

Account Application Advisory - Retirement

A2

Account Number

Rep ID

Instructions: Financial advisor instructions: To be used for all LPL Advisory retirement accounts held at the individual account level. For more detailed information on the appropriate paperwork requirements for all registration types, please consult the appropriate account opening checklist located in the resource center. For existing accounts, this form should only be used for adding or removing account holders, or to change the registration or account type.

Please fax the completed form to New Accounts at (858) 202-8325.

ATTENTION: Any alterations must be initialed by all account holders.

Section I: Account Information

1. Account Type (choose only one)

Account updates required by LPL Operations

Each account holder must receive, read and understand the contents of the applicable Account Packet referenced below based on the account type selected. This separate packet contains the Account Agreement and any Program Brochures that detail the relationship between you, your financial advisor, LPL Financial ("LPL") and other related parties as applicable to your account.

- | | |
|---|---|
| <input type="radio"/> Strategic Asset Management (Account Packet - SAM) | <input type="radio"/> Optimum Market Portfolios Advisory (Account Packet - OMP) |
| <input type="radio"/> Strategic Asset Management II (Account Packet - SAM II) | <input type="radio"/> Model Wealth Portfolios (Account Packet - MWP) |
| <input type="radio"/> Manager Select (Account Packet - Manager Select) | <input type="radio"/> Personal Wealth Portfolios (Account Packet - PWP) |

2. Registration Type (choose only one)

- | | | | |
|---------------------------------------|--|---|---|
| <input type="radio"/> Traditional IRA | <input type="radio"/> Beneficiary IRA | <input type="radio"/> 403(b)(7) Non-ERISA* | <input type="radio"/> 401(k) Plan |
| <input type="radio"/> Rollover IRA | <input type="radio"/> Beneficiary Roth IRA | <input type="radio"/> 403(b)(7) ERISA* | <input type="radio"/> Profit Sharing Plan |
| <input type="radio"/> Roth IRA | <input type="radio"/> Beneficiary SIMPLE IRA | <input type="radio"/> 457 Plan | <input type="radio"/> Defined Benefit Plan |
| <input type="radio"/> SEP IRA | <input type="radio"/> Beneficiary 403(b)(7) | <input type="radio"/> Money Purchase Pension Plan | <input type="radio"/> Other Retirement Type: <input type="text"/> |
| <input type="radio"/> SAR-SEP IRA | Name of Decedent (required for Beneficiary accounts) | | |
| <input type="radio"/> SIMPLE IRA | <input type="text"/> | | |

*403(b)(7) plans may or may not be subject to ERISA depending on how the plan operates. Please consult the employer to determine if the plan is subject to ERISA.

Is this account or plan subject to ERISA? Yes No

Is this account for a Government Entity? Yes No

Is your account holder considered an "institutional account" based on one or more of the following definitions per FINRA Rule 4512(c): Yes No

1. A bank, savings and loan association, insurance company or registered investment company;
2. An investment adviser registered either with the SEC under Section 203 of the Investment Advisers Act or with a state securities commission (or any agency or office performing like functions); or
3. Any other person (whether a natural person, corporation, partnership, trust or otherwise) with total assets of at least \$50 million

3. Registration Information

Individual or Participant Social Security Number <input type="text"/>	Account Registration <input type="text"/>		
Fill in your current residency status: (choose only one) <input type="radio"/> U.S. Citizen <input type="radio"/> Resident Alien <input type="radio"/> Non-Resident Alien	<input type="text"/>		
Mailing Address <input type="text"/>	Account Address (no P. O. Boxes) <input type="checkbox"/> Same as mailing address <input type="text"/>		
<input type="text"/>	<input type="text"/>		
Country Of Citizenship or Legal Establishment <input type="text"/>	Group Plan Name or Employer (if applicable) <input type="text"/>	Email <input type="text"/>	
Date Plan Established (if applicable) <input type="text"/>	Group Plan, Trust or Estate Tax ID (if applicable) <input type="text"/>	Primary Phone <input type="text"/>	Secondary Phone <input type="text"/>



Section II: Investment Objective and Risk Tolerance

1. Select the investment objective that most accurately reflects the goals for this account (choose only one)

The investment objectives are overall objectives for the entire account and may be inconsistent with a particular holding at any time. Please note that achievement of the stated investment objectives is a long-term goal for the account. These choices are listed in order from what is considered to be conservative to highest risk. There is no guarantee that the investment objective will be achieved.

- A. Income with Capital Preservation. Designed as a longer term accumulation account, this is considered generally the most conservative investment objective. Emphasis is placed on generation of current income with minimal risk of capital loss. Lowering the risk generally means lowering the potential income and overall return.
- B. Income with Moderate Growth. Emphasis is placed on generation of current income with a secondary focus on moderate capital growth.
- C. Growth with Income. Emphasis is placed on modest capital growth with some focus on generation of current income.
- D. Growth. Emphasis is placed on achieving high long-term growth and capital appreciation. There is little focus on generation of current income.
- E. Aggressive Growth. Emphasis is placed on aggressive growth and maximum capital appreciation. No focus on generation of current income. This objective has a very high level of risk and is for investors with a longer time horizon.

ATTENTION: If you select an objective and cross it out to choose another, the change must be initialed by all account holders.

Section III: Account Holder Information

If you are an institutional trustee or a financial organization serving as trustee of a ERISA Group Plan, the identification sections are optional. If the plan is non ERISA then all fields are required for additional account holders, complete the Supplemental Account Application (F1C).

1. Primary Information

Primary Account Holder/Trustee/Minor/Auth. Officer <input type="text"/>			Occupation (former if retired or unemployed) <input type="text"/>		ID Type (Ex: Driver's License, Passport, etc.) <input type="text"/>
Social Security Number <input type="text"/>	Date of Birth <input type="text"/>	No. of Dependents <input type="text"/>	Industry (former if retired) <input type="text"/>		ID Place of Issuance <input type="text"/>
Residence Address (no P. O. Boxes) <input type="checkbox"/> Same as mailing address <input type="text"/>			Employer Name <input type="checkbox"/> Mark here if retired or unemployed <input type="text"/>		ID Number <input type="text"/>
<input type="text"/>			Employment Address (no P.O. boxes) <input type="text"/>		ID Issuance Date <input type="text"/>
Primary Phone <input type="text"/>	Secondary Phone <input type="text"/>	Country of Citizenship <input type="text"/>	<input type="text"/>		ID Expiration Date <input type="text"/>
<input type="text"/>			<input type="text"/>		ID verified? <input type="radio"/> Yes <input type="radio"/> No

Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA <input type="text"/>	Relationship to Account Holder of Person Associated with Firm or FINRA <input type="text"/>	Name of Associated Firm (if FINRA, list FINRA) <input type="text"/>
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Address of Person Associated with Firm or FINRA <input type="text"/>	Corporate Compliance Mailing Address of firm <input type="text"/>
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Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.

2. Secondary Information

Parent/Guardian/Fiduciary/Trustee/Co-Trustee <input type="text"/>			Occupation (former if retired or unemployed) <input type="text"/>		ID Type (Ex: Driver's License, Passport, etc.) <input type="text"/>
Social Security Number <input type="text"/>	Date of Birth <input type="text"/>	No. of Dependents <input type="text"/>	Industry (former if retired) <input type="text"/>		ID Place of Issuance <input type="text"/>
Residence Address (no P. O. Boxes) <input type="checkbox"/> Same as mailing address <input type="text"/>			Employer Name <input type="checkbox"/> Mark here if retired or unemployed <input type="text"/>		ID Number <input type="text"/>
<input type="text"/>			Employment Address (no P.O. boxes) <input type="text"/>		ID Issuance Date <input type="text"/>
Primary Phone <input type="text"/>	Secondary Phone <input type="text"/>	Country of Citizenship <input type="text"/>	<input type="text"/>		ID Expiration Date <input type="text"/>
<input type="text"/>			<input type="text"/>		ID verified? <input type="radio"/> Yes <input type="radio"/> No

Account Number



2. Secondary Information (continued)

Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA Relationship to Account Holder of Person Associated with Firm or FINRA Name of Associated Firm (if FINRA, list FINRA)

Address of Person Associated with Firm or FINRA Corporate Compliance Mailing Address of firm

Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months. Name of Corporation(s)

Section IV: Financial Information and Experience

1. Investment Information

Enter the letter that corresponds to the correct range:

Annual income? Net worth? (exclusive of home) Liquid net worth?* Approximate account value?*

Specify the exact Source of Account Holder Wealth and Income (e.g. Inheritance, employment salary, sale of real estate, etc.) Federal income tax bracket? (%)

Investment Experience (number of years): Annuities Mutual Funds Partnerships Margin Stocks Bonds Options Other (please specify):

What are your assets/investments (includes positions held outside and by LPL in this and other accounts)? Please indicate percentage of assets in whole numbers exclusive of primary home (must equal 100%). Do not provide percentages in fractions or decimals.

*Liquid net worth is exclusive of real estate; only include assets that can be liquidated within 30 days. **Account minimums apply; see the applicable Account Packet for details or ask your financial advisor.

2. Investment Time Horizon and Liquidity Needs

What is your investment time horizon for this account? Do you have liquidity needs from the funds in this account? If yes, when do you need these funds? If yes, specify the approximate dollar amount for the time range indicated above \$

Section V: Advisory Program Account Information

1. Primary Advisor Information

Primary Financial Advisor Name Business Address Total Account Fee Business Phone

Account Number



2. Commissions on Trades from Accounts Outside of LPL (Optional)

Financial Advisor(s): mark here if you wish to apply a fee credit to the assets (cash or securities) being deposited into this account that originated from a firm other than LPL Financial and a commission was earned by you within the past two years. Please provide trade details below to apply a fee credit:

Purchase Date	Purchase Amount	Investment Name	Fund Class	CUSIP/Symbol	Commission
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

3. Specific Securities Restrictions

Mark here if you wish to restrict specific securities, categories, groups or sectors from your account (for SAM/SAM II, PWP and Manager Select accounts only). In order to facilitate these restrictions, please provide restriction details below.*

Restrict common stock securities: (enter symbol)

Restrictions do not apply to mutual funds. (attach additional pages if necessary)

Other Restrictions (for SAM/SAM II and PWP accounts only): Please explain any other restrictions below. This includes any industry group, sector or social category restrictions that apply to a PWP account. Financial advisor should refer to the Resource Center for detailed information on the restriction options available for PWP accounts. (attach additional pages if necessary)

*Certain restrictions may require further review with LPL and your financial advisor.

Section VI: Manager Select Account Information

1. Complete This Section for Manager Select Accounts Only

Portfolio Manager Name Asset Class* Investment Style*

Did the portfolio manager indicated above previously manage the assets in this account? Yes No

Accepted by Portfolio Manager / Authorized Person Signature _____ Accepted by Portfolio Manager / Authorized Person Name (print) _____ Date (required) _____

*Financial advisor should refer to the Manager Select Participation List on the Resource Center for detailed information on each portfolio manager, their available asset classes and investment styles.

Section VII: Retirement Plan Accounts

1. Required for Sponsor-Directed Qualified Retirement Accounts

What is the total value of the plan? \$

Classify the corporation's employees:

- Young employees, few years of service, many years until retirement
- Older work force of lengthy service, nearing retirement
- Even distribution over all age groups and years of service

Identify the relationship between plan contributions and distributions:

- Contributions will exceed distributions for at least the next two years
- Distributions will exceed contributions for at least the next two years
- Contributions currently exceed distributions but this could change within the next two years
- Distributions currently exceed contributions but this could change within the next two years

Please specify the estimated distributions of the any known retiring participants:

Participant 1:	Approximate Distribution	Date of Distribution	Participant 3:	Approximate Distribution	Date of Distribution
	\$ <input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>
Participant 2:	Approximate Distribution	Date of Distribution	Participant 4:	Approximate Distribution	Date of Distribution
	\$ <input type="text"/>	<input type="text"/>		\$ <input type="text"/>	<input type="text"/>

Account Number



Section VIII: Custodian Information

1. For all IRA, Roth IRA, SIMPLE IRA, and 403(b)(7) Participant Accounts Only

Retirement Account Custodian:

Unless an Outside Custodian is designated and marked below, all IRA, Roth IRA, SIMPLE IRA and 403(b)(7) participant accounts (Section I) will default to PTC as custodian. Each account holder must receive, read and understand the contents of the applicable Custodial Agreement referenced below based on the registration type selected in Section I.2.

Custodial Agreement PTC - IRA: For Traditional IRA, Traditional Rollover IRA, Beneficiary IRA, SEP IRA and SAR-SEP IRA accounts.

Custodial Agreement PTC - Roth IRA: For Roth IRA and Beneficiary Roth IRA accounts.

Custodial Agreement PTC - SIMPLE IRA: For SIMPLE IRA and Beneficiary SIMPLE IRA accounts.

Custodial Agreement PTC - 403(b)(7): For 403(b)(7) ERISA, 403(b)(7) Non-ERISA and Beneficiary 403(b)(7) accounts.

Mark here for Outside Custodian (account holder to complete and submit custodian's adoption agreement) Skip Section VIII.2

2. Beneficiary Designation (this section only applies to accounts with PTC as custodian):

I hereby designate the following individual(s) or entity(ies) as my primary and/or contingent beneficiary(ies) unless otherwise directed in writing by the account holder and properly filed with the custodian. If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, or the percentages do not total 100%, the beneficiaries will be deemed to own equal share of the unspecified percentages in the account. If more than one contingent beneficiary is designated and no distribution percentages are indicated, or the percentages do not total 100%, the beneficiaries will be deemed to own equal share of the unspecified percentages in the account. If this is a Guardian account, the account will automatically pass to the minor's estate. Once the minor has reached the age of majority for the state of residence, he or she may then designate a beneficiary(ies).

If any primary beneficiary(ies) dies before me, his or her interest shall terminate completely, and the percentage share of any remaining primary beneficiary(ies) shall be increased equally. If no primary beneficiary survives me, the contingent beneficiary(ies) shall acquire the designated share of my account. If no primary or contingent beneficiaries survive me, my spouse will be deemed my beneficiary. If there is no surviving spouse at the time of my death, my estate will be deemed my beneficiary. If I live in a state with community property statutes or the account is a 403(b)(7) subject to Title 1 of ERISA and do not designate my spouse as the sole primary beneficiary, I certify that my spouse has consented to such designation.

Mark here if you wish to add a Per Stirpes stipulation to all named individuals in my Primary Beneficiary Designation.*

Mark here if you wish to add a Per Stirpes stipulation to all named individuals in my Contingent Beneficiary Designation.*

*If this box is checked, in the event that any primary or contingent beneficiary does not survive the account holder but leaves surviving descendants, then any share otherwise payable to such beneficiary will be paid instead to such beneficiary's surviving descendants.

	Name	Relationship	Social Security Number	Date of Birth	%
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Account Number



Section IX: Account Holder Acknowledgment and Execution

1. Delivery Preferences If you have provided your email address in this application, you may elect to receive documents from LPL electronically.

- Yes, I want to receive documents from LPL electronically (including account statements, trade confirmations and performance reports). I acknowledge that I need to (i) maintain an active email account to receive notifications from LPL when documents are available and (ii) login to Account View and accept its terms and conditions of use before I am able to view the documents electronically.
- No, I do not want to receive documents from LPL electronically. Please send me paper copies of all communications related to my account. This is the default selection if "Yes" is not selected above.

You may revoke your election to receive electronic documents or request paper copies of electronic documents at any time by logging into Account View or contacting your Financial Advisor.

2. Suppression of Confirmations (for PWP, MWP and Manager Select accounts only):

By initialing below, I hereby elect not to receive immediate trade confirmations from LPL for each transaction in the account. Information from the confirmation will be reported on my brokerage account statement.

Initials

Initials

3. Name Differences/One and the Same Information (not to be used in lieu of court documentation for legal name changes)

List any name differences that you are known by or commonly use in the space provided. By listing the names below and signing Section IX, you are authorizing LPL to accept transactions and follow instructions under all names listed.

4. Acknowledgment

I acknowledge by signing below that I have received, read, understand and agree to the terms of this Account Application and the applicable Account Agreement (included in the Account Packet specified in Section I). Additionally I certify the following:

- All of the information provided in this Account Application is true, correct, and complete and I agree to notify LPL of any changes to the information.
- I have received the Advisory Program Brochure included as part of the applicable Account Packet and the Brochure Supplement of the financial advisor servicing my advisory account.
- I understand and acknowledge that I have granted discretionary authority in the Account Agreement to trade securities in my account to my financial advisor in the case of SAM/SAM II accounts, to my financial advisor and LPL in the case of OMP, PWP and MWP accounts, and to the Portfolio Manager in the case of Manager Select accounts.
- I have discussed with my financial advisor the investment objective selected for the account in Section II of this Application, and for MWP, PWP and OMP accounts, the model portfolios to be selected for my account.
- I understand that investing through an advisory account involves investment risk, including the risk of loss. I am prepared to bear the risks associated with my investments.
- I understand that LPL will supply my name to issuers of any securities held in my account so that I may receive important information regarding those securities, unless I notify LPL in writing not to do so.
- I acknowledge that proceeds from liquefied home equity on my primary residence will not be used to fund this account.

For accounts with PTC as Custodian, I acknowledge that I have received, read, understand and agree to the terms of the applicable Custodial Agreement and I certify that I am eligible to establish the type of account referenced above. I release the Custodian, LPL Financial LLC and their affiliates, from all liability and agree to indemnify the same from any and all losses, damages or cost for acting in good faith in accordance with the account privileges selected herein. In no event shall the indemnified parties be liable for consequential damages.

Additionally, For accounts with PTC as Custodian I certify the following:

- If I make a rollover contribution, I certify that I understand the rules and conditions of the deposit and that I am eligible to make the deposit under the Internal Revenue Code.
- If this is a SEP IRA, I certify that I have received, read and accept my employer's plan document (5305-SEP or SEP prototype).
- If this is a SAR-SEP, I certify that I have received, read and accept my employer's plan document (5305A-SEP or SEP prototype), I have verified that my employer's plan was established in a year beginning before 1997 and I have entered into a SAR-SEP Elective Deferral Agreement with my employer.
- If this is a SIMPLE IRA, I certify that I have received, read and accept the summary description and notice (Form 5304-SIMPLE) from my employer relating to my employer's SIMPLE IRA Plan and I have entered into a SIMPLE Elective Deferral Agreement with my employer.
- If this is a 403(b)(7), I have verified with my employer that it is an educational organization described in Code Section 170(b)(1)(A)(ii) or a tax-exempt organization described in Code Section 501(c)(3) of the Internal Revenue code and neither the Custodian, LPL nor any of their affiliates have any responsibility for any applicable contribution or distribution limitations under Internal Revenue Code 403(b), and I am establishing the account under my employer's 403(b)(7) plan and in connection, have entered into an elective deferral arrangement with my employer.
- If this is a 403(b)(7), I designate LPL as the brokerage firm to invest assets and agree to invest all assets solely in regulated investment companies.

Account Number



4. Acknowledgment (continued)

- This account is governed by and I acknowledge receipt of the predispute arbitration clause that is located in the last numbered section of the Account Agreement (included in the Account Packet specified in Section I), which is incorporated by reference into this Account Application.
- I understand the differences between an advisory and brokerage account and by signing below affirm my decision, based on discussions with my financial advisor and information provided to me, to work with my financial advisor in an advisory relationship.

5. Important Information about IRA Rollovers from Employer Sponsored Retirement Plans

If you are planning to fund this IRA account with a rollover from an employer sponsored retirement plan, like a 401(k) plan, it is important for you to fully understand the following:

- If terminating from your employer, you have options with respect to the assets in your plan, including that you can:
 - o Remain invested in the plan (subject to certain minimum assets)
 - o Transfer your plan assets to a plan of a new employer
 - o Transfer your assets to an IRA with a financial institution
 - o Receive a cash distribution (which may be fully taxable)
- There are pros and cons of each of the options, which are described in the IRA Custodial Agreement you received in connection with opening this account
- If you decide to transfer assets out of the plan and into an IRA, you understand that:
 - o Those assets will no longer be subject to the protections of ERISA or other applicable pension laws
 - o There will no longer be a responsible plan fiduciary making decisions about the investments
 - o Depending on the investments and services you select for your IRA, you may pay more in fees, commissions and other costs than if the assets remained in your plan
- By signing this Account Application, you acknowledge that:
 - o You reviewed and understand the above information regarding rollovers, and the information regarding rollovers contained in the documents and agreements required to open this Account, including the IRA Custodial Agreement
 - o You have discussed with your Financial Advisor the pros and cons of funding an IRA with a rollover
 - o The decision to transfer assets from a plan to fund an IRA has been or will be made by you based on a full understanding of the options available to you

Under penalties of perjury, I hereby 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, (3) I am a U.S. person (including a U.S. resident alien), and (4) I attest I am exempt from FATCA Reporting. (However, if you provide an IRS W-8 form, it will supersede this statement and you may be subject to FATCA Reporting.) (Cross out (2) if subject to backup withholding.) The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

Account Holder Signature

Account Holder Name (print)

Date (required)

Account Holder Signature

Account Holder Name (print)

Date (required)

Account Number

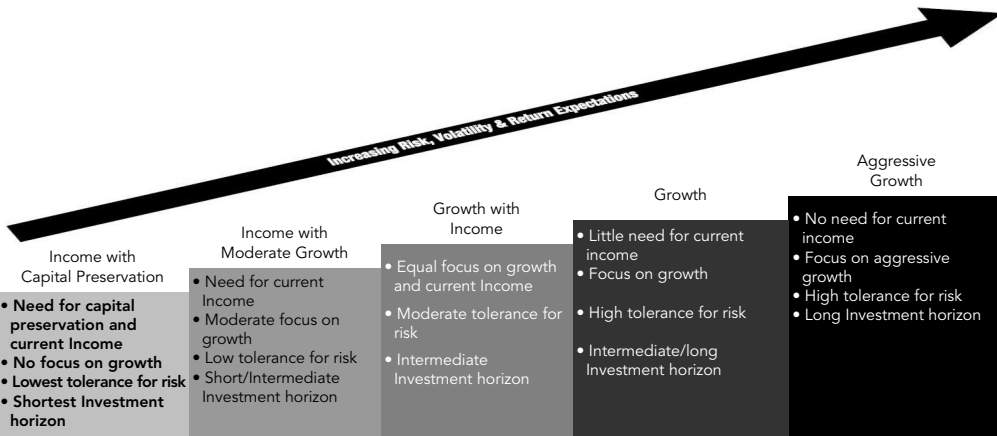


Branch Use Only

I have reviewed this document for completeness, accuracy, suitability, and proper disclosures. If this account was opened online and the automated check against the OFAC list of specially designated nationals (SDNs) resulted in a match to the account holder's name, I have confirmed that the account holder is not the same person listed by OFAC. If this account is opened by the home office, I have checked the list of SDNs and either the account holder's name does not appear or, if the account holder's name is the same as the name of a SDN, the account holder is not the person listed by OFAC. I have also provided the account holder with the CIP disclosure either in writing or verbally. I acknowledge and accept that I am a party to the applicable Account Agreement. I have determined that any liquidation of previously purchased investments to deposit assets into this account is suitable for the account holder and have disclosed to the account holder all costs incurred by the account holder to liquidate such investments.

 Financial Advisor / Authorized Person Signature Financial Advisor / Authorized Person Name (print) Rep ID Date (required)

 Joint Financial Advisor / Authorized Person Signature Joint Financial Advisor / Authorized Person Signature (print) Rep ID Date (required)



Historical Trade-Off Between Risk, Volatility & Investment Return:
 This chart illustrates five investment objectives. Match your investment needs with the characteristics listed below each investment objective to determine which objective most accurately represents your situation.

Account Number

