

New Account Agreement



OFFICE USE ONLY:

Account Number _____

IP Number _____

Form Instructions: Check (☒) or fill in (☐) appropriate boxes. Type other information on-screen, or write in on paper.

STEP 1. ACCOUNT REGISTRATION

☒ **Retail** This is an application for a retail account. Select type below:

TYPE OF ACCOUNT	ADDITIONAL DESIGNATION	TYPE OF ACCOUNT	ADDITIONAL DESIGNATION
<input type="checkbox"/> Individual		<input type="checkbox"/> Investment Club*	
<input type="checkbox"/> Corporation	<input type="checkbox"/> S Corp <input type="checkbox"/> C Corp	<input type="checkbox"/> Nonprofit Organization*	
<input type="checkbox"/> Custodial (UGMA/UTMA)		<input type="checkbox"/> Other* Please Specify: _____	
<input type="checkbox"/> Estate* Number Appointed to Account (if applicable): _____		<input type="checkbox"/> Partnership*	
Person/Entity Appointed to Act on Behalf of the Account: <input type="checkbox"/> Executor		<input type="checkbox"/> 3rd party custodian IRA*	
<input type="checkbox"/> Executrix <input type="checkbox"/> Personal Representative <input type="checkbox"/> Administrator		<input type="checkbox"/> Transfer on Death*: Individual Execution Date: _____	
<input type="checkbox"/> Joint Tenant		<input type="checkbox"/> Transfer on Death*: Joint Execution Date: _____	
<input type="checkbox"/> Limited Liability Company (LLC)*	<input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Partnership	<input type="checkbox"/> Trust* Date Established: _____	
<input type="checkbox"/> Disregarded Entity* (name of owner): _____		Trust Type (select from list at left): _____	
*If the owner is a U.S. person, complete Step 4 using the owner's information. If the owner is a non-U.S. person, the account may not be opened.		Type: 1. Charitable, 2. Living 3. Irrevocable Living 4. Testamentary, 5 Revocable 6. Irrevocable, 7. Family	
<input type="checkbox"/> Individual Single Member LLC*		Can trustees act independently? <input type="checkbox"/> Yes <input type="checkbox"/> No	

*Account types marked with an asterisk require additional documentation to open. Obtain forms & instructions from Trading Direct.

Brokerage Type: Check the appropriate box below to select either a Cash or Margin account.

<input type="checkbox"/> Cash	<input type="checkbox"/> Margin: (Read and sign the Margin Agreement & Disclosure Statement, which displays terms and conditions.)
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Joint Accounts Only: Complete this section only if this application is for a joint tenant account.

Are 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 (JTCP) <input type="checkbox"/> Community Property with Rights of Survivorship (CPWRS)	<input type="checkbox"/> Tenants in Common (JTIC) <input type="checkbox"/> Tenants by Entirety (JTBE) <input type="checkbox"/> Joint Tenants with Rights of Survivorship (JTWS; Default Clause)	

Custodial Account Only: Complete this section only if application is for a custodial account (for a minor- UTMA/UGMA).

State in Which Gift Was Given: _____	Date Gift was Given: _____	Age Designated to Terminate: _____	Minor's Date of Birth: _____
Manner in Which Gift was Given: <input type="checkbox"/> Created by gift <input type="checkbox"/> Trust <input type="checkbox"/> Exercise by appointment <input type="checkbox"/> Transfer by fiduciary or obligor <input type="checkbox"/> Will			

STEP 2. INSTITUTIONAL/NON-INSTITUTIONAL ACCOUNT (This application is for a non-institutional account. Contact us for institutional accounts.)

STEP 3. USA PATRIOT ACT INFORMATIONInitial source of funds for this account: *Note: If selecting "Other", please indicate origin of those funds.*
☐ Accumulated savings
☐ Income from earnings
☐ Investment proceeds
☐ Other (Specify: _____)
Disclosures Required Under the USA Patriot ActDo any of the four items below apply to your account? ☐ Yes ☐ No *(If yes, account cannot be opened).*

1. 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)? 2. Is this account a private banking account as defined under the USA PATRIOT ACT? 3. Is this an account for a Foreign Bank as defined under the USA PATRIOT ACT? 4. 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?

Note for non-US accounts: With respect to assets custodied by Pershing on your behalf, you acknowledge that income & capital gains or distributions to you from this account may be taxable in your home jurisdiction. You acknowledge to your organization and to Pershing that you have taken your own tax advice in this regard.

STEP 4. PRIMARY ACCOUNT HOLDER INFORMATION

Name of Person or Entity:		Social Security or Tax ID Number (EIN):	
Date of Birth/Establishment:	Email Address:		
Home Phone:	Business Phone:	Mobile Phone:	
Legal Address (no P.O. box):			
Mailing Address (if different from legal address):			
Primary Citizenship(s):	Additional Citizenship(s) if applicable	U.S. Resident Alien?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Note for NON-US Persons and US Citizens living abroad: A copy of your government issued ID, proof of address (i.e. utility bill), and W8BEN also required.			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	No. of Dependents:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed	

Employment Status:

<input type="checkbox"/> Employed	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Homemaker	<input type="checkbox"/> Student
Occupation:		Years Employed:	Type of Business:		
Employer Name:		Street Address:			

Investment Knowledge & Experience:
☐ Limited
☐ Moderate
☐ Extensive
☐ None

What year did you start investing? _____

What is the approximate value of your investment portfolio? _____

Which types of securities do you have experience with?

☐ Equities
☐ Options
☐ Bonds
☐ Mutual Funds
Financial Information*(Approximate figures are acceptable)*

Annual Income (\$):	Net Worth (exclude home \$):	Liquid Net Worth (\$):	Tax Bracket:
			<input type="checkbox"/> 0-15% <input type="checkbox"/> 15.1-32% <input type="checkbox"/> 32.1-50% <input type="checkbox"/> 50.1%+

New Account Agreement

Account No. _____

Broker-Dealer Affiliations

Do you have other brokerage accounts? ☐ Yes ☐ No If "yes", with which firm? _____

Do any of the below three questions apply? ☐ Yes ☐ No If "yes", complete "Affiliation" section on last page of this application.

1. Are you an employee of, or related to an employee of this broker-dealer, or another broker dealer? 2. Are you or any member of your immediate family affiliated with or employed by a stock exchange member or the Financial Industry Regulatory Authority (FINRA)? 3. Are you a senior officer, director, or 10% or more shareholder of a public company?

STEP 5. SECONDARY ACCOUNT HOLDER INFORMATION

Complete this step only if there is a second person on the account.

Name:		Social Security or Tax ID Number (EIN):	
Date of Birth:	Email Address:		
Home Phone:	Business Phone:	Mobile Phone:	
Legal Address (no P.O. box):			
Mailing Address (if different from legal address):			
Primary Citizenship(s):	Additional Citizenship(s): if applicable	U.S. Resident Alien?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Note for NON-US Persons: A copy of the ID is required for each non-US Person, and for US citizens living abroad. Proof of address may also be required.</i>			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	No. of Dependents:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed	

Employment Status:

<input type="checkbox"/> Employed	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Homemaker	<input type="checkbox"/> Student
Occupation:	Years Employed:	Type of Business:			
Employer Name:	Street Address:				

Investment Knowledge & Experience:

☐ Limited ☐ Moderate ☐ Extensive ☐ None

What year did you start investing? _____	What is the approximate value of your investment portfolio? _____
Which types of securities do you have experience with?	<input type="checkbox"/> Equities <input type="checkbox"/> Options <input type="checkbox"/> Bonds <input type="checkbox"/> Mutual Funds

Financial Information

(Approximate figures are acceptable)

Annual Income (\$):	Net Worth (exclude home \$):	Liquid Net Worth (\$):	Tax Bracket: <input type="checkbox"/> 0-15% <input type="checkbox"/> 15.1-32% <input type="checkbox"/> 32.1-50% <input type="checkbox"/> 50.1%+
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Broker-Dealer Affiliations

Do you have other brokerage accounts? ☐ Yes ☐ No If "yes", with which firm? _____

Do any of the below three questions apply? ☐ Yes ☐ No If "yes", complete "Affiliation" section on last page.

1. Are you an employee of, or related to an employee of this broker-dealer, or another broker dealer? 2. Are you or any member of your immediate family affiliated with or employed by a stock exchange member or the Financial Industry Regulatory Authority (FINRA)? 3. Are you a senior officer, director, or 10% or more shareholder of a public company?

STEP 6. INTERESTED PARTIES*Contact us if applicable, to provide account information to an Interested Party (not typical).*

If this account has an owner who is considered a "specified adult" (generally those age 65+, or in limited cases, an adult 18+ deemed unable to protect his/her own interests), are there Trusted Contacts to appoint?

☐ Yes ☐ No If yes, request/complete the "Trusted Contact Form" (available in Document Center).

STEP 7. CASH MANAGEMENT*Deposits and sales proceeds will be held in your account as a balance. (Proceed to next step).***STEP 8. OBJECTIVE AND INVESTMENT DETAILS**

Risk Exposure: <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Speculation <input type="checkbox"/> High Risk	Investment Objectives: <input type="checkbox"/> Income <input type="checkbox"/> Long-Term Growth <input type="checkbox"/> Short-Term Growth
Time Horizon: <i>Input future year when it is anticipated that investment goals shall be met.</i> 20_____	Liquidity Needs: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low

STEP 9. TAX LOT DISPOSITION METHODS

Unless specified otherwise, default disposition methods are as follows: • **Stocks in Pershing's Dividend Reinvestment Plan:** Average Cost (using FIFO)
• **Mutual Funds:** Average Cost (using FIFO) • **All other securities:** First In, First Out (using FIFO)

Would you like to select an alternate disposition method?

☐ Yes ☐ No (If Yes, complete "Tax Lot Disposition Methods" section on last page.)

STEP 10. BOND ELECTIONS (Debt Instrument Election and Accrual Method)

Do you plan to purchase or own individual bonds? ☐ Yes ☐ No (If yes, complete "Bond Elections" section on last page.)

STEP 11. ADDITIONAL INFORMATION

1. **Electronic Delivery Preferences:** These may be set upon initial login to online account (for statements, trade confirms, proxy, etc.).

2. **Bank Reference:**

enter details at right

Bank or Credit Union Name:	City or Town and State where located:
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STEP 12. STANDING/PERIODIC INSTRUCTIONS

Income Distribution: Remit dividend income via check (or ACH) monthly? ☐ Yes ☐ No

Proceed to Next Page

STEP 13. U.S. TAXPAYER NUMBER CERTIFICATION*This section is not to be used by nonresident aliens.***Taxpayer Certification (W-9)**

Under penalties of perjury, I certify that:

1. The number shown on this form in Step 4 is my correct Social Security Number or Taxpayer Identification Number (or I am waiting for a number to be issued to me);
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)

STEP 14. SIGNATURES

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

I ACKNOWLEDGE AND AGREE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, IN PARAGRAPHS 13 AND 14, ON THE FOLLOWING PAGE. I HEREBY ACKNOWLEDGE RECEIPT OF THIS NEW ACCOUNT AGREEMENT WITH PREDISPUTE ARBITRATION CLAUSE THEREIN.

PLEASE REVIEW YOUR INFORMATION, READ THE AGREEMENT ON NEXT PAGE, AND SIGN HERE. KEEP A COPY FOR YOUR RECORDS.

Primary Account Holder or Entity Authorized Person

Print Name	Date	Signature
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Secondary Account Holder (if applicable)

Print Name	Date	Signature
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Read the following page. Mail completed forms to: Trading Direct, 160 Broadway, East Bldg 7th Floor, New York NY 10038.

Make any checks payable to: Pershing LLC.

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.

This entire shaded area is for Broker-Dealer Use Only			<input type="checkbox"/> Accepted: Broker-Dealer is registered in the state of client's residence.
Principal Printed Name	Date	Signature	
		X	
Identify Verification Method Used			
Primary Account Owner:	<input type="checkbox"/> Compliance Data Center Inc. Report (CDCR)	<input type="checkbox"/> Internal Review (INRV)	<input type="checkbox"/> Other ID Vendor (OTHR)
Secondary Owner:	<input type="checkbox"/> Compliance Data Center Inc. Report (CDCR)	<input type="checkbox"/> Internal Review (INRV)	<input type="checkbox"/> Other ID Vendor (OTHR)

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. • 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 PM 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

Account No.

Additional Information Page

Submission not typical for most applicants. Complete only if required from Steps 4,5,9, or 10.

STEP 4. PRIMARY ACCOUNT HOLDER INFORMATION

Broker-Dealer Affiliations

Are you an employee of, or related to an employee of this broker-dealer, or another broker dealer? ☐ Yes ☐ No

If yes, input Broker-Dealer Name:	If yes, input Employee Name:	If yes, state Relationship:
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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

If yes, employer authorization is required. What is the affiliation?:

Are you a senior officer, director, or 10% or more shareholder of a public company? ☐ Yes ☐ No If yes, enter company name:

STEP 5. SECONDARY ACCOUNT HOLDER INFORMATION

Broker-Dealer Affiliations

Are you an employee of, or related to an employee of this broker-dealer, or another broker dealer? ☐ Yes ☐ No

If yes, input Broker-Dealer Name:	If yes, input Employee Name:	If yes, state Relationship:
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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

If yes, employer authorization is required. What is the affiliation?:

Are you a senior officer, director, or 10% or more shareholder of a public company? ☐ Yes ☐ No If yes, enter company name:

STEP 9. TAX LOT DISPOSITION METHODS

Complete section only if you are choosing tax lot methods other than the default methods.

Choose one disposition method as your default for a) Mutual Funds, b) Stocks in Pershing's Dividend Reinvestment Plans (DRIP) and c) All other securities. If a default disposition method is not chosen by you or your Financial Organization, the federally mandated default method will be applied on the account.

Disposition method- Mutual Funds:	Disposition method- stocks in Pershing's DRIP:	Disposition method- all other securities:
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Select from these choices: First In, First Out (FIFO) / High Cost / High Cost Long-Term / High Cost Short-Term / Last In, First Out (LIFO)
Average Cost (using FIFO) / Low Cost / Low Cost Long-Term / Low Cost Short-Term / Minimize Short-Term Gains

STEP 10. BOND ELECTIONS (Debt Instrument Election and Accrual Method)

Complete section only if you plan to buy or own bonds.

Election 1 - Bond Premium Amortization (Internal Revenue Code [IRC] section 171)

☐ **Yes/IRS Default:** The default assumes the client has made the election to amortize any bond premium on taxable bonds.

☐ **No/Alternative:** Pershing will not amortize the bond premium on taxable bonds.

Election 2 - Market Discount Accrual Method (IRC section 1276[b][2])

☐ **Ratable/Alternative:** Compute accruals of market discount using the ratable method.

☐ **Constant Yield/IRS Default:** The default is to accrue market discount using a constant yield method.

Election 3 - Include Market Discount as Income (IRC section 1278[b])

☐ **Yes/Alternative:** Include market discount in income.

☐ **No/IRS Default:** The default is to not include accrued market discount annually.

Per IRS rules, all premium on tax-exempt bonds will be amortized using a constant yield to the worst call date regardless of selection.

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

Primary Account Holder or Entity Authorized Person

Secondary Account Holder (if applicable)

Signature	Date	Signature	Date
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