Account Application

A1

Advisory - Non-Retirement

Account Number

Rep ID

Financial advisor instructions: To be used for all LPL advisory non-retirement accounts. For more detailed information on the appropriate paperwork requirements for all registration types, please consult the appropriate account opening checklist located in the resource center. For existing accounts, this form should only be used for adding or removing account holders or to change the registration.

Please email the completed form to imaging.email@lpl.com or fax to (858) 202-8325. ATTENTION: Any alterations must be initialed by all account holders.

Section I: Account Information

1. Account Type (choose only one)

Account updates required by LPL Operations ☐

Each account holder must receive, read and understand the contents of the applicable Account Packet referenced below based on the account type selected. This separate packet contains the Account Agreement and Program Brochure and details the relationship between you, your financial advisor, LPL Financial ("LPL") and other parties and related conflicts of interest.

- ◯ Strategic Asset Management (Account Packet - SAM)
- ◯ Manager Select (Account Packet - Manager Select)
- ◯ Optimum Market Portfolios Advisory (Account Packet - OMP)
- ◯ Model Wealth Portfolios (Account Packet - MWP)
- ◯ Personal Wealth Portfolios (Account Packet - PWP)
- ◯ Guided Wealth Portfolios* (Account Packet - GWP)

*GWP accounts must be submitted with e-signature

2. Registration Type (choose only one)

- ◯ Individual
- ◯ Tenants in Common
- ◯ Community Property
- ◯ Joint Tenants With Right of Survivorship
- ◯ Guardianship/Conservatorship*
- ◯ Custodian for Minor
- ◯ Coverdell ESA*
- ◯ Estate*
- ◯ Personal Trust*
- ◯ Partnership*
- ◯ Limited Liability Company*
- ◉ Corporate*
- ◯ Non-Profit Organization*
- ◯ Omnibus*
- ◯ Other (Please specify):

*Additional documentation required. Financial advisor should refer to the detailed procedures for the registration type on the Resource Center.

Is this account for a Government Entity? ◯ Yes ◉ No

Will this account holder engage in the ISSUANCE of municipal securities? (Examples: Municipalities (towns, cities, states), Non-Profit Hospitals, Universities) ◯ Yes ◉ No

If yes, the account will be restricted for trading upon opening and you will be contacted for further information.

Answer the question below only if you answered "yes" this customer will engage in issuing municipal securities – If you answered "No" this customer won't engage in issuing municipal securities, you may skip and move to the next question.

1. Will this municipal account contain proceeds of municipal securities or municipal escrow investments? ◯ Yes ◯ No

If "no", this municipal account does not hold nor will it hold proceeds of municipal securities or municipal escrow investments. Please list below the source of funds that will be invested in this account:

Is the account holder considered an "institutional account" based on one or more of the following definitions per FINRA Rule 4512(c): ◯ Yes ◯ No

If yes, please select which definition the account qualifies for:

- ◯ 1. A bank, savings and loan association, insurance company or registered investment company;
- ◯ 2. An investment adviser registered either with the SEC under Section 203 of the Investment Advisers Act or with a state securities commission (or any agency or office performing like functions). Note: This is applicable only when the account is held by the RIA entity. It is not applicable when the Investment Advisor Representative (IAR) is the owner; or
- ◉ 3. Any other person (whether a natural person, corporation, partnership, trust or otherwise) with total assets of at least $50 million

3. Registration Information

Social Security Number or Tax ID: 35-2129262

Account Registration: Renaissance Charitable Foundaion

ATTN: NAME OF DAF

Home Phone

Mobile Phone

Business Phone: 866-803-0389

Fill in your current residency status: (choose only one)

◉ U.S. Citizen ◯ Resident Alien ◯ Non-Resident Alien

Country of Citizenship: USA

Mailing Address: 8888 Keystone Crossing, Suite 1222

Indianapolis, IN 46240

Paperless Email: rcf@reninc.com

Section II: Investment Objective and Risk Tolerance

1. Select the investment objective that most accurately reflects the goals for this account: (choose only one)

The investment objectives, account goal, and risk tolerance are overall objectives for the entire account and may be inconsistent with a particular holding at any time. Please note that achievement of the stated investment objectives or account goal is a long-term goal for the account. These choices are listed in order from what is considered to be conservative to highest risk - ask your financial advisor for more details. There is no guarantee that the investment objective or account goal will be achieved.

◯ A. Income with Capital Preservation. Designed as a longer term accumulation account, this is considered generally the most conservative investment objective. Emphasis is placed on generation of current income with minimal risk of capital loss. Lowering the risk generally means lowering the potential income and overall return.

◯ B. Income with Moderate Growth. Emphasis is placed on generation of current income with a secondary focus on moderate capital growth.

◯ C. Growth with Income. Emphasis is placed on modest capital growth with some focus on generation of current income.

◯ D. Growth. Emphasis is placed on achieving high long-term growth and capital appreciation. There is little focus on generation of current income.

◯ E. Aggressive Growth. Emphasis is placed on aggressive growth and maximum capital appreciation. No focus on generation of current income. This objective has a very high level of risk and is for investors with a longer time horizon.

ATTENTION: If you select an objective and cross it out to choose another, the change must be initialed by all account holders.

2. GWP Only

Time Horizon (Target Year): ☐ Account Goal (select one): ◯ Retirement ◯ Major Purchase ◯ General Investing

Investment Allocation Track (select one): ◯ Conservative ◯ Moderate Conservative ◯ Moderate ◯ Moderate Aggressive ◯ Aggressive

Section III: Account Holder Information

For corporate, LLC, non-profit organization, partnership, and investment club accounts, this section is NOT required. Complete the appropriate supplementary documentation instead. For additional account holders, complete the Supplemental Account Application (F1C).

1. Primary Information

Primary Account Holder/Trustee/Minor/Auth. Officer: AUTHORIZED INDIVIDUAL #1

Occupation (former if retired or unemployed):

ID Type (Ex: Driver's License, Passport, etc.): DRIVERS LICENSE

Social Security Number:

Date of Birth:

Industry (former if retired): Non-Profit

ID Place of Issuance:

Residence Address (no P. O. Boxes) ☐ Same as mailing address:

Employer Name ☐ Mark here if retired or unemployed: Renaissance Acquisition Company LLC

ID Number:

Employment Address: 8888 Keystone Crossing, Suite 1200

ID Issuance Date:

ID Expiration Date:

Country of Citizenship: USA

Indianapolis, IN 46240

ID verified? ◯ Yes ◯ No

Home Phone:

Mobile Phone:

Business Phone: 866-803-0389

Fax Number:

Is this account for the benefit of a Politically Exposed Person (PEP)*? ◯ Yes ◉ No

If yes, define PEP position:

*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.

The trusted contact person is intended to be a resource for LPL in administering your accounts, protecting your assets, and responding to possible financial exploitation (refer to account packet/agreement for more details). Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

☑ **I decline to provide a trusted contact person at this time.**

Trusted Contact Name:

Trusted Contact Email:

Trusted Contact Address:

Trusted Contact Primary Phone:

Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other):

Account Number

Section III: Account Holder Information (continued)

1. Primary Information (continued)

☐ Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA

Relationship to Account Holder of Person Associated with Firm or FINRA

Name of Associated Firm (if FINRA, list FINRA)

Address of Person Associated with Firm or FINRA

Corporate Compliance Mailing Address of Firm

☐ Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.

Name of Corporation(s)

2. Secondary Information

Secondary Account Holder/Trustee/Minor/Auth. Officer: AUTHORIZED INDIVIDUAL #2

Occupation (former if retired or unemployed)

ID Type (Ex: Driver's License, Passport, etc.): DRIVERS LICENSE

Social Security Number

Date of Birth

Industry (former if retired): Non-Profit

ID Place of Issuance

Residence Address (no P. O. Boxes) ☐ Same as mailing address

Employer Name ☐ Mark here if retired or unemployed: Renaissance Acquisition Company LLC

ID Number

Employment Address: 8888 Keystone Crossing, Suite 1200

ID Issuance Date

ID Expiration Date

Country of Citizenship: USA

Indianapolis, IN 46240

ID verified? ◯ Yes ◯ No

Home Phone

Mobile Phone

Business Phone: 866-803-0389

Fax Number

Is this account for the benefit of a Politically Exposed Person (PEP)*? ◯ Yes ◉ No

If yes, define PEP position:

*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.

The trusted contact person is intended to be a resource for LPL in administering your accounts, protecting your assets, and responding to possible financial exploitation (refer to account packet/agreement for more details). Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

☑ **I decline to provide a trusted contact person at this time.**

Trusted Contact Name

Trusted Contact Email

Trusted Contact Address

Trusted Contact Primary Phone

Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other)

Section III: Account Holder Information (continued)

2. Secondary Information (continued)

☐ Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA

Relationship to Account Holder of Person Associated with Firm or FINRA

Name of Associated Firm (if FINRA, list FINRA)

Address of Person Associated with Firm or FINRA

Corporate Compliance Mailing Address of Firm

☐ Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.

Name of Corporation(s)

Section IV: Financial Information and Experience

1. Investment Information

Enter the letter that corresponds to the correct range:

Annual income? H | Net worth? (exclusive of primary residence) H | Liquid net worth?* H | Approximate account value?**

A. $1 - $24,999	B. $25,000 - $49,999	C. $50,000 - $99,999	D. $100,000 - $249,999
E. $250,000 - $499,999	F. $500,000 - $749,999	G. $750,000 - $999,999	H. $1,000,000 and over

Specify the exact Source of Account Holder Wealth and Income (e.g. Inheritance, employment salary, sale of real estate, etc.)

Federal income tax bracket? (%) 0

Investment Experience (total number of years): 20+

Indicate the number of years of experience for each investment type:

Annuities 20+ | Mutual Funds 20+ | Partnerships 20+ | Margin 20+ | Stocks 20+ | Bonds 20+ | Options 20+

Other (please specify):

What are your assets/investments (includes positions held outside and by LPL in this and other accounts)? Please indicate approximate percentage of assets in whole numbers exclusive of primary home (must equal 100%). Do not provide percentages in fractions or decimals.

Real Estate	____%	Mutual Funds	____%	Checking / Savings	____%	Annuities	____%
Insurance	____%	Stocks	____%	Alternative Investments	____%	Bonds	____%
Other	____%	If Other, please explain					

*Liquid net worth is exclusive of real estate; only include assets that can be liquidated within 30 days.
**Account minimums apply; see the applicable Account Packet for details or ask your financial advisor.

Section IV: Financial Information and Experience (continued)

2. Investment Time Horizon and Liquidity Needs

What is your investment time horizon for this account? ◯ 1-3 years ◯ 3-5 years ◯ 5-10 years ◯ More than 10 years

Do you have liquidity needs from the funds in this account? ◯ Yes ◯ No

If yes, when do you need these funds? ◯ Within 3 years ◯ More than 3 years

Section V: Advisory Program Account Information

1. Primary Financial Advisor Information

Primary Financial Advisor Name

Business Address

Business Phone

2. Annual Account Fee Information

One of the following fee instruction areas is required to be completed. If left blank, or the Tiered Account Fee Authorization Form is not received, then the application will be rejected.

For SAM, OMP, MWP, Manager Select, and/or PWP:
Note: Tiered Account Fees are not available for PWP

Account Fee = Advisory Fee: _____ (%) + Manager Fee* (if applicable) OR

☐ Check here if account will be set up for Tiered Account Fee**

** Please refer to the Account Agreement for a description of the Manager Fee.*
***The form F521 (Tiered Account Fee (TAF) Authorization) is required to be submitted with this application. TAF set up for eligible accounts must be completed prior to form F521 submission.*

For GWP Only:

Account Fee = Advisor Fee: _____ (%) + Program Fee*

** Please refer to the Account Agreement for a description of the Program Fee.*

For SAM Only:

☐ Your Financial Advisor has opted to pay transaction charges for the account.

3. Commissions on Trades from Accounts Outside of LPL (Optional)

Financial Advisor(s): Mark below if you wish to apply a fee credit to the assets (cash or securities) being deposited into this account that originated from a firm other than LPL Financial and a commission was earned by you within the past two years. Please provide trade details below to apply for a fee credit:

Purchase Date	Purchase Amount	Investment Name	Fund Class	CUSIP/Symbol	Commission
	$				$
	$				$
	$				$
	$				$

4. Specific Securities Restrictions

Mark below if you wish to restrict specific securities, categories, groups or sectors from your account (for SAM, PWP and Manager Select accounts only). In order to facilitate these restrictions, please provide restriction details below.*

Restrict common stock securities: (enter symbol)					
Restrictions do not apply to mutual funds. (attach additional pages if necessary)					

Other Restrictions (for SAM and PWP accounts only): Please explain any other restrictions below. This includes any industry group, sector or social category restrictions that apply to a PWP account. Financial advisor should refer to the Resource Center for detailed information on the restriction options available for PWP accounts. (attach additional pages if necessary)

*Certain restrictions may require further review with LPL and your financial advisor.

Section VI: Manager Select Account Information

1. Complete This Section for Manager Select Accounts Only

Account Type (choose either SMA Platform or Model Portfolio Platform):

◯ SMA Platform (SMA Portfolio Manager indicated below has discretionary authority)

SMA Portfolio Manager Name

Asset Class* | Investment Style*

Did the SMA Portfolio Manager indicated above previously manage the assets in this account? ◯ Yes ◯ No

Accepted by SMA Portfolio Manager / Authorized Person Signature | Accepted by SMA Portfolio Manager / Authorized Person Name (print) | Date (required)

◯ Model Portfolio Platform (LPL has discretionary authority)

Model Advisor Name

Asset Class* | Investment Style*

*Financial advisor should refer to the Manager Select Participation List on the Resource Center for detailed information on each SMA Portfolio Manager and Model Advisor, their available asset classes and investment styles.

Section VII: Margin Agreement (Managed Accounts such as MWP, OMP, PWP, and Manager Select are not eligible for margin)

1. Margin Disclosure Statement Information

A margin account allows you to borrow against eligible securities or purchase securities on margin. Initial below if you want to establish a margin account and to indicate that you have received the Margin Disclosure Statement, have read the margin disclosure section in the Account Packet referenced in Section I, and agree to the terms and conditions.

Date Margin Disclosure Statement provided: ALL account holders must initial. Initials | Initials | Initials | Initials

Section VIII: Acknowledgment and Execution

1. Suppression of Confirmations (for PWP, MWP, GWP and Manager Select accounts only):

By initialing below, I hereby elect not to receive immediate trade confirmations from LPL for each transaction in the account. Information from the confirmation will be reported on my brokerage account statement.

Initials | Initials | Initials | Initials

Section VIII: Acknowledgment and Execution (continued)

2. Name Differences/One and the Same Information (not to be used in lieu of court documentation for legal name changes)

List any name differences that you are known by or commonly use in the space provided. By listing the names below and signing Section VIII, you are authorizing LPL to accept transactions and follow instructions under all names listed. Alterations to this section cannot be made after the form has been submitted, except by completing and submitting a separate One and the Same Form (OSL).

3. Acknowledgment

I acknowledge by signing below that I have received, read, understand and agree to the terms of this Account Application and the applicable Account Agreement (included in the Account Packet specified in Section I). Additionally I certify the following:

- All of the information provided in this Account Application is true, correct, and complete and I agree to notify LPL of any changes to the information.
- I have received the LPL Relationship Summary and the Advisory Program Brochure (included as part of the applicable Account Packet) and the Brochure Supplement of the financial advisor servicing my advisory account.
- I understand and agree to the terms of the Automatic Cash Sweep Program set out in the Account Agreement.
- I understand and acknowledge that I have granted discretionary authority in the Account Agreement to trade securities in my account to my financial advisor and LPL and, in the case of Manager Select - SMA Platform Accounts, to the SMA Portfolio Manager.
- For Manager Select, MWP, OMP, PWP, GWP, and SAM, I have discussed with my financial advisor the investment objective selected for the account in Section II of this Application, and for Manager Select accounts, the model portfolio to be selected for my account.
- I understand that investing through an advisory account involves investment risk, including the risk of loss. I am prepared to bear the risks associated with my investments.
- I understand that LPL will supply my name to issuers of any securities held in my account so that I may receive important information regarding those securities, unless I notify LPL in writing not to do so.
- I acknowledge that proceeds from liquefied home equity on my primary residence will not be used to fund this account.
- I understand the differences between an advisory and brokerage account and by signing below affirm my decision, based on discussions with my financial advisor and information provided to me, to work with my financial advisor in an advisory relationship.
- I authorize LPL to contact my trusted contact person listed above. I understand that providing this information is optional and I may withdraw it at any time.
- I understand no portion of this account can be used as collateral without authorization of LPL Home Office which shall be obtained through the completion of required LPL documentation.
- In the event that I choose to pledge eligible LPL accounts as collateral to a lender for a loan or line of credit, I acknowledge that I cannot and will not use the proceeds from any loan or line of credit to purchase securities.

Under penalties of perjury, I hereby certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (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, (3) I am a U.S. person (including a U.S. resident alien), and (4) I attest I am exempt from FATCA Reporting. (However, if you provide an IRS W-8 form, it will supersede this statement and you may be subject to FATCA Reporting.) (Cross out (2) if subject to backup withholding.) The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

This account is governed by and I acknowledge receipt of the predispute arbitration clause that is located in the last numbered section of the Account Agreement (included in the Account Packet specified in Section I), which is incorporated by reference into this Account Application.

AUTHORIZED INDIVIDUAL #1

Account Holder Signature | Account Holder Name (print) | Date (required)

AUTHORIZED INDIVIDUAL #2

Account Holder Signature | Account Holder Name (print) | Date (required)

Account Holder Signature | Account Holder Name (print) | Date (required)

Account Holder Signature | Account Holder Name (print) | Date (required)

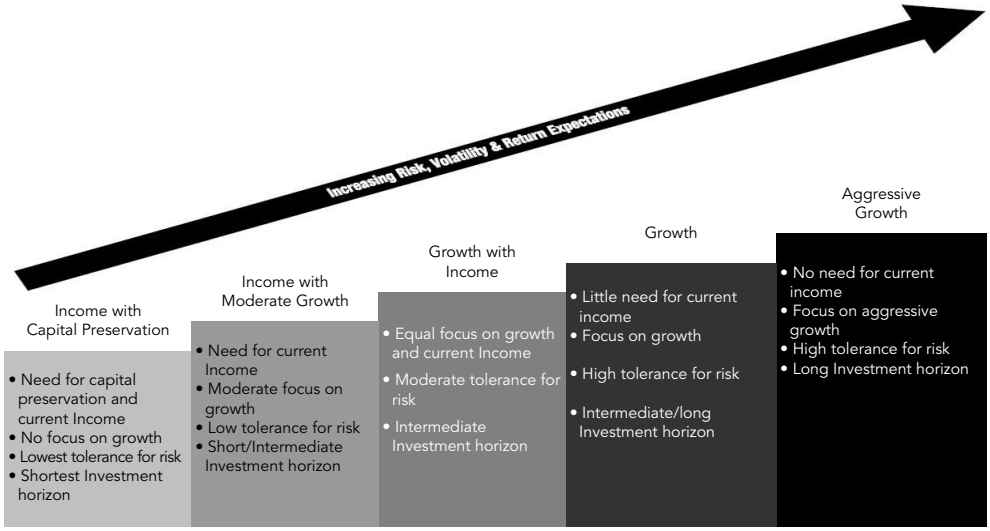
Account Number

Section VIII: Acknowledgment and Execution (continued)

4. Branch Use Only

I have reviewed this document for completeness, accuracy, suitability, and proper disclosures. If this account was opened online and the automated check against the OFAC list of specially designated nationals (SDNs) resulted in a match to the account holder's name, I have confirmed that the account holder is not the same person listed by OFAC. If this account is opened by the home office, I have checked the list of SDNs and either the account holder's name does not appear or, if the account holder's name is the same as the name of a SDN, the account holder is not the person listed by OFAC. I have also provided the account holder with the CIP disclosure either in writing or verbally. I acknowledge and accept that I am a party to the applicable Account Agreement. I have determined that any liquidation of previously purchased investments to deposit assets into this account is suitable for the account holder and have disclosed to the account holder all costs incurred by the account holder to liquidate such investments.

Financial Advisor / Authorized Person Signature	Financial Advisor / Authorized Person Name (print)	Rep ID	Date (required)
Joint Financial Advisor / Authorized Person Signature	Joint Financial Advisor / Authorized Person Name (print)	Rep ID	Date (required)
Joint Financial Advisor / Authorized Person Signature	Joint Financial Advisor / Authorized Person Name (print)	Rep ID	Date (required)



Historical Trade-Off Between Risk, Volatility & Investment Return:

This chart illustrates five investment objectives. Match your investment needs with the characteristics listed below each investment objective to determine which objective most accurately represents your situation.