

## Visa/Check Application

Brokerage Accor	unt Number:				
Applicant	Name on account (This name will appear on you Applicant (or organization)	ur checks)			
	Co-applicant (or additional information)				
	Mailing address				
	City and State Zip Code				
	Home Phone: Business Phone:				
	Security Code (e.g. Mother's Maiden Name):				
Account Type	Type of Account Registration: *requires comp ☐ Individual ☐ Joint	letion of appropriate section(s) on the following page  Trust*  Business*			
/isa / Checks	☐ Gold Package (\$50 annual fee) ☐ Platinum Package (\$75 annual fee) ☐ Checks only ☐ Checks & Platinum Card ☐ Checks & Gold Card				
	Optional: Print on checks (neither will be printed unless otherwise indicated)				
	☐ Home Phone Numberor ☐ Business Phone Number				
ignature(s) Indivi	<ul> <li>you authorize the Brokerage Firm and its affilial exchange information; and you understand that Check Writing and Debit Card Service Agreem</li> </ul>	and complete; you have authority to open and use this account; ates and their subsidiaries (collectively "The Firm") to gather and this account is governed by the terms and conditions of your nent, the Fund Prospectus, the General Account Agreement (if have with The Firm. You have read all those documents, and			
	х	X			
	Applicant Signature Date	Co-Applicant Signature Date			
	Internal – F	For COR use only			

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Full Title of Trust:	TRUST INI	FORMATION		
Grantors / Sponsors of Trust: Date of Trust Creation:  (example: John Jones and Mary Smith Trustees for the benefit of James Jones.)				
orders and other instructions from each or on this document. Unless it is specified or	f such Trustees. This include therwise, any one of such	des authorization to sign Frustees may individual	we the Trustees authorize The Firm to accept in checks for the Trust unless expressly limited ly act on behalf of the Trust. However the tees with respect to any activity relating to the	
	the bank on which checks tee, including the related of providers and Bank from a fith improper or unsuitable ending against same. Each	neck-writing privilege. nd against any liability use of Account privileg Trustee shall be jointly	Each Trustee, personally and as Trustee, for claims, judgments, surcharges or settlement es and for any expenses, including attorney's	
			s and Bank harmless from any liability for given by any of the individuals signing this	
We are all of the Trustees of the Trust.*				
We agree to inform The Firm in writing of which could materially alter the certificat		ust, any change in the c	omposition of the Trustees, or any other event	
CHECKING AND VI	SA SIGNATURE AUTHO	ORIZATIONS (Trust o	and Business Accounts Only)	
Authorized Individual(s) – print name	Signature(s)		Relationship to Trust / Corp / Legal Entity	
*Should only one person exec	ute this agreement, it shall	constitute a representati	ion that the signer is the sole trustee.	

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Where applicable, plural references in this certification shall be deemed singular.