

NEW ACCOUNT FORM

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

I. ACCOUNT TYPE (Check all that apply)

Cash—Indicates that you will be paying for transactions in full by settlement date.

Margin—Indicates that you wish to trade with margin privileges, subject to margin requirements. This account type requires a signed Margin Agreement.

Option—Indicates that you wish to trade options. This account type requires a signed Option Agreement.

Asset Management—Indicates that you wish to link your investment, check writing, and MasterCard® services, and organize all of your account activity in one statement. This account type also requires a signed Asset Management Account Application.

Retirement—This account type requires a Retirement Account Application for accounts for which Pershing LLC is custodian.

Institutional Trading—Indicates that you wish to establish a receive/deliver versus payment account.

II. ACCOUNT REGISTRATION (Check one)

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

III. ACCOUNT TITLE AND CONTACT INFORMATION

This section **MUST** be completed in order to establish the account.

IV. PARTICIPANT INFORMATION

The legal address **MUST** be a street address. A post office box is not acceptable for a legal address. A legal address is the account holder's permanent residence address or, in the case of an entity, the place where it maintains a physical presence. For those accounts opened for nonresident aliens and foreign entities, the legal address must be the same as the permanent residence address listed on IRS Form W-8BEN or W-8IMY.

You must provide annual income and net worth in the same manner. For instance, if the account is a joint account, and you are providing a combined annual income, you must also provide a combined net worth.

NOTE: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial organizations to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask you to provide a copy of your driver's license or other identifying documents.

The information you provide in this form may be used to perform a credit check and verify your identity by using internal sources and third party vendors. If additional space is needed, attach a separate sheet.

PARTICIPANT ROLES

The codes below designate the participant role for each participant on an account.

ADMN Administrator	DRTR Director	LPAR Limited Partner	PATN Power of Attorney
AGNT Agent	EXEC Executor	MNGR Manager	PRM Primary Account Holder
BENF Beneficiary	GPMG General Partner/Managing Member	MMBR Member	RIND Responsible Individual
BORW Borrower	GRNT Grantor	MINR Minor	SEC Secondary Account Holder
CONS Conservator	GRDN Guardian	OFCR Officer	STLR Settlor
CUST Custodian	IPTY Interested Party	PTNR Partner	SHLR Shareholder
DECD Deceased	IMGR Investment Manager	PREP Personal Representative	SPSR Sponsor
DPTR Depositor	LHLD Lien Holder	PLAD Plan Administrator	TSTE Trustee

V. U.S. TAXPAYER INFORMATION AND CERTIFICATION

U.S. persons must sign the U.S. taxpayer certification built into the New Account Form. If the account is a JOINT account, you must provide the Social Security Number or the Taxpayer Identification Number of the individual whose name appears first. For custodial accounts, use the Social Security Number of the minor. If you are a nonresident alien or foreign entity, you should not sign the taxpayer certification included in this form, and instead submit an IRS Form W-8BEN or W-8IMY with this application. Nonresident alien joint accounts require IRS Form W-8BEN for each account holder. The account holder's country of permanent residence is the country where the account holder claims to be a resident for purposes of that country's income tax. If a reduced rate of withholding is being claimed under an income tax treaty, residency must be determined in the manner required by the treaty. If the account holder does not have a tax residence in any country, the permanent residence is where the account holder normally resides (or maintains an office for accounts not owned by individuals).

VI. TRANSACTION PROCESSING

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

VII. ACCOUNT OBJECTIVES

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.

VIII. ADDITIONAL INFORMATION

Use this section to provide additional information about your account.

IX. INTERESTED PARTIES

If you would like to add an interested party to your account, provide the interested party's contact information in this section. Indicate if you would like the interested party to receive copies of your statements and confirmations.

X. SIGNATURES

Sign and date the form. All owners of a joint account must sign at the bottom of the form. Only the joint owner whose Social Security Number or Taxpayer Identification Number is used should sign the Taxpayer Certification section of form. For a custodial account, only the custodian needs to sign.

XI. FOR BROKER-DEALER USE ONLY

Provide investment professional and principal approvals.

ACCOUNT CATEGORY CODES (For office use only)

BKCL	Bank Collateral Account	EXMP	Exempt Organization	IAPW	Investment Advisor/ Power of Attorney	RETC	Third Party as Custodian SIMPLE IRA
CLUB	Investment Club	FINL	Financial Organization	IART	Investment Advisor/ Retirement Account	RETE	Third Party as Custodian ERISA Account
COD	Receive/Deliver Versus Payment	GOVT	Government Entity/Agency	IASP	Investment Advisor/ Sole Proprietor	RETI	Third Party as Custodian IRA
CORN	Noncorporate Account	GRDN	Guardian/Conservatorship	IATI	Investment Advisor/Transfer on Death Individual	RETP	Third Party as Custodian Prototype SEP
CORP	Corporation	IACP	Investment Advisor/Corporation	IATJ	Investment Advisor/Transfer on Death Joint	RETR	Third Party as Custodian Roth IRA
CPPS	Corporate Pension or Profit Sharing Plan	IACU	Investment Advisor/Custodian	IATR	Investment Advisor/Trust	RETS	Third Party as Custodian SARSEP and SEP
CUST	Custodian	IAES	Investment Advisor/Estate	INDV	Individual	SOLE	Sole Proprietorship
DLJC	Pershing LLC SIMPLE Individual Retirement Account (IRA)	IAGU	Investment Advisor/Guardian	INVA	Investment Advisor/Managed Account	TODI	Transfer on Death Individual
DLJI	Pershing LLC IRA	IAGV	Investment Advisor/ Government Agency	JNTN	Joint	TODJ	Transfer on Death Joint
DLJP	Pershing LLC SARSEP and Prototype SEP	IAIN	Investment Advisor/Individual	NPRO	Nonprofit Organization	TRST	Trust
DLJQ	Pershing LLC Qualified Retirement Plan (QRP)	IAJT	Investment Advisor/Joint Organization	PART	Partnership		
DLJS	Pershing LLC SEP IRA	IANP	Investment Advisor/Nonprofit Organization	PWRA	Power of Attorney		
ESTT	Estate	IAPA	Investment Advisor/Partnership Organization				
		IAPP	Investment Advisor/Corporate Pension/Profit Sharing				

NEW ACCOUNT FORM

For office use only:	ACCOUNT NUMBER: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	RR: <input style="width: 20px; height: 20px;" type="text"/>	ACCOUNT CATEGORY: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
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I. ACCOUNT TYPE (Check all that apply)

- CASH
 MARGIN*
 OPTION*
 ASSET MANAGEMENT*
 RETIREMENT*
 INSTITUTIONAL*

*ADDITIONAL DOCUMENTATION MAY BE REQUIRED TO OPEN THESE ACCOUNT TYPES. CONTACT YOUR INVESTMENT PROFESSIONAL FOR MORE INFORMATION.

II. ACCOUNT REGISTRATION (Check one)

INDIVIDUAL

ESTATE* Number Appointed: _____

Person or Entity Appointed to Act on Behalf of the Account:
 Administrator
 Personal Representative
 Executor

TRUST* Establishment Date: _____

Trust Type:
 Family
 Irrevocable
 Living
 Revocable
 Testamentary

Trustees: _____

Beneficiaries: _____

POWER OF ATTORNEY*

Power of Attorney Name: _____

CUSTODIAN FOR MINOR*

Date Gift Was Given: _____ State in Which Gift Was Given: _____ Minor's Date of Birth: _____

Manner in Which the Gift Was Given:
 Trust
 Will
 Created by Gift
 Exercise by Appointment
 Transfer by Fiduciary or Obligor

Age Designated to Terminate: _____ CHECK ONE:
 Uniform Gift to Minors Act
 Uniform Transfer to Minors Act

PARTNERSHIP*
 FINANCIAL ORGANIZATION*
 NONPROFIT ORGANIZATION*
 SOLE PROPRIETORSHIP*
 NONCORPORATE*

JOINT TENANT ACCOUNT* Number of Tenants: _____

Married:
 Yes
 No
 Tenancy State: _____

Tenancy Clause:
 Joint Tenants with Right of Survivorship
 Tenants in Common
 Tenants by Entirety
 Community Property

Community Property with Right of Survivorship
 Usufruct

CORPORATE PENSION/PROFIT SHARING PLAN*

Plan Name: _____

Trustees: _____

Beneficiaries: _____

TRANSFER ON DEATH JOINT* Agreement Execution Date: _____

Married:
 Yes
 No
 Tenancy State: _____

Tenancy Clause:
 Joint Tenants with Right of Survivorship
 Tenants in Common
 Tenants by Entirety
 Community Property

Community Property with Right of Survivorship
 Usufruct

TRANSFER ON DEATH INDIVIDUAL* Agreement Execution Date: _____

IRA—THIRD PARTY*
 INVESTMENT CLUB*
 CORPORATION*
 GOVERNMENT ENTITY/AGENCY*
 GUARDIANSHIP*
 CONSERVATORSHIP*

BANK COLLATERAL*
 EXEMPT ORGANIZATION*
 CASH ON DELIVERY (COD)*

*ADDITIONAL DOCUMENTATION MAY BE REQUIRED TO OPEN THESE ACCOUNT TYPES. CONTACT YOUR INVESTMENT PROFESSIONAL FOR MORE INFORMATION.

III. ACCOUNT TITLE AND CONTACT INFORMATION

ACCOUNT TITLE: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____

PROVINCE/COUNTY/SUBDIVISION: _____ COUNTRY: _____ ZIP/POSTAL CODE: _____

TELEPHONE NUMBER: (Day) _____ (Evening) _____ E-MAIL: _____



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IV. PARTICIPANT INFORMATION

CHECK BOX IF THERE ARE MORE THAN TWO PARTICIPANTS FOR THE ACCOUNT. USE THE PARTICIPANT INFORMATION SUPPLEMENTAL SHEET (FRM NEW ACCT SUPP) TO IDENTIFY ADDITIONAL PARTICIPANTS AND THEIR RESPECTIVE ROLES IN THE ACCOUNT. **NOTE:** When using supplemental sheets you must ensure that they are attached to the end of this form.

PRIMARY ACCOUNT HOLDER

NAME: Person Entity

DATE OF BIRTH: PARTICIPANT ROLE: **NOTE:** Refer to page 1, section IV. for the appropriate participant role code.

MAILING ADDRESS: CITY: STATE:

PROVINCE/COUNTY/SUBDIVISION: COUNTRY: ZIP/POSTAL CODE:

LEGAL ADDRESS (If different from your mailing address): CITY: STATE:

PROVINCE/COUNTY/SUBDIVISION: COUNTRY: ZIP/POSTAL CODE:

TELEPHONE NUMBER: (Day) (Evening) E-MAIL:

UNEXPIRED PHOTO GOVERNMENT ID NUMBER: TYPE OF UNEXPIRED PHOTO GOVERNMENT ID:

ISSUANCE DATE: EXPIRATION DATE:

COUNTRY OF GOVERNMENT IDENTIFICATION: STATE/PROVINCE SUBDIVISION OF GOVERNMENT IDENTIFICATION:

UNEXPIRED PHOTO GOVERNMENT ID NUMBER: TYPE OF UNEXPIRED PHOTO GOVERNMENT ID:

ISSUANCE DATE: EXPIRATION DATE:

COUNTRY OF GOVERNMENT IDENTIFICATION: STATE/PROVINCE SUBDIVISION OF GOVERNMENT IDENTIFICATION:

NOTE: Unexpired Photo Government Identification should be provided for all nonresident aliens, along with an IRS Form W-8BEN.

CORPORATE/BUSINESS ID NUMBER (IF APPLICABLE): FORMATION DATE OF CORPORATION/BUSINESS:

STATE/PROVINCE OF CORPORATION/BUSINESS: COUNTRY OF CORPORATION/BUSINESS:

YEARS OF INVESTMENT EXPERIENCE:

ANNUAL INCOME: (Provide a range) \$ TO \$ **NOTE:** May be aggregated with other joint tenants. Check box if aggregated.

LIQUID NET WORTH EXCLUDING YOUR HOME: (Provide a range) \$ TO \$ **NOTE:** May be aggregated with other joint tenants. Check box if aggregated.

EMPLOYMENT STATUS: **EMPL**—Employed **SEMP**—Self-Employed **RETD**—Retired **UEMP**—Unemployed **HOME**—Homemaker **STDT**—Student

OCCUPATION: YEARS EMPLOYED: TYPE OF BUSINESS:

EMPLOYER'S NAME:

EMPLOYER'S ADDRESS: CITY: STATE:

PROVINCE/COUNTY/SUBDIVISION: COUNTRY: ZIP/POSTAL CODE:

NUMBER OF DEPENDENTS: EFFECTIVE TAX STATUS (Choose a tax bracket): **LWTB**—0-15% **MDTB**—15.1%-32% **HITB**—32.1%-50% **TPTB**—50.1%+

ARE YOU AN EMPLOYEE OF THIS BROKER-DEALER? Yes No

ARE YOU RELATED TO AN EMPLOYEE OF THIS BROKER-DEALER? Yes No

If yes, give the name of the employee and the relationship to you:

ARE YOU AN EMPLOYEE OF ANOTHER BROKER-DEALER? Yes No

If yes, give the name of the broker-dealer:

ARE YOU RELATED TO AN EMPLOYEE AT ANOTHER BROKER-DEALER? Yes No

If yes, give the name of the broker-dealer, the name of the employee, and the relationship to you:

ARE YOU MAINTAINING ANY OTHER BROKERAGE ACCOUNTS? Yes No

If yes, with what firm(s) are you maintaining other brokerage accounts?

ARE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY AFFILIATED WITH OR EMPLOYED BY A MEMBER OF A STOCK EXCHANGE OR THE NATIONAL ASSOCIATION OF SECURITIES DEALERS?

(Employer authorization is required to open this account.) Yes No

If yes, what is the affiliation?

ARE YOU A SENIOR OFFICER, DIRECTOR, OR SHAREHOLDER OF A PUBLIC COMPANY? Yes No

If yes, for what company(ies) are you a senior officer, director, or shareholder?

FOR BROKER-DEALER USE ONLY

METHOD USED TO VERIFY ID OF ACCOUNT HOLDER:

CDCR—COMPLIANCE DATA CENTER INC. REPORT RDCR—REGULATORY DATA CORPORATION INRV—INTERNAL REVIEW OTHR—OTHER IDENTIFICATION VENDOR

IDENTIFICATION VERIFICATION COMMENTS:

NEW ACCOUNT FORM

ACCOUNT NUMBER: -

SECONDARY ACCOUNT HOLDER

NAME: _____ Person Entity

DATE OF BIRTH: _____ PARTICIPANT ROLE: _____ **NOTE:** Refer to page 1, section IV. for the appropriate participant role code.

MAILING ADDRESS: _____ CITY: _____ STATE: _____

PROVINCE/COUNTY/SUBDIVISION: _____ COUNTRY: _____ ZIP/POSTAL CODE: _____

LEGAL ADDRESS (If different from your mailing address): _____ CITY: _____ STATE: _____

PROVINCE/COUNTY/SUBDIVISION: _____ COUNTRY: _____ ZIP/POSTAL CODE: _____

TELEPHONE NUMBER: (Day) _____ (Evening) _____ E-MAIL: _____

UNEXPIRED PHOTO GOVERNMENT ID NUMBER: _____ TYPE OF UNEXPIRED PHOTO GOVERNMENT ID : _____

ISSUANCE DATE: _____ EXPIRATION DATE: _____

COUNTRY OF GOVERNMENT IDENTIFICATION: _____ STATE/PROVINCE SUBDIVISION OF GOVERNMENT IDENTIFICATION: _____

UNEXPIRED PHOTO GOVERNMENT ID NUMBER: _____ TYPE OF UNEXPIRED PHOTO GOVERNMENT ID: _____

ISSUANCE DATE: _____ EXPIRATION DATE: _____

COUNTRY OF GOVERNMENT IDENTIFICATION: _____ STATE/PROVINCE SUBDIVISION OF GOVERNMENT IDENTIFICATION: _____

NOTE: Unexpired Photo Government Identification should be provided for all nonresident aliens, along with an IRS Form W-8BEN.

CORPORATE/BUSINESS ID NUMBER (IF APPLICABLE): _____ FORMATION DATE OF CORPORATION/BUSINESS: _____

STATE/PROVINCE OF CORPORATION/BUSINESS: _____ COUNTRY OF CORPORATION/BUSINESS: _____

YEARS OF INVESTMENT EXPERIENCE: _____

ANNUAL INCOME: (Provide a range) _____ \$ _____ TO \$ _____ **NOTE:** Do not answer if aggregated with other joint tenants.

LIQUID NET WORTH EXCLUDING YOUR HOME: (Provide a range) \$ _____ TO \$ _____ **NOTE:** Do not answer if aggregated with other joint tenants.

EMPLOYMENT STATUS: **EMPL**—Employed **SEMP**—Self-Employed **RETD**—Retired **UEMP**—Unemployed **HOME**—Homemaker **STDT**—Student

OCCUPATION: _____ YEARS EMPLOYED: _____ TYPE OF BUSINESS: _____

EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____ CITY: _____ STATE: _____

PROVINCE/COUNTY/SUBDIVISION: _____ COUNTRY: _____ ZIP/POSTAL CODE: _____

NUMBER OF DEPENDENTS: _____ EFFECTIVE TAX STATUS (Choose a tax bracket): **LWTB**—0-15% **MDTB**—15.1%-32% **HITB**—32.1%-50% **TPTB**—50.1%+

ARE YOU AN EMPLOYEE OF THIS BROKER-DEALER? Yes No

ARE YOU RELATED TO AN EMPLOYEE OF THIS BROKER-DEALER? Yes No

If yes, give the name of the employee and the relationship to you: _____

ARE YOU AN EMPLOYEE OF ANOTHER BROKER-DEALER? Yes No

If yes, give the name of the broker-dealer: _____

ARE YOU RELATED TO AN EMPLOYEE AT ANOTHER BROKER-DEALER? Yes No

If yes, give the name of the broker-dealer, the name of the employee, and the relationship to you: _____

ARE YOU MAINTAINING ANY OTHER BROKERAGE ACCOUNTS? Yes No

If yes, with what firm(s) are you maintaining other brokerage accounts? _____

ARE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY AFFILIATED WITH OR EMPLOYED BY A MEMBER OF A STOCK EXCHANGE OR THE NATIONAL ASSOCIATION OF SECURITIES DEALERS? (Employer authorization is required to open this account.) Yes No

If yes, what is the affiliation? _____

ARE YOU A SENIOR OFFICER, DIRECTOR, OR SHAREHOLDER OF A PUBLIC COMPANY? Yes No

If yes, for what company(ies) are you a senior officer, director, or shareholder? _____

FOR BROKER-DEALER USE ONLY

METHOD USED TO VERIFY ID OF SECONDARY ACCOUNT HOLDER:

CDCR—COMPLIANCE DATA CENTER INC. REPORT RDCR—REGULATORY DATA CORPORATION INRV—INTERNAL REVIEW OTHR—OTHER IDENTIFICATION VENDOR

IDENTIFICATION VERIFICATION COMMENTS: _____

NEW ACCOUNT FORM

ACCOUNT NUMBER: -

V. U.S. TAXPAYER INFORMATION AND CERTIFICATION

PRIMARY ACCOUNT HOLDER'S SOCIAL SECURITY NUMBER: - - or TAXPAYER IDENTIFICATION NUMBER: -

COUNTRY OF CITIZENSHIP: _____ COUNTRY OF PERMANENT RESIDENCE: _____

SECONDARY ACCOUNT HOLDER'S SOCIAL SECURITY NUMBER: - - or TAXPAYER IDENTIFICATION NUMBER: -

COUNTRY OF CITIZENSHIP: _____ COUNTRY OF PERMANENT RESIDENCE: _____

PLEASE CERTIFY YOUR SOCIAL SECURITY NUMBER OR TAXPAYER IDENTIFICATION NUMBER HERE (This section is not to be used by nonresident aliens and foreign entities)

Taxpayer Certification: Under penalties of perjury, I certify that: (1) the number shown on this form 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. person (including a U.S. resident alien).

NOTE: 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 accounts exempt from backup withholding (if you are unsure, ask us for a complete set of IRS instructions), write the word "Exempt" here: _____

If this is a joint account, the signature and Social Security Number of the primary account holder **MUST** be provided below.

SIGNATURE: _____ DATE: _____

VI. TRANSACTION PROCESSING

PROCEEDS: Remit Proceeds Hold Proceeds in the Account Hold and Sweep Proceeds

Name of Money Market Fund: _____

DIVIDENDS/INTEREST: Hold Remit (Indicate frequency/method/start date below)

Frequency: Semimonthly Monthly Bimonthly Quarterly Semiannually Annually

First Payment Date: _____

Method: Journal* (include account number): _____ First Party Check Third Party* (provide name and address) ACH**

PERIODIC PRINCIPAL DISTRIBUTION: Amount: _____

Frequency: Semimonthly Monthly Bimonthly Quarterly Semiannually Annually

First Payment Date: _____

Method: Journal* (include account number): _____ First Party Check Third Party* (provide name and address) ACH**

* REQUIRES A COMPLETED LETTER OF AUTHORIZATION

** REQUIRES A COMPLETED ACH AUTHORIZATION FORM

VII. ACCOUNT OBJECTIVES

RISK EXPOSURE: (Check one) Low Moderate Speculation High Risk

ACCOUNT INVESTMENT OBJECTIVES: (Check one) Income Long-Term Growth Short-Term Growth

VIII. ADDITIONAL INFORMATION

STATE IN WHICH THE ACCOUNT IS ESTABLISHED: _____ Will you be giving discretion over this account to another? Yes No

If yes, what is the person's name and relationship to you: _____

If an individual has given discretion to another over this account, has a power of attorney or other form been submitted? Yes No

If the account is established for a trust, corporation, estate, or other entity, has a certificate of trust, corporate resolution, letter of appointment, or other appropriate documentation establishing and delegating authority been submitted? Yes No

PLEASE PROVIDE THE NAMES AND ADDRESSES OF YOUR BANKS: _____

WHAT IS THE SOURCE OF FUNDS FOR THIS ACCOUNT? Income from Earnings Investment Proceeds Gift Sale of Business Inheritance Legal Settlement Pension/IRA/Retirement Savings Spouse/Parent Lottery/Gaming Insurance Proceeds Other

ARE YOU OR ANYONE WITH AN INTEREST IN THIS ACCOUNT EITHER:

(1) a senior military, governmental, or political official in a non-U.S. country, 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: _____

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ACCOUNT NUMBER: -

IS THIS ACCOUNT A PRIVATE BANKING ACCOUNT 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

ADDITIONAL INFORMATION:

INSTITUTIONAL DELIVERY INSTRUCTIONS (if applicable)

INSTITUTIONAL ID NUMBER: _____ AGENT BANK NUMBER: _____

DTC NUMBER: _____ INTERNAL ACCOUNT NUMBER: _____

ALERT ACRONYM: _____ ALERT ACCESS CODE: _____

FIRST DTC ID INTERESTED PARTY NUMBER: _____ FIRST DTC ID INTERESTED PARTY INTERNAL ACCOUNT NUMBER: _____

SECOND DTC ID INTERESTED PARTY NUMBER: _____ SECOND DTC ID INTERESTED PARTY INTERNAL ACCOUNT NUMBER: _____

ADDITIONAL INSTITUTIONAL DELIVERY INSTRUCTIONS: _____ ABA ROUTING NUMBER: _____

IX. INTERESTED PARTIES

FIRST INTERESTED PARTY

ACCOUNT NAME: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____

PROVINCE/COUNTY/SUBDIVISION: _____ COUNTRY: _____ ZIP/POSTAL CODE: _____

TELEPHONE NUMBER: (Day) _____ (Evening) _____ E-MAIL: _____

TYPE OF NOTIFICATION: Statement Confirmation

SECOND INTERESTED PARTY

ACCOUNT NAME: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____

PROVINCE/COUNTY/SUBDIVISION: _____ COUNTRY: _____ ZIP/POSTAL CODE: _____

TELEPHONE NUMBER: (Day) _____ (Evening) _____ E-MAIL: _____

TYPE OF NOTIFICATION: Statement Confirmation

X. SIGNATURES

Please review your information, read the Agreement on page 6, and sign below. Keep a copy for your records.

I AGREE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, WHICH IS LOCATED IN PARAGRAPHS 13 AND 14 ON PAGE 6 IN THIS AGREEMENT.

PRIMARY ACCOUNT HOLDER'S SIGNATURE: _____ DATE: _____

SECONDARY ACCOUNT HOLDER'S SIGNATURE: _____ DATE: _____

XI. FOR BROKER-DEALER USE ONLY

ACCEPTED: INVESTMENT PROFESSIONAL IS REGISTERED IN THE STATE OF CLIENT'S RESIDENCE

INVESTMENT PROFESSIONAL: (PRINT NAME) _____

SIGNATURE: _____ DATE: _____

PRINCIPAL: (PRINT NAME) _____

SIGNATURE: _____ DATE: _____

NEW ACCOUNT AGREEMENT**1. PROVISIONS IN THE EVENT OF FAILURE TO PAY OR DELIVER**

Whenever the undersigned does not, on or before the settlement date, pay in full for any security purchased for the account of the undersigned, 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 the undersigned (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 the undersigned (either individually or jointly with others), to buy in any or all securities required to make delivery for the account of the undersigned, or to cancel any or all outstanding orders or commitments for account of the undersigned.

2. CANCELLATION PROVISIONS

You are authorized, in your discretion, should the undersigned 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 the accounts of the undersigned, in whole or in part, or to close out any the commitment made on behalf of the undersigned.

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, and you may purchase the whole or any part of such securities free from any right of redemption, and the undersigned 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. The undersigned shall include any person executing this agreement.

4. SUCCESSORS

This agreement and its provisions shall be continuous, and shall inure to the benefit of your present organization, and any successor organization or assigns, and shall be binding upon the undersigned and/or the estate, executors, administrators, and assigns of the undersigned.

5. AGE

The undersigned, if an individual, represents that he or she is of full age.

6. INTEREST IN ACCOUNT

No one except the undersigned has an interest in any of its accounts with you unless such interest is revealed in the title of such account, and in any case, the undersigned has the interest indicated in such title.

7. ORDERS AND STATEMENTS

Reports of the execution of orders and statements of the account of the undersigned 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 the undersigned 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

The undersigned agrees to the fees and charges on the fee schedule received by the undersigned. 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 the undersigned at the current address of the undersigned which is on file at your office, or at such other address as the undersigned may hereafter give you in writing. All communications so sent, whether by mail, telegraph, messenger, or otherwise, shall be deemed given to the undersigned personally, whether actually received or not.

12. RECORDING CONVERSATIONS

The undersigned understands and agrees that for our mutual protection you may electronically record any of 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.
- THE PANEL OF ARBITRATORS WILL TYPICALLY INCLUDE A MINORITY OF ARBITRATORS WHO WERE OR ARE AFFILIATED WITH THE SECURITIES INDUSTRY.
- THE RULES OF SOME ARBITRATION FORUMS MAY IMPOSE TIME LIMITS FOR BRINGING A CLAIM IN ARBITRATION. IN SOME CASES, A CLAIM THAT IS INELIGIBLE FOR ARBITRATION MAY BE BROUGHT IN COURT.
- THE RULES OF THE ARBITRATION FORUM IN WHICH THE CLAIM IS FILED, AND ANY AMENDMENTS THERETO, SHALL BE INCORPORATED INTO THIS AGREEMENT.

14. ARBITRATION AGREEMENT

ANY CONTROVERSY BETWEEN YOU AND US SHALL BE SUBMITTED TO ARBITRATION BEFORE THE NEW YORK STOCK EXCHANGE, INC., ANY OTHER NATIONAL SECURITIES EXCHANGE ON WHICH A TRANSACTION GIVING RISE TO THE CLAIM TOOK PLACE (AND ONLY BEFORE SUCH EXCHANGE), OR THE NATIONAL ASSOCIATION OF SECURITIES DEALERS, INC.

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.

ACCOUNT NUMBER: —

ADDITIONAL PARTICIPANT

NAME: Person Entity

DATE OF BIRTH: PARTICIPANT ROLE: **NOTE:** Refer to page 1, section IV. for the appropriate participant role code.

MAILING ADDRESS: CITY: STATE:

PROVINCE/COUNTY/SUBDIVISION: COUNTRY: ZIP/POSTAL CODE:

LEGAL ADDRESS (If different from your mailing address): CITY: STATE:

PROVINCE/COUNTY/SUBDIVISION: COUNTRY: ZIP/POSTAL CODE:

TELEPHONE NUMBER: (Day) (Evening) E-MAIL:

UNEXPIRED PHOTO GOVERNMENT ID NUMBER: TYPE OF UNEXPIRED PHOTO GOVERNMENT ID :

ISSUANCE DATE: EXPIRATION DATE:

COUNTRY OF GOVERNMENT IDENTIFICATION: STATE/PROVINCE SUBDIVISION OF GOVERNMENT IDENTIFICATION:

UNEXPIRED PHOTO GOVERNMENT ID NUMBER: TYPE OF UNEXPIRED PHOTO GOVERNMENT ID:

ISSUANCE DATE: EXPIRATION DATE:

COUNTRY OF GOVERNMENT IDENTIFICATION: STATE/PROVINCE SUBDIVISION OF GOVERNMENT IDENTIFICATION:

NOTE: Unexpired Photo Government Identification should be provided for all nonresident aliens, along with an IRS Form W-8BEN.

CORPORATE/BUSINESS ID NUMBER (IF APPLICABLE): FORMATION DATE OF CORPORATION/BUSINESS:

STATE/PROVINCE OF CORPORATION/BUSINESS: COUNTRY OF CORPORATION/BUSINESS:

YEARS OF INVESTMENT EXPERIENCE:

ANNUAL INCOME: (Provide a range) \$ TO \$ **NOTE:** Do not answer if aggregated with other joint tenants.

LIQUID NET WORTH EXCLUDING YOUR HOME: (Provide a range) \$ TO \$ **NOTE:** Do not answer if aggregated with other joint tenants.

EMPLOYMENT STATUS: **EMPL**—Employed **SEMP**—Self-Employed **RETD**—Retired **UEMP**—Unemployed **HOME**—Homemaker **STDT**—Student

OCCUPATION: YEARS EMPLOYED: TYPE OF BUSINESS:

EMPLOYER'S NAME:

EMPLOYER'S ADDRESS: CITY: STATE:

PROVINCE/COUNTY/SUBDIVISION: COUNTRY: ZIP/POSTAL CODE:

NUMBER OF DEPENDENTS: EFFECTIVE TAX STATUS (Choose a tax bracket): **LWTB**—0-15% **MDTB**—15.1%-32% **HITB**—32.1%-50% **TPTB**—50.1%+

ARE YOU AN EMPLOYEE OF THIS BROKER-DEALER? Yes No

ARE YOU RELATED TO AN EMPLOYEE OF THIS BROKER-DEALER? Yes No

If yes, give the name of the employee and the relationship to you:

ARE YOU AN EMPLOYEE OF ANOTHER BROKER-DEALER? Yes No

If yes, give the name of the broker-dealer:

ARE YOU RELATED TO AN EMPLOYEE AT ANOTHER BROKER-DEALER? Yes No

If yes, give the name of the broker-dealer, the name of the employee, and the relationship to you:

ARE YOU MAINTAINING ANY OTHER BROKERAGE ACCOUNTS? Yes No

If yes, with what firm(s) are you maintaining other brokerage accounts?

ARE YOU OR ANY MEMBER OF YOUR IMMEDIATE FAMILY AFFILIATED WITH OR EMPLOYED BY A MEMBER OF A STOCK EXCHANGE OR THE NATIONAL ASSOCIATION OF SECURITIES DEALERS?

(Employer authorization is required to open this account.) Yes No

If yes, what is the affiliation?

ARE YOU A SENIOR OFFICER, DIRECTOR, OR SHAREHOLDER OF A PUBLIC COMPANY? Yes No

If yes, for what company(ies) are you a senior officer, director, or shareholder?

SOCIAL SECURITY NUMBER: or TAXPAYER IDENTIFICATION NUMBER:

— — —

COUNTRY OF CITIZENSHIP: COUNTRY OF PERMANENT RESIDENCE:

SIGNATURE (Required only if additional participant is a joint tenant)

Please review your information, read the Agreement on page 6, and sign below. Keep a copy for your records.
I AGREE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, WHICH IS LOCATED IN PARAGRAPHS 13 AND 14 ON PAGE 6 IN THIS AGREEMENT.

JOINT TENANTS SIGNATURE: DATE:

FOR BROKER-DEALER USE ONLY METHOD USED TO VERIFY ID OF ADDITIONAL PARTICIPANT:

CDCR—COMPLIANCE DATA CENTER INC. REPORT RDCR—REGULATORY DATA CORPORATION INRV—INTERNAL REVIEW OTHR—OTHER IDENTIFICATION VENDOR

IDENTIFICATION VERIFICATION COMMENTS: _____