

# New Account Agreement Instructions

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

## **Step 1. Account Registration (check one)**

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

## **Steps 2. USA Patriot Act Information**

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

## **Steps 3 - 4. Account Holder Information and Secondary Account Holder Information**

The legal address **MUST** be a street address. A post office box is not acceptable for a legal address. A legal address is the account holder's permanent residence address or, in the case of an entity, the place where it maintains a physical presence. For those accounts opened for nonresident aliens and foreign entities, the legal address must be the same as the permanent residence address listed on IRS Form W-8BEN, W-8BENE or W-8IMY. You must provide annual income and net worth in the same manner. For instance, if the account is a joint account, and you are providing a combined annual income, you must also provide a combined net worth.

**NOTE:** To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial organizations to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask you to provide a copy of your driver's license or other identifying documents. The information you provide in this form may be used to perform a credit check and verify your identity by using internal sources and third-party vendors. If additional space is needed, attach a separate sheet.

## **Step 5. Objective and Investment Details**

Use this section to provide details about your account objectives and investments. Account investment objectives are defined as follows:

**Income** – An investment approach by which an investor generally seeks current income over time.

**Long-Term Growth** – An investment approach by which an investor generally seeks capital appreciation through buying and holding securities over an extended period of time.

**Short-Term Growth** – An investment approach by which an investor generally seeks short-term capital gains through buying and selling securities over a short period of time.

## **Step 6. Additional Information**

Use this section to provide additional information about your account.

## **Step 7. 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, W-8IMY or other appropriate W8 series forms with this application. Nonresident alien joint accounts require IRS Form W-8BEN for each account holder. The account holder's country of permanent residence is the country where the account holder claims to be a resident for purposes of that country's income tax. If a reduced rate of withholding is being claimed under an income tax treaty, residency must be determined in the manner required by the treaty. If the account holder does not have a tax residence in any country, the permanent residence is where the account holder normally resides (or maintains an office for accounts not owned by individuals). The primary account owner whose Social Security Number or Taxpayer Identification Number is used should sign the Taxpayer Certification on page 8.

## **Step 8. Signatures**

Sign and date the form. The primary and secondary owners of a joint account must sign the form on page 9. Additional owners must sign the additional participant form. For a custodial account, only the custodian needs to sign.

**OFFICE USE ONLY** | Account Number | | | | - | | | | IP Number | | | |

## STEP 1. ACCOUNT REGISTRATION

☐ **Retail (Select a type of retail account below)**

TYPE OF ACCOUNT	
<input type="checkbox"/> Individual	
<input type="checkbox"/> Corporation	
<input type="checkbox"/> Joint Tenant	
<input type="checkbox"/> Limited Liability Company	
<input type="checkbox"/> Power of Attorney	
<input type="checkbox"/> Transfer on Death: Individual	
<input type="checkbox"/> Transfer on Death: Joint	

**ADDITIONAL DOCUMENTATION MAY BE REQUIRED TO OPEN THESE ACCOUNT TYPES. IF YOU DO NOT PROVIDE THE INFORMATION REQUESTED OR YOUR IDENTITY CANNOT BE VERIFIED, WE MAY NOT BE ABLE TO OPEN AN ACCOUNT OR CARRY OUT TRANSACTIONS FOR YOU. IF YOU ALREADY HAVE AN ACCOUNT, WE MAY HAVE TO CLOSE IT.**

### For Joint Accounts Only

Are the account holders married to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tenancy State	Number of Tenants
Tenancy Clause <input type="checkbox"/> Community Property <input type="checkbox"/> Community Property with Rights of Survivorship <input type="checkbox"/> Tenants in Common <input type="checkbox"/> Tenants by Entirety <input type="checkbox"/> Joint Tenants with Rights of Survivorship <input type="checkbox"/> Usufruct (LA Residents only)		

## STEP 2. USA PATRIOT ACT INFORMATION

What is the **initial** source of funds for this account? If you are transferring assets from another financial institution, please indicate the origin of those investments.

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Accounts Receivable  | <input type="checkbox"/> Accumulated Savings | <input type="checkbox"/> Alimony                        | <input type="checkbox"/> Gift                 |
| <input type="checkbox"/> Income From Earnings | <input type="checkbox"/> Inheritance         | <input type="checkbox"/> Insurance Proceeds             | <input type="checkbox"/> Investment Proceeds  |
| <input type="checkbox"/> Legal Settlement     | <input type="checkbox"/> Lottery/Gaming      | <input type="checkbox"/> Pension/IRA/Retirement Savings |   |
| <input type="checkbox"/> Rollover             | <input type="checkbox"/> Rental Income       | <input type="checkbox"/> Sale of Business               | <input type="checkbox"/> Sales of Real Estate |
| <input type="checkbox"/> Spouse/Parent        | <input type="checkbox"/> Other               |   |   |



NAW9

## New Account Agreement

Account Number

### Disclosures Required Under the USA PATRIOT ACT

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

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?
- If yes, is this a Foreign Bank operating under an Offshore Banking License?
- If yes, is this a Foreign Bank operating under a banking license issued by a Non-Cooperative Country or Territory?
- If yes, is this a Foreign Bank operating under a banking license issued by a jurisdiction subject to Section 311 measures?

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ 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, currently or formerly, 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

**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 THIS ACCOUNT MAY BE TAXABLE IN YOUR HOME JURISDICTION AND/OR YOUR JURISDICTION OF TAX RESIDENCE IF DIFFERENT FROM YOUR HOME JURISDICTION. YOU ACKNOWLEDGE TO YOUR FINANCIAL ORGANIZATION AND TO PERSHING THAT YOU HAVE TAKEN YOUR OWN TAX ADVICE IN THIS REGARD.**

**IF NUMBER IS GREATER THAN ZERO, A FOREIGN BANK BENEFICIAL OWNERSHIP FORM MUST ACCOMPANY THIS REQUEST.**

### STEP 3. PRIMARY ACCOUNT HOLDER INFORMATION

Name		
Social Security (SSN)	<input type="checkbox"/> Person <input type="checkbox"/> Entity	Employee Identification Number (EIN)
Email	Date of Birth	Specified Adult <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone	Business Phone	Mobile Phone
Legal Address (no P.O. box)		
City	State/Province	Zip/Postal Code
Country		
Mailing Address (if different from legal address)		
City	State/Province	Zip/Postal Code
Country		
Primary Citizenship(s)	Additional Citizenship(s)	
U.S. Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Birth	

**IF DISREGARDED ENTITY, ENTER INFORMATION FOR THE U.S. OWNER.**

**"SPECIFIED ADULT" SHALL MEAN: (A) A NATURAL PERSON AGE 65 AND OLDER; OR (B) A NATURAL PERSON AGE 18 AND OLDER WHO THE MEMBER REASONABLY BELIEVES HAS A MENTAL OR PHYSICAL IMPAIRMENT THAT RENDERS THE INDIVIDUAL UNABLE TO PROTECT HIS OR HER OWN INTERESTS.**

**IF YOU WISH TO ADD A TRUSTED CONTACT, PLEASE COMPLETE THE TRUSTED CONTACT FORM.**

**A COPY OF THE ID IS REQUIRED FOR EACH NON-U.S. PERSON AND FOR U.S. CITIZENS LIVING ABROAD. PROOF OF ADDRESS MAY ALSO BE REQUIRED.**

#### Gender

☐ Male ☐ Female

#### Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Domestic Partner ☐ Widowed

#### Dependents

Number of Dependents

## New Account Agreement

Account Number

### Employment and Industry Affiliations

☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Homemaker ☐ Student

Occupation	Years Employed	Type of Business
Employer Name		
Employer's Address		
City	State/Province	Zip/Postal Code
Country		

### General Investment Knowledge and Experience

☐ 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:
Exchange Traded Funds	<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:
Other:	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:

### Financial Information

#### Identify Verification Method Used

☐ Internal Review (INRV)

<b>Annual Income</b> From \$	To \$
<b>Net Worth (excluding home)</b> From \$	To \$
<b>Liquid Net Worth</b> From \$	To \$

☐ Check box if aggregated with other joint tenants.

## New Account Agreement

Account Number -

### Unexpired Government Identification

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

GOVERNMENT ISSUED UNEXPIRED PHOTO IDENTIFICATION SHOULD BE PROVIDED FOR ALL INDIVIDUALS THAT WERE NOT VERIFIED USING NON-DOCUMENTARY METHODS, AND FOR NON-RESIDENT ALIENS, ALONG WITH AN IRS FORM W-8BEN.

ID Verification Comments

### Corporate/Business Information

Corporate/Business ID Number	Formation Date of Corporation/Business
State/Province of Incorporation	Country of Incorporation
Legal Entity Identifier (LEI)	

IF APPLICABLE.

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

Are you related to an employee at this broker-dealer? ☐ Yes ☐ No

Employee Name	Relationship
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Are you an employee of another broker-dealer? ☐ Yes ☐ No

Broker-Dealer Name
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Are you related to an employee at another broker-dealer? ☐ Yes ☐ No

Broker-Dealer Name	Employee Name	Relationship
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Are you maintaining any other brokerage accounts? ☐ Yes ☐ No

With what firm(s) are you maintaining other brokerage accounts?	Years of Investment Experience
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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

Employer authorization is required. What is the affiliation?
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Are you a senior officer, director, or 10% or more shareholder of a public company? ☐ Yes ☐ No

Company Name(s)
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## New Account Agreement

Account Number

### STEP 4. SECONDARY ACCOUNT HOLDER INFORMATION

Name		
Social Security (SSN)	<input type="checkbox"/> Person <input type="checkbox"/> Entity	Employee Identification Number (EIN)
Email	Date of Birth	Specified Adult <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone	Business Phone	Mobile Phone
Legal Address (no P.O. box)		
City	State/Province	Zip/Postal Code
Country		
Mailing Address (if different from legal address)		
City	State/Province	Zip/Postal Code
Country		
Primary Citizenship(s)	Additional Citizenship(s)	
U.S. Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Birth	

**"SPECIFIED ADULT"**  
SHALL MEAN: (A) A NATURAL PERSON AGE 65 AND OLDER; OR (B) A NATURAL PERSON AGE 18 AND OLDER WHO THE MEMBER REASONABLY BELIEVES HAS A MENTAL OR PHYSICAL IMPAIRMENT THAT RENDERS THE INDIVIDUAL UNABLE TO PROTECT HIS OR HER OWN INTERESTS.

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A COPY OF THE ID IS REQUIRED FOR EACH NON-U.S. PERSON AND FOR U.S. CITIZENS LIVING ABROAD. PROOF OF ADDRESS MAY ALSO BE REQUIRED.

#### Gender

☐ Male ☐ Female

#### Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Domestic Partner ☐ Widowed

#### Dependents

Number of Dependents
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#### Employment and Industry Affiliations

☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Homemaker ☐ Student

Occupation	Years Employed	Type of Business
Employer Name		
Employer's Address		
City	State/Province	Zip/Postal Code
Country		

#### General Investment Knowledge and Experience

☐ Limited ☐ Moderate ☐ Extensive ☐ None

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### 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:
Exchange Traded Funds	<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:
Other:	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year:

### Financial Information

#### Identify Verification Method Used

☐ Internal Review (INRV)

<b>Annual Income</b> From \$	To \$
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<b>Liquid Net Worth</b> From \$	To \$

### Unexpired Government Identification

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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ID Verification Comments

### Corporate/Business Information

Corporate/Business ID Number	Formation Date of Corporation/Business
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Legal Entity Identifier (LEI)	

IF APPLICABLE.

## New Account Agreement

Account Number 

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### Broker-Dealer Affiliations

Are you an employee of this broker-dealer? ☐ Yes ☐ NoAre you related to an employee at this broker-dealer? ☐ Yes ☐ No

Employee Name	Relationship
---------------	--------------

Are you an employee of another broker-dealer? ☐ Yes ☐ No

Broker-Dealer Name
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Are you related to an employee at another broker-dealer? ☐ Yes ☐ No

Broker-Dealer Name	Employee Name	Relationship
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Are you maintaining any other brokerage accounts? ☐ Yes ☐ No

With what firm(s) are you maintaining other brokerage accounts?	Years of Investment Experience
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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

Employer authorization is required. What is the affiliation?
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Are you a senior officer, director, or 10% or more shareholder of a public company? ☐ Yes ☐ No

Company Name(s)
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### Additional Participants

Are there more than two participants for this account? If Yes, complete the Additional Holder/Participant Information Supplement sheet. ☐ Yes ☐ No

### FinCen Certification

FinCEN Certification Form Signed by	Certification Date
Position Held by FinCEN Certifier	

### Specified Adult

If this account has an account holder that is considered a specified adult, are there Trusted Contacts? If Yes, complete the Trusted Contact Form. ☐ Yes ☐ No

## STEP 5. OBJECTIVE AND INVESTMENT DETAILS

Risk Exposure ☐ Low ☐ Moderate ☐ Speculation ☐ High RiskAccount 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 \$
Exchange-Traded Funds	Value \$	Other:	Value \$
Variable Annuities	Value \$	Other:	Value \$



**New Account Agreement**Account Number     -      **Investment Time Horizon and Liquidity Needs**

Time Horizon	Liquidity Needs
<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

**STEP 6. ADDITIONAL INFORMATION****Electronic Delivery**

Are you interested in electronic delivery of brokerage documents  
(for example, account statements and/or trade confirmations) for this account?

☐ Yes ☐ No

IF YES, PLEASE  
COMPLETE A USER  
ID AND E-DELIVERY  
REQUEST FORM.

**STEP 7. U.S. TAXPAYER NUMBER CERTIFICATION****Taxpayer Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form in Step 3 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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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), enter your exempt payee code (if any) here:

If you are exempt from FATCA reporting (if you are unsure, ask us for a complete set of IRS instructions), enter your exemption from FATCA reporting code (if any) 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)

THIS SECTION IS NOT  
TO BE USED BY NON-  
U.S. PERSON (SEE  
DEFINITION OF U.S.  
PERSON BELOW).



**TO: FINANCIAL ORGANIZATION AND ITS ASSIGNS**

## 1. Provisions in the Event of Failure to Pay or Deliver

Whenever I (we) do not, on or before the settlement date, pay in full for any security purchased for my (our) account, or deliver any security sold for such account, you are authorized (subject to the provisions of any applicable statute, rule, or regulation):

(A) Until payment or delivery is made in full, to pledge, repledge, hypothecate, or rehypothecate, without notice, any or all securities which you or your clearing agent may hold for me (either individually or jointly with others), separately or in common with other securities or commodities or any other property, for the sum then due or for a greater or lesser sum and without retaining in your possession and control for delivery a like amount of similar securities.

(B) To sell any or all securities which you or your clearing agent may hold for me (either individually or jointly with others), to buy in any or all securities required to make delivery for my (our) account, or to cancel any or all outstanding orders or commitments for my (our) account.

## 2. Cancellation Provisions

You are authorized, in your discretion, should I (we) die or should you for any reason whatever deem it necessary for your protection, without notice, to cancel any outstanding orders in order to close out my (our) accounts, in whole or in part, or to close out any of the commitments made on my (our) behalf.

### 3. General Provisions

Any sale, purchase, or cancellation authorized hereby may be made according to your judgement and at your discretion on the exchange or other market where such business is then usually transacted, at public auction, or at private sale without advertising the same and without any notice, prior to tender, demand, or call. You may purchase the whole or any part of such securities free from any right of redemption, and I (we) shall remain liable for any deficiency. It is further understood that any notice, prior to tender, demand, or call, from you shall not be considered a waiver of any provision of this agreement. I (we) shall include any person executing this agreement. With my (our) signature on this document, I (we) authorize any free credit balance in my account to be automatically invested into the sweep product elected, unless I (we) instruct my financial organization differently. Pershing LLC is further authorized to rely on instructions that I (we) give to my financial organization regarding my (our) sweep elections. I (we) agree, that my (our) sweep option may be changed, including changes between money market funds and bank deposit products, with prior notification to me (us).

#### 4. Successors and Assigns

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

## 5. Age

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

## 6. Interest in Account

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

## 7. Orders and Statements

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

## 8. Extraordinary Events

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

## 9. Fees and Charges

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

## 10. Joint Accounts

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

## 11. Address

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

## 12. Recording Conversations

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

### 13. ARBITRATION DISCLOSURES

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

- ALL PARTIES TO THIS AGREEMENT ARE GIVING UP THE RIGHT TO SUE EACH OTHER IN COURT, INCLUDING THE RIGHT TO A TRIAL BY JURY, EXCEPT AS PROVIDED BY THE RULES OF THE ARBITRATION FORUM IN WHICH A CLAIM IS FILED.
- ARBITRATION AWARDS ARE GENERALLY FINAL AND BINDING; A PARTY'S ABILITY TO HAVE A COURT REVERSE OR MODIFY AN ARBITRATION AWARD IS VERY LIMITED.
- THE ABILITY OF THE PARTIES TO OBTAIN DOCUMENTS, WITNESS STATEMENTS, AND OTHER DISCOVERY IS GENERALLY MORE LIMITED IN ARBITRATION THAN IN COURT PROCEEDINGS.
- THE ARBITRATORS DO NOT HAVE TO EXPLAIN THE REASON(S) FOR THEIR AWARD, UNLESS, IN AN ELIGIBLE CASE, A JOINT REQUEST FOR AN EXPLAINED DECISION HAS BEEN SUBMITTED BY ALL PARTIES TO THE PANEL AT LEAST 20 DAYS PRIOR TO THE FIRST SCHEDULED HEARING DATE.

**New Account Agreement**Account Number 

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- THE PANEL OF ARBITRATORS WILL TYPICALLY INCLUDE A MINORITY OF ARBITRATORS WHO WERE OR ARE AFFILIATED WITH THE SECURITIES INDUSTRY.
- THE RULES OF SOME ARBITRATION FORUMS MAY IMPOSE TIME LIMITS FOR BRINGING A CLAIM IN ARBITRATION. IN SOME CASES, A CLAIM THAT IS INELIGIBLE FOR ARBITRATION MAY BE BROUGHT IN COURT.
- THE RULES OF THE ARBITRATION FORUM IN WHICH THE CLAIM IS FILED, AND ANY AMENDMENTS THERETO, SHALL BE INCORPORATED INTO THIS AGREEMENT.

**14. ARBITRATION AGREEMENT**

ANY CONTROVERSY BETWEEN YOU OR PERSHING AND US SHALL BE SUBMITTED TO ARBITRATION BEFORE AND ONLY BEFORE THE FINANCIAL INDUSTRY REGULATORY AUTHORITY. NO PERSON SHALL BRING A PUTATIVE OR CERTIFIED CLASS ACTION TO ARBITRATION, NOR SEEK TO ENFORCE ANY PREDISPUTE ARBITRATION AGREEMENT AGAINST ANY PERSON WHO HAS INITIATED IN COURT A PUTATIVE CLASS ACTION; OR WHO IS A MEMBER OF A PUTATIVE CLASS WHO HAS NOT OPTED OUT OF THE CLASS WITH RESPECT TO ANY CLAIMS ENCOMPASSED BY THE PUTATIVE CLASS ACTION UNTIL; (I) THE CLASS CERTIFICATION IS DENIED; (II) THE CLASS IS DECERTIFIED; OR (III) THE CUSTOMER IS EXCLUDED FROM THE CLASS BY THE COURT. SUCH FORBEARANCE TO ENFORCE AN AGREEMENT TO ARBITRATE SHALL NOT CONSTITUTE A WAIVER OF ANY RIGHTS UNDER THIS AGREEMENT EXCEPT TO THE EXTENT STATED HEREIN. THE LAWS OF THE STATE OF NEW YORK GOVERN.

**15. Specified Adult and Trusted Contact Disclosure**

By completing a physical or electronic contact form or providing Trusted Party information to my broker or advisor for electronic capture, I/we authorize the named Financial Institution and Pershing LLC ("Pershing") and their affiliates to share my nonpublic personal information\* held at Financial Institution and Pershing with the named trusted contact person(s) (the "Trusted Contact Person(s)")

identified as such. Additionally, I/we authorize this information to be shared with the Trusted Contact Person(s) at the discretion of Financial Institution and Pershing. This authorization includes, but is not limited to, sharing or disclosing any information regarding securities, insurance, bank related, financial planning or other financial products or services offered by or through Financial Institution and/or Pershing or any financial information I/we may have provided to Financial Institution and Pershing. I/we understand that Financial Institution and Pershing, LLC may contact the named Trusted Contact Person(s) if there are questions/concerns about my whereabouts or health status (i.e., if Financial Institution and Pershing becomes concerned that I may no longer be able to handle my financial affairs) or in the event that Financial Institution and Pershing becomes concerned that I may be a victim of fraud or exploitation.

Account owners should contact their Financial Institution or financial representative with additional questions.

Account owners may also contact FINRA at its toll-free number for senior investors to get assistance or raise concerns about issues with brokerage accounts and investments.

CALL: 844-57-HELPS (844-574-3577)  
MONDAY – FRIDAY; 9 – 5 P.M. ET

\* "Nonpublic personal information" includes, but is not limited to: financial account information and balances, information regarding the purchase of a security or insurance product, and any other personally identifiable financial information: (i) provided by a me/us to my/our Financial Institution; (ii) resulting from any transaction in my/our account or any service performed on behalf of me/us by the Financial Institution; or (iii) otherwise obtained from me/us by the Financial Institution.

**16. Amendment and Modification of Agreement**

I (we) agree that you or your successors or assigns may unilaterally, at any time, change or modify the terms and conditions of this New Account Agreement by sending me notice of the change as required by law or regulation.

# New Account Agreement

## Additional Holder/Participant Information Supplement

Account Number

### STEP 1. ADDITIONAL HOLDER/PARTICIPANT INFORMATION

Name		
Holder/Participant Role		
Social Security or Tax ID Number (EIN)	<input type="checkbox"/> Person <input type="checkbox"/> Entity	Date of Birth
Email	Position Held	
Home Phone	Business Phone	Mobile Phone
Legal Address (no P.O. box)		
City	State/Province	Zip/Postal Code
Country		
Mailing Address (if different from legal address)		
City	State/Province	Zip/Postal Code
Country		
Primary Citizenship(s)		Additional Citizenship(s)
U.S. Resident Alien <input type="checkbox"/> Yes <input type="checkbox"/> No	Country of Birth	

**ADDITIONAL DOCUMENTATION MAY BE REQUIRED TO OPEN THESE ACCOUNT TYPES. IF YOU DO NOT PROVIDE THE INFORMATION REQUESTED OR YOUR IDENTITY CANNOT BE VERIFIED, WE MAY NOT BE ABLE TO OPEN AN ACCOUNT OR CARRY OUT TRANSACTIONS FOR YOU. IF YOU ALREADY HAVE AN ACCOUNT, WE MAY HAVE TO CLOSE IT.**

**A COPY OF THE ID IS REQUIRED FOR EACH NON-U.S. PERSON AND FOR U.S. CITIZENS LIVING ABROAD. PROOF OF ADDRESS MAY ALSO BE REQUIRED.**

#### Gender

☐ Male ☐ Female

#### Marital Status

☐ Single ☐ Married ☐ Divorced ☐ Domestic Partner ☐ Widowed

#### Dependents

Number of Dependents
----------------------

#### Beneficial Owners

Percent of Ownership
----------------------

#### Employment and Industry Affiliations

☐ Employed ☐ Self-Employed ☐ Retired ☐ Unemployed ☐ Homemaker ☐ Student

Occupation	Years Employed	Type of Business
Employer Name		



## New Account Agreement Supplement

Account Number                     

### Corporate/Business Information

Corporate/Business ID Number	Formation Date of Corporation/Business
State/Province of Incorporation	Country of Incorporation
Legal Entity Identifier (LEI)	

IF APPLICABLE.

### Broker-Dealer Affiliations

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

Are you related to an employee at this broker-dealer? ☐ Yes ☐ No

Employee Name	Relationship
---------------	--------------

Are you an employee of another broker-dealer? ☐ Yes ☐ No

Broker-Dealer Name
--------------------

Are you related to an employee at another broker-dealer? ☐ Yes ☐ No

Broker-Dealer Name	Employee Name	Relationship
--------------------	---------------	--------------

Are you maintaining any other brokerage accounts? ☐ Yes ☐ No

With what firm(s) are you maintaining other brokerage accounts?	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

Employer authorization is required. What is the affiliation?
--

Are you a senior officer, director, or 10% or more shareholder of a public company? ☐ Yes ☐ No

Company Name(s)
-----------------

## STEP 2. SIGNATURE

Required only if additional holder/participant is a joint tenant.

**I ACKNOWLEDGE AND AGREE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, IN PARAGRAPHS 13 AND 14, ON PAGES 10 AND 11 I HEREBY ACKNOWLEDGE RECEIPT OF THIS NEW ACCOUNT AGREEMENT WITH PREDISPUTE ARBITRATION CLAUSE THEREIN.**

### Secondary Account Holder

Print Name	Date
Signature	

**PLEASE REVIEW YOUR INFORMATION, READ THE AGREEMENT ON PAGES 10 AND 11, AND SIGN HERE. KEEP A COPY FOR YOUR RECORDS.**

# Trusted Contact Form

## STEP 1. ACCOUNT INFORMATION

Account Number	Account Title
----------------	---------------

## STEP 2. TRUSTED CONTACTS

Name		Date of Birth	
Email			
Home Phone	Business Phone	Mobile Phone	
Mailing Address			
City	State/Province	Zip/Postal Code	
Country			

TRUSTED CONTACT:  
PERSON 18 YEARS  
OF AGE OR OLDER  
WHO MAY BE  
CONTACTED ABOUT  
THE ACCOUNT ON  
BEHALF OF THE  
SPECIFIED ADULT.

Name		Date of Birth	
Email			
Home Phone	Business Phone	Mobile Phone	
Mailing Address			
City	State/Province	Zip/Postal Code	
Country			

## STEP 3. AUTHORIZED SIGNATURES

### Primary Account Holder

Print Name	Date
Signature	

### Secondary Account Holder (if applicable)

Print Name	Date
Signature	



NAW9



Account Title  Account #  RR

To Whom It May Concern,

Unless otherwise indicated, please transfer all assets in my account to Pershing without penalties. Such assets may be transferred within the time frames required by FINRA Rules or any other designated examining authority. Unless otherwise indicated, I authorize you to liquidate any nontransferable proprietary money market fund assets that are part of my account and transfer the resulting credit balance to the successor custodian. I authorize you to deduct any outstanding fees due from the credit balance in my account. If my account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees due to you, I authorize you to liquidate the assets in my account to the extent necessary to satisfy the obligation. If certificates or other instruments in my account are in physical form I instruct them to be transferred in good deliverable form, including affixing any necessary tax waivers, to enable the successor custodian to transfer them into its name for the purpose of the sale, when, and as directed to me. I understand that upon receiving a copy of this transfer information open orders in my account will be canceled. I understand that I may be contacted with respect to the disposition of any assets in my brokerage account that are nontransferable.

**Special Note for Non-US Accounts:** With respect to assets custodied by Pershing LLC, you acknowledge that income and capital gains or distributions to you from this account may be taxable in your home jurisdiction. You acknowledge to Banco do Brasil Securities LLC and to Pershing LLC that you have taken your own tax advice in this regard.

By signing below, I confirm that I have received the Current Fee Schedule and have agreed to the following terms:

☐ I agree to give Banco do Brasil Securities LLC, ("BBS") the authorization to debit my Bank Account on a quarterly basis as per the current fee schedule.

☐ I agree to be charged for the basic maintenance fee as per the current fee schedule.

Banco do Brasil Securities LLC, through its agreement with Pershing LLC, is pleased to offer its clients automatic account transfers via BankLink. By choosing to take advantage of this service, you are authorizing the automatic transfer of excess balances from Banco do Brasil Securities LLC, ("BBS") to the Bank Account listed below where my funds are held as well as the automatic withdrawal of funds from below listed Bank Account to Banco do Brasil Securities LLC.

Bank Account #

#### Authorized Signatures

Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>

**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

- **For use by individuals. Entities must use Form W-8BEN-E.**
- **Go to [www.irs.gov/FormW8BEN](http://www.irs.gov/FormW8BEN) for instructions and the latest information.**
- **Give this form to the withholding agent or payer. Do not send to the IRS.**

**Do NOT use this form if:**

- You are NOT an individual . . . . . **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual . . . . . **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) . . . . . **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States . . . . . **8233 or W-4**
- You are a person acting as an intermediary . . . . . **W-8IMY**

**Instead, use Form:**

**Note:** If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

**Part I Identification of Beneficial Owner** (see instructions)

<b>1</b> Name of individual who is the beneficial owner	<b>2</b> Country of citizenship
<b>3</b> Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>	
City or town, state or province. Include postal code where appropriate.	Country
<b>4</b> Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	Country
<b>5</b> U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	<b>6</b> Foreign tax identifying number (see instructions)
<b>7</b> Reference number(s) (see instructions)	<b>8</b> Date of birth (MM-DD-YYYY) (see instructions) 02

**Part II Claim of Tax Treaty Benefits** (for chapter 3 purposes only) (see instructions)

**9** I certify that the beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.

**10 Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph \_\_\_\_\_ of the treaty identified on line 9 above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_.

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: \_\_\_\_\_

**Part III Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
  - (a) not effectively connected with the conduct of a trade or business in the United States,
  - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
  - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

**Sign Here**

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer

Capacity in which acting (if form is not signed by beneficial owner)

**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

- **For use by individuals. Entities must use Form W-8BEN-E.**
- **Go to [www.irs.gov/FormW8BEN](http://www.irs.gov/FormW8BEN) for instructions and the latest information.**
- **Give this form to the withholding agent or payer. Do not send to the IRS.**

**Do NOT use this form if:**

- You are NOT an individual . . . . . **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual . . . . . **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) . . . . . **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States . . . . . **8233 or W-4**
- You are a person acting as an intermediary . . . . . **W-8IMY**

**Instead, use Form:**

**Note:** If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

**Part I Identification of Beneficial Owner (see instructions)**

<b>1</b> Name of individual who is the beneficial owner	<b>2</b> Country of citizenship
<b>3</b> Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>	
City or town, state or province. Include postal code where appropriate.	Country
<b>4</b> Mailing address (if different from above)	
City or town, state or province. Include postal code where appropriate.	Country
<b>5</b> U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	<b>6</b> Foreign tax identifying number (see instructions)
<b>7</b> Reference number(s) (see instructions)	<b>8</b> Date of birth (MM-DD-YYYY) (see instructions)

**Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)**

- 9** I certify that the beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.
- 10 Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph \_\_\_\_\_ of the treaty identified on line 9 above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_.
- Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: \_\_\_\_\_

**Part III Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
  - (a) not effectively connected with the conduct of a trade or business in the United States,
  - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
  - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

**Sign Here**

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer

Capacity in which acting (if form is not signed by beneficial owner)

# Online Access and Electronic Delivery Form

Financial Organization Name

You may use this form to:

- Create a User ID and temporary password for online access
- Link additional accounts to an existing User ID
- Provide instructions to establish electronic delivery (e-delivery) of brokerage account communications
- Change delivery instructions for accounts linked to an existing User ID

**YOUR FINANCIAL ORGANIZATION WILL PROVIDE YOU WITH THE NAME OF THE WEBSITE THROUGH WHICH YOU WILL ACCESS YOUR ACCOUNTS.**

## STEP 1. ACCOUNT OWNER INFORMATION

Primary Account Owner Name	
Mother's Maiden Name	Account Owner's Date of Birth
Email address	
If You Have an Existing User ID, Please Provide it Here	

**ALL FIELDS ARE REQUIRED.**

**ONE VALID EMAIL ADDRESS MUST BE PROVIDED FOR DELIVERY OF NOTIFICATION EMAILS.**

**NOTICES RELATED TO ONLINE ACTIVITY MAY BE SENT TO THIS EMAIL ADDRESS.**

If you are requesting a new User ID, indicate your first and second choices below. User IDs must have a minimum of 7 and maximum of 15 characters, are NOT case sensitive, and should consist of letters and numbers only.

User ID Desired (first choice)	User ID Desired (second choice)
--------------------------------	---------------------------------

## STEP 2. ELECTRONIC DELIVERY PREFERENCES

Your account statements and the other documents below will be sent via electronic delivery (e-delivery) for all accounts linked to this user ID. This means that instead of receiving them on paper, you must access your documents online. You may update your preferences online, where you can also choose e-delivery for tax documents.<sup>1</sup> You must read and agree to the Electronic Delivery Agreement in Step 4 and sign in Step 5.

**We will default to eDelivery of the following unless checked below:**

- ☐ Paper account statements
- ☐ Paper account notifications<sup>2</sup>
- ☐ Paper trade confirmation/advices
- ☐ Paper Quarterly Performance Reports<sup>3</sup>

### Proxy, Shareholder and Reorganization Materials delivery preferences

- ☐ Check this box to receive Proxy, Shareholder and Reorganization Material communications via e-delivery for the primary account. You must choose a four-digit PIN and write this number in the space provided below. You must read and agree to the Electronic Delivery Agreement in Step 4 and sign in Step 5.<sup>4</sup>

Four-Digit PIN

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<sup>1</sup> Tax documents are also available via electronic delivery; however, enrollment must be done online by the account owner. Please contact your financial organization for assistance.

<sup>2</sup> Please contact your financial organization for a list of the specific notifications eligible for electronic delivery.

<sup>3</sup> Please contact your financial organization to confirm availability of Quarterly Performance Reports for your account(s).

<sup>4</sup> A four-digit PIN is required for electronic delivery of proxy communications. For managed accounts, changes to delivery preferences for proxy and shareholder communications may need to be initiated by your advisor or money manager.



## User ID and Electronic Delivery Request

Account Number

### STEP 3. LINK ACCOUNTS TO THE USER ID

Please list all accounts that should be linked to this User ID. For U.S. accounts, the Social Security number of the primary account holder must be affiliated, either as an account owner or participant, on the account numbers provided below. If the primary account holder above is not an owner on all accounts listed below, each account owner must sign in Step 5.

If you select to receive Proxy, Shareholder Communications and Reorganization Materials electronically for the accounts linked to this user ID, you must choose a four-digit PIN and write this number in the space provided below. You must read and agree to the Electronic Delivery Agreement in Step 4 and sign in Step 5.

	ACCOUNT ACCESS ONLY	ELECTRONIC DELIVERY	
	Link to Primary Account	Proxy and Shareholder Communications (PIN required)	
Primary Account Number <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"/>			
Account Number <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="checkbox"/>	<input type="checkbox"/>	PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Number <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="checkbox"/>	<input type="checkbox"/>	PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Number <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="checkbox"/>	<input type="checkbox"/>	PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account Number <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="checkbox"/>	<input type="checkbox"/>	PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

**IF YOU ARE LINKING MORE THAN FIVE ACCOUNTS, PLEASE ATTACH ADDITIONAL ACCOUNT INFORMATION.**

### STEP 4. INVESTOR TERMS AND CONDITIONS

#### Electronic Delivery Terms and Conditions

"You" means the account owner(s) of the account.

"Account Communications" means account statements, trade confirmations or other notices, disclosures and other information related to your account including without limitation quarterly, semi-annual or annual shareholder reports, proxy statements, and legal and regulatory notices and documents.

"Authorized User" means a person that you have authorized to be provided a user ID which enables access to your account online.

You agree that your financial organization and your clearing broker Pershing LLC (Pershing) may make the account communications available in an electronic form as described herein instead of mailing them in paper form.

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

An electronic mail ("email") notification will be sent when account communications are available to be accessed on the website. The email will provide you with the URL of the website. The email notification(s) will be sent to the email address(es) you provided directly to your financial organization or provided by registering on the website. You may view and verify your email address(es) via the website, and change the email address(es) through the website or by contacting your financial organization.

In the event that a notice of undeliverable status of an email notification is received by Pershing, your financial organization or Pershing may send a paper notification by U.S. mail to the postal address you provided directly to your financial organization. The paper notification will notify you of the availability of Account Communications on the website, provide the URL of the website where account communications may be accessed, and direct you to update your email address of record in paper form.

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

You may change your delivery preferences, such as resuming applicable paper account communications, by following the instructions on the website, or by contacting your financial organization directly for assistance.

## User ID and Electronic Delivery Request

Account Number

### Website Access Terms and Conditions

"You" means the account owner(s) of the account.

"Authorized User" means a person that you have authorized to be provided an additional user ID which enables access to your account online.

"Website" means the website maintained by Pershing LLC on behalf of your financial organization that enables you to access your account information and perform other activities.

You expressly agree and acknowledge that your use and any authorized users' use of the website is subject to the terms and conditions of use that are posted on the website, including without limitation any disclaimers of warranties and other notices therein. Such terms and conditions may be amended from time to time by posting them on the website. Continued use of the website by you or your authorized users will constitute your acceptance of the then-current terms and conditions.

You agree that you are solely responsible for: (a) safeguarding and keeping confidential your password and user IDs that you and your authorized users use to access the website and any information that is retrieved from the website. You agree that you and your authorized users will only access the website from devices with industry standard anti-virus/anti-malware protection. You agree to accept responsibility for all activities that occur under such user ID(s) or password(s).

You agree to immediately notify your financial institution if: (i) the passwords or user IDs are lost or stolen, or (ii) you become aware of any unauthorized use of the passwords, user IDs, or access to your accounts that may be related to your use of the website. You agree that the providers of the website are not liable for any loss or damage arising from any activity that occurs via the use of your password and/or user ID.

## STEP 5. SIGNATURES

By signing below you represent that you have read and understand Step 4, Investor Terms and Conditions.

### Primary Account Owner

Print name	Date
<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"/>
Signature	
<input type="text"/>	

EACH ACCOUNT OWNER MUST SIGN THIS FORM.

### Additional Account Owner

Print name	Date
<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"/>
Signature	
<input type="text"/>	

### Additional Account Owner

Print name	Date
<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"/>
Signature	
<input type="text"/>	

### Additional Account Owner

Print name	Date
<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"/>
Signature	
<input type="text"/>	

### FOR OFFICE USE ONLY

Provide Access to: ☐ DEFAULT/NetXInvestor ☐ Other Profile: