? \_\_\_\_\_  No
- Are you a senior officer, director, or 10% or more shareholder of a public company?  Yes... Company name(s) \_\_\_\_\_  
 No \_\_\_\_\_

### II. SIGNATURE (Required only if additional holder/participant is a joint tenant)

Please review your information, read the Agreement on Page 8, and sign below. Keep a copy for your records.

I ACKNOWLEDGE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, IN PARAGRAPHS 13 AND 14, ON PAGE 8.

Primary Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**III. THE POWERS OF THE TRUST**

The undersigned Trustees certify that they have the power under the Trust Agreement and applicable state or local law to enter into transactions for the purchase and sale of securities and other investments, including without limitation, stocks (preferred or common), bonds, mutual funds, and certificates of deposit.

**IN ADDITION TO THE FOREGOING POWERS, THE UNDERSIGNED TRUSTEES ARE SPECIFICALLY AUTHORIZED TO:**

- 1. Maintain margin accounts and through such accounts borrow money to withdraw funds on margin, purchase securities on margin and to pledge those securities and all others in the margin account as security for the loan.  YES  NO
- 2. Sell securities that the Trust does not own (short sales) and borrow securities to facilitate this practice.  YES  NO
- 3. Engage in the purchase of call options.  YES  NO
- 4. Engage in covered call writing.  YES  NO
- 5. Engage in purchase of put options.  YES  NO
- 6. Engage in the sale of uncovered call and put options and engage in spread, straddle and all other options strategies.  YES  NO
- 7. Delegate Trustee powers to third parties, like investment advisers or other agents, under a Power of Attorney (POA). Copy of POA delegating power in undersigned capacity as Trustee is also required.  YES  NO
- 8. Establish and maintain an asset management account with a debit card and/or check writing, and margin privileges from which account funds are directly spent, the responsibility for which is entirely that of the Trustee(s)  YES  NO
- 9. Receive on behalf of the Trust or deliver to the Trust or third parties monies, stocks, bonds, and other securities. To sell, assign, and endorse for transfer certificates representing stocks, bonds, and other securities now registered or hereafter registered in the name of the Trust.  YES  NO
- 10. Transferring any and all assets of the Trust to or for the benefit of the Trust or any of the Trustee(s) Individually or any third party.  YES  NO

**IV. TRUSTEE(S) INDEMNIFICATION AND SIGNATURES (Please read and sign below)NDEMNIFICATION**

The undersigned Trustees jointly and severally indemnify the INTRODUCING FIRM and PERSHING, and each of their affiliates, officers, directors, employees, agents, successors or assigns harmless from any liability (including attorney’s fees) from any claims, judgments, expenses, liabilities or costs of defense or settlement arising out of or related to breach of any representation or warranty made herein, or from effecting any transfers or transactions pursuant to instructions given by any of the Trustees or Successor Trustees listed above, or any actual improper or unsuitable action resulting from instructions given to the INTRODUCING FIRM or PERSHING by any of the Trustees. This indemnification is made by us both in our capacities as Trustees and in our individual capacities. We certify that the Trust is currently in existence, had not been revoked, modified or amended in any manner that would cause the certifications herein to be incorrect and, we agree to inform the INTRODUCING FIRM IMMEDIATELY in writing of any amendment to the Trust, any change in the composition of the Trustees, or any other event which could alter the certifications made above. We acknowledge the INTRODUCING FIRM’s or PERSHING’s right to examine the Trust Agreement and hereby agree to provide the INTRODUCING FIRM or PERSHING with a copy of the Trust Agreement if so requested. (Where applicable, plural references in this certification shall be deemed singular.)

**TRUSTEE NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TRUSTEE NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TRUSTEE NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TRUSTEE NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b>																																																									
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.																																																									
<b>Note.</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="margin: 0 auto;"> <tr><td colspan="9" style="text-align: center;"><b>Social security number</b></td></tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">-</td> <td colspan="3"></td> <td style="text-align: center;">-</td> <td colspan="2"></td> </tr> </table> <table border="1" style="margin: 0 auto;"> <tr><td colspan="9" style="text-align: center;"><b>Employer identification number</b></td></tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: center;">-</td> <td colspan="6"></td> </tr> </table>	<b>Social security number</b>																					-				-			<b>Employer identification number</b>																					-						
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<b>Part II Certification</b>	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (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 as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below).	
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.	

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

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

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

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



**USA Patriot Act Customer Identification Program Notice  
Important Information You Need to Know About Opening A New Account**

To help the government fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account.

**Types of Information You Will Need to Provide**

When you open an account, First Bankers' Banc Securities, Inc. is required to collect the following information from you:

- Your name
- Date of birth
- Address
- Identification number:
  - U.S. Citizen: taxpayer identification number (Social Security number or employer identification number)
  - Non-U.S. Citizen: taxpayer identification number, passport number, and country of issuance, alien identification card number, or government-issued identification showing nationality, residence, and a photograph of you.
- You will also need to show your driver's license or other identifying documents.

A corporation, partnership, trust or other legal entity may need to provide other information, such as its principal place of business, local office, employer identification number, certified articles of incorporation, government-issued business license, a partnership agreement, or a trust agreement.

U.S. Department of the Treasury, Securities and Exchange Commission, NASD, and New York Stock Exchange rules already require you to provide most of this information. These rules also may require you to provide additional information, such as your net worth, annual income, occupation, employment information, investment experience and objectives, and risk tolerance.

**If Your Identity Cannot Be Verified**

First Bankers' Banc Securities, Inc. may not be able to open an account or carry out transactions for you. If we have already opened an account for you, we may have to close it.

**I/we acknowledge receipt of this notice:**

<b>Primary Account Holder</b>	<b>Date</b>
<b>Secondary Account Holder(s)</b>	<b>Date</b>

**FIRST BANKERS' BANC SECURITIES, INC.  
NEW ACCOUNT FEES AND DISCLOSURES FORM**

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**A. DISCLOSURE OF FEES AND CHARGES.**

1) **Commission on stock trades:** For each stock trade placed in your account, commission fees with a \$50 minimum, but not exceeding the following parameters may be assessed:

Principal Trade Value		Commission Charge
\$.01-\$5,000.00	:	1.5% of PV + \$.03 per share
\$5,000.01-\$25,000.00	:	1% of PV + \$.03 per share
\$25,000.01-\$50,000.00	:	0.8% of PV + \$.03 per share
\$50,000.01-\$100,000.00	:	0.6% of PV + \$.03 per share
\$100,000.01 and up	:	0.5% of PV + \$.03 per share

Please contact your Investment Professional for commission details.

2) **Commission on mutual fund purchases and redemptions:** For purchases or redemptions of mutual funds made in your account, commission fees may be assessed. Please see mutual fund prospectus for fund details, or contact your Investment Professional for commission information.

3) **Paper copy delivery of Municipal Bond Official Statements:** A charge of up to \$5.00 may be assessed for each paper copy of Municipal Bond Official Statements you elect to receive via regular mail. Municipal Bond Official Statements are available without charge at [www.emma.msrb.org](http://www.emma.msrb.org).

4) **Electing to receive paper statements and trade confirmations:** Fees will be assessed according to the following schedule for paper statements and trade confirmations you elect to receive via regular mail:

\$.25 per paper document mailed after June 1, 2010

\$.50 per paper document mailed after December 1, 2010

\$.75 per paper document mailed after June 1, 2011

You may elect to receive these documents electronically at no charge. Please contact your Investment Professional for more information.

5) **Federal Funds wires and overnight check delivery:** A fee of \$10.00 will be charged for each outgoing Federal Funds wire sent from your account. There will be a fee of \$12.00 assessed for checks mailed from your account via overnight mail. No charge is associated for regular mail delivery of checks.

6) **Depositing physical certificates:** A fee of at least \$65.00 will be charged to your account for the deposit of physical securities certificates. There is no charge for securities held in street name.

7) **Other fees and charges:** You will be responsible for payment of any penalties, fees and charges assessed by Pershing, DTC or other parties that are incurred in executing your transaction.

**B. SIPC- SECURITY INVESTOR PROTECTION CORPORATION.**

Your new account is eligible for SIPC protection. For information about SIPC protection, including a SIPC brochure, please visit [www.sipc.org](http://www.sipc.org) or call (202) 371-8300.

**C. PRIVACY POLICY.**

Please visit our website, [www.firstbankersbanc.com](http://www.firstbankersbanc.com) to view the First Bankers' Banc Securities Privacy Policy. To request a hard copy of the Privacy Policy, please contact your Investment Professional.

**D. ADDITIONAL INFORMATION AVAILABLE AT [www.firstbankersbanc.com](http://www.firstbankersbanc.com).**

Please visit our website to view our Business Continuation Policy, Privacy Policy, Account Forms, a link to the SIPC website, and other information.

**I acknowledge receipt of this New Account Fees and Disclosures form.**

Received By: \_\_\_\_\_  
Account Holder

Date: \_\_\_\_\_

\_\_\_\_\_  
Joint Account Holder (if applicable)

Date: \_\_\_\_\_