

Full Name of Account

I hereby authorize Clearing Firm to (i) execute trades and process transactions in the Account as directed by Advisor; (ii) remit checks, wire funds, and to otherwise make disbursements of funds held in the Account to (1) banks, broker-dealers, investment companies, or other financial institutions to an account of identical registration, or (2) you at your address of record at Advisor’s instruction; (iii) provide Advisor with issuer-related communications, including those that require a voting decision or other action, and to perform all actions relating to those communications, including the voting of shares and proxy material, and (iv) pay investment advisory and other fees from the Account at, and in the amount of, Advisor’s instruction, without inquiry or investigation, in accordance with the terms of the Customer Account Agreement and Advisor Authorization.

ACCOUNT INFORMATION	
BRANCH:	
NAME OF REGISTERED INVESTMENT ADVISOR:	
SSN / TIN # OF PRIMARY ACCOUNT HOLDER:	
SSN / TIN # OF JOINT APPLICANT ACCOUNT HOLDER:	

Primary Account Holder

Joint Applicant Account Holder

Print Name of Primary Authorized Signer

Print Name of Joint Applicant Authorized Signer

Signature of Primary Authorized Signer

Date

Signature of Joint Applicant Authorized Signer

Date