

# Open an Account

BNY MELLON, N.A.

## ACCOUNT APPLICATION AND AGREEMENT

Welcome to BNY Mellon, N.A.. To open and fund your new investment account(s), please provide all the information requested. Be sure to initial any corrections, cross-outs and white-outs. Any corrections to the Tax ID or SSN will require the submission of a new W9.

**Please include a Funds Transfer Agreement when submitting this form.**

### STEP 1. ACCOUNT DETAILS

Account Title (name of this account)		Account Number
Client Name		Investment Advisor Firm Name
Account Description (will appear on statements):	Short Name	Investment Professional Number
<input type="checkbox"/> Principal & Income Accounting (Default of: Principal will be used if no selection is made)		

TYPE OF ACCOUNT	ADDITIONAL REQUIRED PAPERWORK
<input type="checkbox"/> Individual	
<input type="checkbox"/> Individual Transfer on Death	Transfer on Death Agreement
<input type="checkbox"/> Joint Tenant	See Joint Accounts section
<input type="checkbox"/> Joint Transfer on Death	Transfer on Death Agreement
Custodial: <input type="checkbox"/> UGMA (only available in SC, VT, Virgin Islands, and Guam) <input type="checkbox"/> UTMA	See Custodial Accounts section
Trust: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable Additional Distinction: <input type="checkbox"/> Charitable <input type="checkbox"/> QTIP or QDOT Trust <input type="checkbox"/> Defective Trust <input type="checkbox"/> Qualified Domestic Trust <input type="checkbox"/> Generation Skipping Trust <input type="checkbox"/> Special Needs Trust <input type="checkbox"/> Insurance Trust <input type="checkbox"/> Statutory Trust <input type="checkbox"/> Living <input type="checkbox"/> Testamentary	Trustee Certification of Investment Powers, Entity KYC Form
<input type="checkbox"/> Sole Proprietor	Entity KYC Form, Certificate of Sole Proprietorship
Corporation: <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Foreign Corp	Entity Certification of Powers, Articles of Incorporation, Entity KYC Form. Ensure the exempt payee code is entered in W9 Certification section for C Corp tax classification.
LLC: <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Disregarded Entity (Name of Regarded/Owner*)	See New Accounts Requirement document, Entity KYC Form. Ensure the exempt payee code is entered in W9 Certification section for C Corp tax classification.
<input type="checkbox"/> Individual Single Member LLC (Name of Regarded/Owner*)	See New Accounts Requirement document, Entity KYC Form
<input type="checkbox"/> Non-Profit Organization	Formation documents/charter, Entity Certification of Powers, proof of 501(c)(3) status, Entity KYC Form and other entity documents that may be required. Ensure the exempt payee code is entered in W9 Certification section.
<input type="checkbox"/> Partnership	Partnership Certification of Powers, Certificate of Limited Partnership, Entity KYC Form. For pooled investment vehicles, a prospectus or offering memorandum and AML Attestation Letter is required.



# Open an Account

BNY MELLON, N.A.

Account Number

TYPE OF ACCOUNT	ADDITIONAL REQUIRED PAPERWORK
<input type="checkbox"/> Estate: Person/entity appointed to act on behalf of the account: <input type="checkbox"/> Administrator <input type="checkbox"/> Personal Representative <input type="checkbox"/> Executor/Executrix Number appointed to act on account _____	Certified Copy of Death Certificate, Notarized Affidavit of Domicile, Letters Testamentary or Court Appointment (dated within 60 days), Entity KYC Form, other documents may be required
BNY Mellon, N.A. IRA <input type="checkbox"/> Inherited <input type="checkbox"/> Traditional <input type="checkbox"/> Rollover <input type="checkbox"/> Roth <input type="checkbox"/> SEP	
<input type="checkbox"/> Third Party Employee Benefit Plan Account	Adoption Agreement and Plan Documents, see New Accounts Requirement document Trustee Certification of Investment Powers, Entity KYC Form, Third Party Plan Documents
<input type="checkbox"/> Other _____	See New Accounts Requirement document

## Average Monthly Cash Movements - Expected monthly transactions: incoming, outgoing, domestic and international

Directions: Please check a box in each column to represent the approximate number of wires, ACH and checks as well as the average transaction value expected to be deposited or withdrawn from this Bank Custody Account.

Wires (check 1 box in each column below)		ACH (check 1 box in each column below)		Checks (check 1 box in each column below)	
Approximate Number of Transactions	Average Value of Transactions	Approximate Number of Transactions	Average Value of Transactions	Approximate Number of Transactions	Average Value of Transactions
<input type="checkbox"/> 0-5	<input type="checkbox"/> \$0-\$4,999	<input type="checkbox"/> 0-5	<input type="checkbox"/> \$0-\$4,999	<input type="checkbox"/> 0-5	<input type="checkbox"/> \$0-\$4,999
<input type="checkbox"/> 6-10	<input type="checkbox"/> \$5000-\$9,999	<input type="checkbox"/> 6-10	<input type="checkbox"/> \$5000-\$9,999	<input type="checkbox"/> 6-10	<input type="checkbox"/> \$5000-\$9,999
<input type="checkbox"/> 11-15	<input type="checkbox"/> \$10,000-\$49,999	<input type="checkbox"/> 11-15	<input type="checkbox"/> \$10,000-\$49,999	<input type="checkbox"/> 11-15	<input type="checkbox"/> \$10,000-\$49,999
<input type="checkbox"/> 16-20	<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> 16-20	<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> 16-20	<input type="checkbox"/> \$50,000-\$99,999
<input type="checkbox"/> 21-25	<input type="checkbox"/> \$100,000-\$249,999	<input type="checkbox"/> 21-25	<input type="checkbox"/> \$100,000-\$249,999	<input type="checkbox"/> 21-25	<input type="checkbox"/> \$100,000-\$249,999
<input type="checkbox"/> 26-50	<input type="checkbox"/> \$250,000-\$1,000,000	<input type="checkbox"/> 26-50	<input type="checkbox"/> \$250,000-\$1,000,000	<input type="checkbox"/> 26-50	<input type="checkbox"/> \$250,000-\$1,000,000
<input type="checkbox"/> 51-100	<input type="checkbox"/> Over \$1,000,000	<input type="checkbox"/> 51-100	<input type="checkbox"/> Over \$1,000,000	<input type="checkbox"/> 51-100	<input type="checkbox"/> Over \$1,000,000

### For Joint Accounts Only

Are the account holders married to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Tenants	Tenancy State
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)		

See the Joint Accounts Section of the Terms and Conditions that govern your account for more information about joint accounts.

### For Custodial Accounts Only

State in Which Gift was Given	Date Gift Was Given	Age Designated to Terminate
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		

### FOR ADVISOR USE ONLY:

Fee Schedule Code (if different from default setting for your office)	_____
Account Mnemonic	Use PRX##DIR to direct proxies to the address of record.

**STEP 2. PRIMARY ACCOUNT HOLDER INFORMATION**

To help the government fight the funding of terrorism and money laundering activities, federal laws require that all financial organizations obtain, verify and record information that identifies each person who opens an account. What this means for you: 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 require a copy of your driver's license or other government-issued identifying document. Complete this step for only the primary registration type (Individual or Entity). Include either the Social Security Number or the Employer Identification Number. If completed incorrectly, a new W9 will be required.

For Trusts, if the Tax ID is the SSN of the Grantor, please list Grantor's name on line 1, Trust name on line 2 and Tax ID on the SSN/EIN box. If the trust has an EIN, please only list the name of the Trust and provide the Tax ID in the EIN box.

If Disregarded Entity, Including Single Member LLC, enter information for Regarded Entity/Person in this section and information for Disregarded Entity in the Secondary Account Holder Information section.

Name		
Entity Name (if applicable)		Date of Birth
Social Security Number/Employer Identification Number (EIN)	<input type="checkbox"/> Person <input type="checkbox"/> Entity	
Email		
Home Phone	Business Phone	Mobile Phone
<b>Legal Address</b> (no P.O. box)		
City	State/Province	Zip/Postal Code
Country		
<b>Mailing Address</b> (if different from legal address)		
City	State/Province	Zip/Postal code
Country		
<b>Previous Physical Address</b> (if current address less than two years old)		
City	State/Province	Zip/Postal code
Country		

**Citizenship/Country of Incorporation**

Proof of address is required for each non-U.S. person and/or U.S. citizens living abroad. Examples include: driver's license, utility bill dated within six months, or property tax bill.

Please check only one: ☐ U.S.   ☐ U.S. Resident Alien   ☐ Non-Resident Alien (please provide a valid government ID and a Form W-8)

Primary Citizenship/Country of Incorporation	Additional Citizenship
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**Employment Status and Industry Affiliations**

If Employed/ Self-Employed is indicated, please complete all employment fields.

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

Occupation	Years Employed	
Employer Name		
Employer's Address		
City	State/Province	Zip/Postal Code
Country		
Nature of Business (see Nature of Business Table)		

**Occupational Category (select one):**

If Founder/Owner is selected, complete the Business Ownership section.

☐ Founder/Owner    ☐ Member/Partner    ☐ CEO/CFO/COO    ☐ Not a Principal/Control Person

☐ Check if you, or an immediate family member, are/is a director, 10% shareholder, policy-making officer or controlling person of a publicly traded company.

If checked, please provide company(ies) and symbol(s)

**Nature of Business Table**

Use this table as a reference to complete the Nature of Business questions throughout this form.

Include any applicable sub types as listed

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>▪ ARMS/WEAPONS DEALER<br/>(including ammunition, hunting)</li> <li>▪ ART/ANTIQUE DEALER<br/>(large ticket, high end)</li> <li>▪ BANK OR TRUST COMPANY</li> <li>▪ CAMBISTA, CASA DE CAMBIO, GIRO</li> <li>▪ CANNABIS/MARIJUANA</li> <li>▪ CAR, BOAT, AIRPLANE DEALER</li> <li>▪ CASH INTENSIVE BUSINESS<br/>(e.g., restaurant, liquor store, convenience store, retail store, parking garage, private ATM, vending, cigarette distributor)</li> <li>▪ CASINO, GAMING ENTITY</li> <li>▪ CENTRAL BANK</li> <li>▪ CURRENCY DEALER</li> <li>▪ EMBASSY, CONSULATE, OR FOREIGN MINISTRY</li> <li>▪ NON-BANK FINANCIAL INSTITUTION:<br/>Broker/Dealer<br/>Commodity Trader<br/>Deposit Broker<br/>Hedge Fund (or other pooled fund)<br/>Insurance Company/Underwriter<br/>Investment Advisor<br/>Loan or Finance Company<br/>Mutual Fund<br/>Pawnbroker<br/>Precious Metal/Stone/Jewels Dealer<br/>Private Equity Fund<br/>Securities/Commodities</li> </ul> | <ul style="list-style-type: none"> <li>▪ GOVERNMENT/MUNICIPALITY/<br/>TRIBAL GOVERNMENT<br/>(including business owned/controlled by)</li> <li>▪ IMPORT/EXPORT BUSINESS<br/>(a) with warehouse (b) without warehouse</li> <li>▪ INTERNET BASED BUSINESS<br/>(primarily internet-based business)</li> <li>▪ LEATHER GOODS STORE</li> <li>▪ LEGAL SERVICES</li> <li>▪ MANUFACTURING/DISTRIBUTION</li> <li>▪ MONEY SERVICES BUSINESS</li> <li>▪ NONPROFIT ORGANIZATION<br/>(e.g., charity, endowment, foundation, religious, NGOs, or other)</li> <li>▪ OTHER (If OTHER, please describe in applicable section(s) of form)</li> <li>▪ OWNER/EXECUTIVE OF CASINO OR MONEY SERVICES BUSINESS</li> <li>▪ PROFESSIONAL SERVICE PROVIDER WITH INTERMEDIARY ACCOUNT<br/>(e.g. attorney trust account, real estate escrow account)</li> <li>▪ THIRD PARTY PAYMENT/ACH PROVIDER</li> </ul> |
|---|--|

**Individual Source of Wealth (please select all that apply):**

Source of wealth refers to the origin of the entire body of wealth of client.

For all entity accounts, provide the source of wealth on the Entity KYC form.

If additional previous employment needs to be listed, provide additional copies of this page.

- ☐ **Compensation** (If selected, employment information is needed. If less than ten years at current employer, provide employment information for previous employers for the past ten years).

Previous Employer Name	Years Employed	Title	
Previous Employer's Address			
City	State/Province	Zip/Postal Code	Country

Previous Employer Name	Years Employed	Title	
Previous Employer's Address			
City	State/Province	Zip/Postal Code	Country

- ☐ **Inheritance**

Name of Person Who Gifted	Relationship to Client
Creator of Wealth (if different from above)	Date of Inheritance
Original Amount of Inheritance	Approximate Annual Income Derived from Inheritance
Nature of Business (see Nature of Business Table) Which Generated the Original Wealth (include country and other details)	

- ☐ **Security Investments**

Approximate Value of Portfolio	Income Derived from Portfolio
Nature of Business (see Nature of Business Table) Which Generated the Original Wealth (include country and other details)	

- ☐ **Private Investments (private equity, hedge funds, and other alternative investments)**

Approximate Value of Portfolio	Income Derived from Portfolio
Nature of Business (see Nature of Business Table) Which Generated the Original Wealth (include country and other details)	

☐ **Business Ownership**

Name of Business			
Address			
City	State/Province	Zip/Postal Code	
Country			
Position Held		Nature of Business (see Nature of Business Table)	
Date of Ownership		Date of Sale (if applicable)	
Percent Ownership	Approx. Annual Sales	Approx. Number of Employees	Approx. Current Valuation of the Business

☐ **Gift**

Name of Person Who Gifted		Relationship to Client
Creator of Wealth		
Original Value of Gift	Approximate Annual Income Derived From Gift	Date of Gift
Nature of Business (see Nature of Business Table) Which Generated the Original Wealth (include country and other details)		

☐ **Real Estate**

Country (or Countries) in Which Real Estate is Located:	
Nature of Real Estate Investment	
<input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Real Estate Fund <input type="checkbox"/> Residential <input type="checkbox"/> Retail	
Nature of Real Estate Income	
<input type="checkbox"/> Employee <input type="checkbox"/> Owner <input type="checkbox"/> Passive Investment <input type="checkbox"/> Rental <input type="checkbox"/> Sale	

☐ **Dependent Source of Wealth**

Name of Person	Relationship to Client
Provide Details on Source of Wealth (include country, Nature of Business [see Nature of Business Table])	
Other	

☐ **Other**

Please Explain

**Financial Profile - Required for Non-U.S. Individual**

Estimated Net Worth (nearest ½ million in USD)

**Estimated Current Income (annual):**

- ☐ Up to \$100,000
 ☐ Over \$1MM to \$2.5MM  
☐ Over \$100,000 to \$250,000
 ☐ Over \$2.5MM to \$5MM  
☐ Over \$250,000 to \$500,000
 ☐ Over \$5 MM: specify \_\_\_\_\_  
☐ Over \$500,000 to \$1MM

**STEP 3. SECONDARY ACCOUNT HOLDER INFORMATION**

Secondary Account Holders include custodians, conservators, guardians, disregarded entities or power of attorneys. UGMA/UTMA account: minor is the Primary Account Holder; custodian is the Secondary Account Holder. Proof of Address is required for each non-U.S. person and U.S. citizens living abroad. Examples include: driver's license, utility bill dated within six months, or property tax bill.

Name		
Entity Name (if applicable)		Date of Birth
Social Security Number/Employer Identification Number (EIN)		<input type="checkbox"/> Person <input type="checkbox"/> Entity
Email		
Home Phone	Business Phone	Mobile Phone
<b>Legal Address</b> (no P.O. box)		
City	State/Province	Zip/Postal Code
Country		
<b>Mailing Address</b> (if different from legal address)		
City	State/Province	Zip/Postal code
Country		
<b>Previous Physical Address</b> (if current address less than two years old)		
City	State/Province	Zip/Postal code
Country		

**Citizenship**

Proof of address is required for each non-U.S. person and/or U.S. citizens living abroad. Examples include: driver's license, utility bill dated within six months, or property tax bill.

Please check only one: ☐ U.S. ☐ U.S. Resident Alien ☐ Non-Resident Alien (please provide a valid government ID and a Form W-8)

Primary Citizenship	Additional Citizenship
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**Employment Status and Industry Affiliations**

If employed/ self-employed is indicated, please complete all employment fields.

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

Occupation	Years Employed	
Employer Name		
Employer's Address		
City	State/Province	Zip/Postal Code
Country		
Nature of Business (see Nature of Business Table)		

**Occupational Category (select one):**

If Founder/Owner is selected, complete the Business Ownership section.

☐ Founder/Owner    ☐ Member/Partner    ☐ CEO/CFO/COO    ☐ Not a Principal/Control Person

☐ Check if you, or an immediate family member, are/is a director, 10% shareholder, policy-making officer or controlling person of a publicly traded company.

If checked, please provide company(ies) and symbol(s)

**Individual Source of Wealth (please select all that apply):**

Source of wealth refers to the origin of the entire body of wealth of client.

For all entity accounts, provide the source of wealth on the Entity KYC form.

If additional previous employment needs to be listed, provide additional copies of this page.

☐ **Compensation** (If selected, employment information is needed. If less than ten years at current employer, provide employment information for previous employers for the past ten years).

Previous Employer Name	Years Employed	Title	
Previous Employer's Address			
City	State/Province	Zip/Postal Code	Country

Previous Employer Name	Years Employed	Title	
Previous Employer's Address			
City	State/Province	Zip/Postal Code	Country

☐ **Inheritance**

Name of Person Who Gifted	Relationship to Client
Creator of Wealth (if different from above)	Date of Inheritance
Original Amount of Inheritance	Approximate Annual Income Derived from Inheritance
Nature of Business (see Nature of Business Table) Which Generated the Original Wealth (include country and other details)	



☐ **Security Investments**

Approximate Value of Portfolio	Income Derived from Portfolio
Nature of Business (see Nature of Business Table) Which Generated the Original Wealth (include country and other details)	

☐ **Private Investments (private equity, hedge funds, and other alternative investments)**

Approximate Value of Portfolio	Income Derived from Portfolio
Nature of Business (see Nature of Business Table) Which Generated the Original Wealth (include country and other details)	

☐ **Business Ownership**

Name of Business			
Address			
City	State/Province	Zip/Postal Code	
Country			
Position Held		Nature of Business (see Nature of Business Table)	
Date of Ownership		Date of Sale (if applicable)	
Percent Ownership	Approx. Annual Sales	Approx. Number of Employees	Approximate Current Valuation of the Business

☐ **Gift**

Name of Person Who Gifted		Relationship to Client
Creator of Wealth		
Original Value of Gift	Approximate Annual Income Derived From Gift	Date of Gift
Nature of Business (see Nature of Business Table) Which Generated the Original Wealth (include country and other details)		

☐ **Real Estate**

Country (or Countries) in Which Real Estate is Located:	
Nature of Real Estate Investment <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Real Estate Fund <input type="checkbox"/> Residential <input type="checkbox"/> Retail	
Nature of Real Estate Income <input type="checkbox"/> Employee <input type="checkbox"/> Owner <input type="checkbox"/> Passive Investment <input type="checkbox"/> Rental <input type="checkbox"/> Sale	

☐ **Dependent Source of Wealth**

Name of Person	Relationship to Client
Provide Details on Source of Wealth (Include country, Nature of Business [see Nature of Business Table])	
Other	

☐ **Other**

Please Explain

**Financial Profile - Required for Non-U.S. Individual**

Estimated Net Worth (nearest ½ million in USD)

**Estimated Current Income (annual):**☐ Up to \$100,000☐ Over \$1MM to \$2.5MM☐ Over \$100,000 to \$250,000☐ Over \$2.5MM to \$5MM☐ Over \$250,000 to \$500,000☐ Over \$5 MM: specify \_\_\_\_\_☐ Over \$500,000 to \$1MM**STEP 4. TRUSTED CONTACT**

Trusted Contact (optional): person 18 years of age or older, other than your Advisor, whom BNY Mellon may contact about the account. The type of information that may be shared with a trusted contact may be found in Section IV, paragraph A of the Terms and Conditions document that accompanies this Agreement.

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

**STEP 5. ADDITIONAL ACCOUNT INFORMATION****Disclosures Required Under the USA PATRIOT ACT**

- 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)? ☐ Yes ☐ No
- 2) Is this account a private banking account as defined under the USA PATRIOT Act? ☐ Yes ☐ No
- 3) Is this an account for a Foreign Bank as defined under the USA PATRIOT Act? ☐ Yes ☐ No
- a) If yes, is the bank a Central Bank? ☐ Yes\* ☐ No
- b) If yes, is this a Foreign Bank operating under an Offshore Banking License? ☐ Yes ☐ No
- c) If yes, is this a Foreign Bank operating under a banking license issued by a Non-Cooperative Country or Territory? ☐ Yes ☐ No
- d) If yes, is this a Foreign Bank operating under a banking license issued by a jurisdiction subject to Section 311 measures? ☐ Yes ☐ No

If the answer to questions b, c, or d above is yes, how many people or entities own 10% or more of the Bank (if its shares are not publicly traded?)\*\*

\*\*If number is greater than zero, a Foreign Bank Beneficial Ownership form must accompany this request.

- 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? ☐ Yes\*\*\* ☐ No

If yes, identify the name of the official, office held and country

\*If yes, your Investment Advisor must submit additional certification of ownership and disclosure information.

\*\*\*If yes, your Investment Advisor must submit an Identification Questionnaire for Politically Exposed Persons with this request.

**STEP 6. ACCOUNT FUNDING AND FEATURES**

Source of funds refers to the origin of the particular funds or assets which are being deposited into the account.

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"/> Rental Income        | <input type="checkbox"/> Rollover            | <input type="checkbox"/> Sale of Business               | <input type="checkbox"/> Sales of Real Estate |
| <input type="checkbox"/> Spouse/Parent        | <input type="checkbox"/> Other _____         |   |   |

Estimated Account Balance (required)

**Cash Balances**

For important information about a fund, please read the fund prospectus.

**How would you like to handle proceeds?**

- ☐ Remit ☐ Hold

If you opt to hold proceeds and wish to utilize the sweep feature, uninvested cash balances in your account will be automatically invested into the sweep product selected by your Investment Advisor. Any debits in your account will also be covered automatically by redemptions, to the extent you have a balance in the sweep product sufficient to cover the debit balance.

If your Investment Advisor does not select a money fund or bank sweep product, your uninvested cash balance will be invested in the Dreyfus Insured Deposit Program. If you do not wish to receive interest on your free credit balances, contact your Investment Advisor.

Further information on the sweep program can be found in the Terms and Conditions governing this Agreement.

**STEP 7. TAX PACKAGE PREFERENCE**

If you require an optional tax document for this account, please select the applicable document from the options below (fees may apply):

- ☐ 990 – Return of Organization Exempt from Income Tax
- ☐ 990PF – Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation
- ☐ 1041 – U.S. Income Tax Return for Estates and Trusts  
(Provide at least one beneficiary on the Trustee Certification of Investment Powers, as well a copy of the controlling document — trust, will, guardianship, conservator, bankruptcy, etc. — and prior 3 years' tax returns.) Trust Tax ID must be in EIN format to add 1041 tax reporting.
- ☐ 1099NF – 1099 formatted statement not filed with IRS
- ☐ 5227 – Split-Interest Trust Information Return

**STEP 8. STATEMENT PREFERENCES****Statement Frequency**

- ☐ Quarterly ☐ Monthly (default if no choice is made)

**Statement Tranche**

- ☐ Second business day after month/quarter end (default if no choice is made)
- ☐ Fifth business day after month/quarter end
- ☐ Tenth business day after month/quarter end
- ☐ Fifteenth business day after month/quarter end

**STEP 9. PRIMARY MAIL RECIPIENT NAME FOR ACCOUNT COMMUNICATIONS**

**Applicable to trust, custodian for minor, guardianship, or conservatorship accounts only.**

For the above account types, you can choose to remove account registration/beneficial owner information from your mailings (i.e. statements, letters, etc.) for enhanced privacy. Mail must be sent to an eligible holder/control person on the account (indicate below). The address itself will remain unchanged. Note: tax documents are not impacted.

Account trustee/custodian/guardian/conservator name:

**STEP 10. GLOBAL AND AMERICAN DEPOSITORY RECEIPT ("ADR") TRADING CAPABILITIES**

☐ Check this box if account will require global trading capabilities.

Certain ADRs eligible for foreign tax reclaims require the completion of the Tax Service Questionnaire and Power of Attorney for Foreign Tax Reclamation forms. Additional market-specific documentation may be required. Contact your Service Team for more information.

**STEP 11. TAX LOT DISPOSITION METHODS**

**Please choose your default disposition method** for mutual funds, all other securities, and stocks in Pershing's Dividend Reinvestment Plans. If you do not choose a default disposition method, the federally mandated default method—first-in first-out ("FIFO")—will be used.

**DISPOSITION METHODS FOR MUTUAL FUNDS**

- ☐ Average Cost (using FIFO)
- ☐ First In, First Out (FIFO)
- ☐ High Cost
- ☐ High Cost Long-Term
- ☐ High Cost Short-Term
- ☐ Last In, First Out (LIFO)
- ☐ Low Cost
- ☐ Low Cost Long-Term
- ☐ Low Cost Short-Term
- ☐ Minimize Short-Term Gains

**DISPOSITION METHODS FOR ALL OTHER SECURITIES**

- ☐ First In, First Out (FIFO)
- ☐ High Cost
- ☐ High Cost Long-Term
- ☐ High Cost Short-Term
- ☐ Last In, First Out (LIFO)
- ☐ Low Cost
- ☐ Low Cost Long-Term
- ☐ Low Cost Short-Term
- ☐ Minimize Short-Term Gains

**DISPOSITION METHODS FOR STOCKS IN PERSHING'S DIVIDEND REINVESTMENT PLAN**

- ☐ Average Cost (using FIFO)
- ☐ First In, First Out (FIFO)
- ☐ High Cost
- ☐ High Cost Long-Term
- ☐ High Cost Short-Term
- ☐ Last In, First Out (LIFO)
- ☐ Low Cost
- ☐ Low Cost Long-Term
- ☐ Low Cost Short-Term Gains
- ☐ Minimize Short-Term Gains

Your Investment Advisor may choose to change the default tax lot methodology.

**STEP 12. BOND ELECTIONS**

If you do not choose bond elections, the noted IRS defaults will be selected.

**Election 1 – Bond Premium Amortization (tax free bonds must be amortized)**

- ☐ **Yes/IRS Default:** Amortize.
- ☐ **No/Alternative:** Do not amortize.

**Election 2 – Market Discount Accrual Method**

- ☐ **Ratable/Alternative**
- ☐ **Constant Yield/IRS Default**

**Election 3 – Include Market Discount as Income**

- ☐ **No/IRS Default:** Don't include market discount as income.
- ☐ **Yes/Alternative:** Include market discount in income.

**STEP 13. ELECTRONIC DELIVERY OF ACCOUNT COMMUNICATIONS**

For your convenience, Account Communications (as defined in the Terms and Conditions that accompany this Agreement) will be delivered to you electronically. You will be notified by e-mail when documents become available for you to retrieve online at our website. The URL for the website will be provided to you via email once your ID has been established. Tax documents will be sent via paper delivery. If you prefer electronic delivery, please access the Investor Portal and update your preference.

To link this account to your existing ID, please provide the ID here

Electronic delivery is subject to the Terms and Conditions that apply to this Agreement. A valid email address must be provided for delivery of notification emails.

**For online access, please provide this required information:**

☐ Check here if this user is a third party, such as attorney, accountant, or other interested party. This user will have view only capabilities.

Relationship to Third Party \_\_\_\_\_

Mothers Maiden Name (last name- <b>required</b> to establish a User ID)	Date of Birth ( <b>required</b> to establish a User ID)
Email Address ( <b>required</b> to establish a User ID)	

Additional information about Electronic Delivery can be found in Section IV, Paragraph E of the Terms and Conditions that accompany this Agreement.

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.

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

If you do not request a User ID above, all of your Account Communications will default to paper delivery. In addition, if you establish a User ID, but would prefer to receive certain Account Communications via paper, please change your delivery preferences in the Investor Portal upon receipt of your User ID. Each Account Communication delivered via paper may be subject to a fee.

**STEP 14. NAME DISCLOSURE**

When a company in which you own shares through your account at BNY Mellon, N.A. asks us for your name, address and the number of shares you own in order to communicate with you, we are obligated by our regulators to provide this information to them unless you object in writing. Please note that some issuers do not allow you to opt out.

☐ Withhold this information from the companies in which you own stock where permitted by law.

**STEP 15. PROXIES AND CORPORATE MAILINGS**

Proxies and corporate mailings (including corporate action notifications) will be sent to your Investment Advisor.

☐ Check here if you would prefer to receive and vote or act on proxies and corporate mailings yourself.

☐ Check here to opt out from receiving general meeting and proxy notifications for non-US securities. We are required to deliver general meeting and proxy notifications for European Economic Area ("EEA") equity securities under the Shareholder Rights Directive II unless you opt out of this service. Certain EEA countries may not allow shareholders to opt-out of receiving general meeting and proxy notifications.

For more details, please review the additional information found in Section IV, Paragraph K of the Terms and Conditions document that accompanies this Agreement.

**STEP 16. PROSPECTUS MAILING INSTRUCTIONS**

You can choose to direct the mailing of prospectus documents for transactions in exchange traded funds, unit investment trusts, sweep vehicles, and mutual funds to your Investment Advisor.

By checking the box below, you authorize BNY Mellon, N.A. to direct these mailings to your Investment Advisor. If you have more than one account registration, you must make this choice separately for each. You can always request a paper copy of any prospectus for your account from BNY Mellon, N.A. at no additional charge.

☐ Prospectus documents should be mailed to my Investment Advisor(s).

By selecting this option, you acknowledge that your Investment Advisor is the individual or entity authorized to have discretion over your investment decisions. Your Investment Advisor will automatically receive a prospectus for each initial trade. Note: Prospectuses will only be sent to your Investment Advisor if they have authorized us to redirect these documents to them. Otherwise, prospectuses will be delivered to the mailing address on the account.

**STEP 17. PLEASE READ AND SIGN**

**Accounts.** You request that BNY Mellon, N.A. open a bank custody account(s) in the names listed as account holders on this Agreement. You authorize BNY Mellon, N.A. to open additional bank custody accounts with the same registration using the address of record and other information in accordance with instructions received from your Investment Advisor. You acknowledge that this Agreement (including the account Registration and the Terms and Conditions of the Agreement incorporated by reference into this Agreement as a material part thereof) governs each account opened under this Agreement (including any accounts opened as instructed by your Investment Advisor).

You have received, read and understood this Agreement (including the prior sections and the Terms and Conditions), and you agree to be bound by its terms as amended from time to time.

You understand that BNY Mellon, N.A. or its affiliated designee may send disclosures regarding your account(s), and that BNY Mellon, N.A. or its affiliated designee may modify them by sending updated disclosures. You agree that BNY Mellon, N.A. or its affiliated designee may provide information regarding this account to the Investment Advisor.

**Cost Methodology.** Unless otherwise indicated to BNY Mellon, N.A., you authorize BNY Mellon, N.A. to calculate investment gains and losses in your account using the FIFO method for all securities.

**Trading Authorization.** You acknowledge receipt and understanding of this Agreement's trading authorization terms. You consent to granting trading authorization as defined in Section IV, Paragraph Y of the Terms and Conditions of this Agreement.

Omission of any of the information requested in this application may be grounds for denial or can delay the approval of your account.

**Third Party Authorization.** You authorize BNY Mellon, N.A. to accept instructions from your Investment Advisor only as authorized in this Agreement and any letters of authorization you complete, sign and submit.

If your Investment Advisor informs BNY Mellon, N.A. that it has entered into a services agreement with a third party firm to provide technology and administrative services for your account, BNY Mellon, N.A. will comply with instructions provided by your Investment Advisor.

By signing this document, you acknowledge that you have received a copy of your Investment Advisor's Form ADV and/or

management agreement that defines and discloses the specific services being provided by the third party firm. You authorize BNY Mellon, N.A. or its affiliated designee to take any steps that appear in its judgment to be reasonably required to facilitate the authorizations you have separately given your Investment Advisor and the third party firm. Accordingly, you acknowledge that BNY Mellon, N.A. or its affiliated designee must transmit your account data to the third party firm in order for the specified services to occur, and you authorize BNY Mellon, N.A. or its affiliated designee to transmit your account data to the third party firm for that purpose.

**Fees.** You understand that your Investment Advisor negotiates your fees, (including on assets held away), fees associated with utilizing third-party providers designated by your Investment Advisor to provide administrative, management, investment, and trading services ("Advisor Designated Providers") to Your Account (if applicable) and other charges with BNY Mellon, N.A., and that you should contact your Investment Advisor for more information.

You authorize BNY Mellon, N.A. to deduct investment advisory fees (including on assets held away), Advisor Designated Provider fees (if applicable) and BNY Mellon, N.A. fees from your account. Your Investment Advisor (or Advisor Designated Provider if appropriate) and not BNY Mellon, N.A. is responsible for providing you with information regarding investment advisory fees and determining the initial and ongoing appropriateness of the fees applied to your Accounts. BNY Mellon, N.A. does not review the accuracy or validity of Your Investment Advisor's (or any Advisor Designated Provider's) fee payment instructions. You acknowledge and agree to the provisions of Section IV, Paragraph B of the Terms and Conditions of this Agreement.

**Disbursements.** You authorize BNY Mellon, N.A. to make disbursements as provided in Section II of the Terms and Conditions of this Agreement.

**Signature Guarantee.** In providing the custody services under this Agreement, it may be necessary for BNY Mellon N.A. to provide signature guarantees with respect to signatures of endorers of security certificates, instructions with respect to transfers of uncertificated securities, endorsements of securities, payment and stop payment instructions, redirect letters and other documents or instruments (collectively, "Documents").

Client acknowledges and understands that by guaranteeing signatures and endorsements the guarantor takes on certain legal responsibilities and liabilities under applicable law. Consequently, Client acknowledges that BNY Mellon N.A.'s policy and best

practice require the person signing Documents to appear personally at BNY Mellon N.A.'s office for the purpose of witnessing Client's signature and verifying Client's authority and legal capacity to sign.

Nevertheless, to avoid the necessity of having Client appear personally, Client desires, and hereby authorizes and instructs, BNY Mellon N.A. to guarantee the signature of Client without witnessing the signing of the Document or verifying the authority or legal capacity of the Client; provided that BNY Mellon N.A. determines that the signature on the Document appears on its face to be substantially similar to the signature of Client set forth in this Agreement.

In consideration of BNY Mellon N.A. providing signature guarantees in accordance with Client's Instruction, Client hereby agrees as follows:

(a) BNY Mellon N.A. shall have no liability for guaranteeing any signature in accordance with Client's Instruction, and Client shall indemnify and hold harmless BNY Mellon N.A. from and against any and all losses, expenses, damages, liabilities, judgments and claims (including attorney's fees and expenses) which BNY Mellon N.A. may, directly or indirectly, suffer or incur or may be asserted against BNY Mellon N.A. as a result of guaranteeing

signatures in accordance with Client's Instruction or as a result of BNY Mellon N.A.'s enforcement of the terms hereof.

(b) The foregoing indemnity shall be in addition to any other remedies, relief or indemnification available to BNY Mellon N.A.. The rights and remedies conferred hereunder shall be cumulative and the exercise or waiver of any such right or remedy shall not preclude or inhibit the exercise of additional rights or remedies or the subsequent exercise of such right or remedy.

(c) BNY Mellon N.A. may at any time in its discretion require Client to appear personally before an appropriate officer of BNY Mellon N.A.

Omission of any of the information requested in this application may be grounds for denial or can delay the approval of your account.

The material in the following box does not apply to nonresident aliens or other foreign entities/persons (please see W-8 series of forms). For further information concerning tax classifications of entities, please visit the IRS website ([www.irs.gov](http://www.irs.gov)) and review W-9 instructions.

**Taxpayer Certification**

Under penalties of perjury, I certify that:

1. The number shown for the Primary Account Holder 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. 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)

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

By signing this Agreement, you affirm that you are of full legal age in the state or jurisdiction in which you reside and have the capacity to enter into this Agreement. You further affirm that you have read, understood and agree to the Terms and Conditions attached to this Agreement. Electronic signatures have the same legal effect, validity or enforceability as a manually executed signature or physical delivery thereof, to the extent and as provided for in any applicable law.

Account holder listed in Step 2. *Primary Account Holder Information* must sign first below.

**Authorized Signer 1**

Print Name	Date
Signature X	

**Authorized Signer 2**

Print Name	Date
Signature X	