

Individual or Joint Application



<i>Upload</i> eWealthManager.com Tracking Center upload feature	<i>Overnight Mail</i> AssetMark Trust Company 1023 Commerce Street, Suite D Lynchburg, VA 24504	<i>Regular Mail</i> AssetMark Trust Company P.O. Box 40018 Lynchburg, VA 24506-4018
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Account Title and Tax Reporting Number

<i>Full Legal Title</i> EXAMPLE FOR TREVOR	<i>Social Security Number</i> [REDACTED]
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Account Type

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Individual | <input type="checkbox"/> Community Property | <input type="checkbox"/> Tenants in Common |
| <input type="checkbox"/> Individual TOD | <input type="checkbox"/> Community Property WROS | <input type="checkbox"/> Tenants by Entirety |
| <input type="checkbox"/> Joint Tenants WROS | <input type="checkbox"/> Community Property WROS TOD | <input type="checkbox"/> Tenants by Entirety TOD |
| <input type="checkbox"/> Joint Tenants WROS TOD | | |

TOD = Transfer On Death

WROS = With Rights of Survivorship

Account Holder

Federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account. Databases maintained by consumer reporting agencies or other vendors may be used to verify the identifying information that you have provided. Statements, trade notifications, tax packages, shareholder materials and general correspondence will be mailed to the address below unless eDelivery is requested.

<i>Name</i> SCOTT WADE SUMMERLIN		
<i>Date of Birth (mm/dd/yyyy)</i> 02/20/1968	<i>Social Security Number</i> [REDACTED]	<i>Citizenship</i> <input checked="" type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident
<i>Home Address</i> 7755 ABE AVE		
<i>City</i> BOISE	<i>State</i> ID	<i>Zip Code</i> 83714
<i>Email</i> scotts9001@gmail.com	<i>Home Phone</i> 208-841-5678	
<i>Mailing Address (if different from home address)</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>

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Additional Account Holder

Name		
Date of Birth (mm/dd/yyyy)	Social Security Number	Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident
Home Address		
City	State	Zip Code
Email	Home Phone	

Beneficiary Designation (only for Transfer on Death)

If you do not designate a beneficiary as primary or contingent, the beneficiary will be deemed to be primary. Contingent beneficiaries will receive account assets only if all primary beneficiaries have died before you and you have not checked "per stirpes" below. Electing "per stirpes" indicates that if the specified beneficiary(ies) predeceases you, their share of the account will pass to their descendants. If more than one beneficiary is designated and no percentages are indicated, the beneficiaries will be deemed to own equal shares in the account. If you do not designate a beneficiary, your estate is your beneficiary.

☐ **Primary Beneficiary** ☐ **Contingent Beneficiary**

Name		<input type="checkbox"/> Per Stirpes	Share Percentage
Date of Birth/Date of Trust (mm/dd/yyyy)	Social Security/Tax ID Number	Relationship to Primary Account Holder <input type="checkbox"/> Spouse <input type="checkbox"/> Other (Non-Spouse, Trust, Entity)	

☐ **Primary Beneficiary** ☐ **Contingent Beneficiary**

Name		<input type="checkbox"/> Per Stirpes	Share Percentage
Date of Birth/Date of Trust (mm/dd/yyyy)	Social Security/Tax ID Number	Relationship to Primary Account Holder <input type="checkbox"/> Spouse <input type="checkbox"/> Other (Non-Spouse, Trust, Entity)	

☐ **Primary Beneficiary** ☐ **Contingent Beneficiary**

Name		<input type="checkbox"/> Per Stirpes	Share Percentage
Date of Birth/Date of Trust (mm/dd/yyyy)	Social Security/Tax ID Number	Relationship to Primary Account Holder <input type="checkbox"/> Spouse <input type="checkbox"/> Other (Non-Spouse, Trust, Entity)	

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Duplicate Statements (optional)

Please send duplicate statements to the following:

Duplicate Statement 1

<i>Mailing Address Name</i>		
<i>Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>

Duplicate Statement 2

<i>Mailing Address Name</i>		
<i>Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>

Funding

☐ **Account Transfer** - Complete the Account Transfer Authorization form and include an account statement dated within the last 90 days

☒ **Check** - Make check payable to AssetMark Trust Company:

Amount
\$ 300,000.00

☐ Enclosed Check

☒ Personal Check to Follow

☐ Check to Follow from Institution

Name of Institution

☐ **Wired Funds** - Initiate at sending institution

<i>Name of Sending Institution</i>	<i>Amount</i> \$
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☐ **Journal from Existing Account** - Complete the account journal form

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Investment Instructions

Allocation Instructions must be indicated for each future deposit.

Account Name: EXAMPLE FOR TREVOR

Amount: \$300,000

<i>Account Number</i> 40257073	<i>Investment Solution</i> IMA
<i>Account Strategy</i> Capital Group Global Growth Equity	<i>Model Code</i> CPGGGE

Explanation for Investment Below Minimum:

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Client Suitability Review By Financial Advisor

This section is required to be completed for Referral Model Clients and for Advisor Model Clients if in any AssetMark strategy (including GPS Select, Custom GPS Select, Market Blend Strategy, or any Aris or Savos Strategy). The information below is used to validate that the proposed strategy (including one that may include options, if applicable) is consistent with the Client's overall risk tolerance and investment goals.

Client's Risk Tolerance for this Portfolio is:

☐ Low ☒ Moderate ☐ High ☐ Very High

Client's Investment Horizon for this Portfolio (Approximate timeframe within which Client expects to need the money they are investing) is:

☐ 2 years or less ☐ 3-5 years ☐ 6-9 years ☒ 10+ years

Percentage of Client's net worth that this account represents (excluding primary residence) is:

☐ Over 75% ☐ 50-75% ☒ 25-50% ☐ Less than 25%

Please provide additional information explaining why the investment strategy(ies) is suitable for your Client, including any recent changes in the Client's financial situation, additional assets held outside the AssetMark platform or other data you deem relevant.

Enter explanation here:

Completed questionnaire accepted on 06/19/2018, Moderate Growth [4]

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Client Household Document Delivery

This Client email address will be used to support elective eDelivery options and access to eWealthManager.

Email Address

SCOTTSS9001@GMAIL.COM

This Client address will be used when mailing Quarterly Performance Reports and general correspondence.

Mailing Address

7755 ABE AVE

City

BOISE

State

ID

Zip Code

83714-5519

Acknowledgements and Agreements

Acknowledgements and Agreements

You represent that you have the full power, authority and capacity to execute this Account Application and enter agreements for advisory and custodial services and an Individual Retirement Account Custody Agreement or Roth Individual Retirement Account Custody Agreement with AssetMark Trust Company, if applicable.

You acknowledge receipt of:

1. (i) a Custody Agreement with AssetMark Trust Company; (ii) a Client Services Agreement ("CSA") or other advisory agreement with your Financial Advisory Firm or an Investment Management Services Agreement ("IMSA") with AssetMark, Inc., as applicable; and (iii) an Individual Retirement Account Custody Agreement or Roth Individual Retirement Account Custody Agreement with AssetMark Trust Company, if applicable;
2. the Referral or Platform Form ADV disclosures brochures, and related disclosures;
3. the Privacy Policy for AssetMark and AssetMark Trust Company;
4. Disclosures Regarding Compensation;
5. the Disclosure for ERISA plans, if applicable;
6. AssetMark Trust Company Client Disclosures; and
7. an IRA Disclosure Statement or Roth IRA Disclosure Statement, if your Account is an IRA or Roth IRA, as applicable.

You understand and agree to all of the terms of this Account Application and the above referenced Agreements, including, without limitation: the authorizations given to your Financial Advisor, the Financial Advisory Firm, any Discretionary Manager, AssetMark Trust Company and AssetMark, Inc.; that fees and expenses payable under the Agreements and any Planning and Consulting Fees, if applicable, may be charged and deducted from your Account; that the Agreements contain binding agreements to arbitrate all disputes (a predispute arbitration agreement); the ERISA/IRA Supplement of the AssetMark IMSA and AssetMark Trust Company Custody Agreement, if applicable; and, the Securities Lending and Fee for Holds Arrangement provisions of the AssetMark Trust Company Custody Agreement.

You acknowledge that in the event we are unable to verify your identifying information, your Account may be closed and the securities may be redeemed at the then current price. Such redemptions may have tax consequences and you will be responsible for any financial losses due to Account closure.

If this Account is an IRA or Roth IRA, you understand that within seven (7) days of the date I establish the Account, you may revoke it without penalty, by mailing or delivering a written notice to AssetMark Trust Company. You assume complete responsibility for: determining that you are eligible for an IRA or Roth IRA, as applicable, including each year you make a contribution; ensuring that all contributions and/or rollovers and/or transfers to your IRA or Roth IRA, as applicable, are eligible contributions, rollovers, or transfers,

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Acknowledgements and Agreements - Continued

as determined by the tax laws; and the tax consequences of contributions, rollovers, transfers to and from the Account, and distributions and withdrawals.

If this Account is for the benefit of a government entity (as defined by 17 CFR 275.206(4)-5, the “pay to play” rule), you represent that I have indicated so on this application.

Beneficiary Agreement

I confirm the beneficiaries specified in this application and acknowledge that if no beneficiaries are designated, my estate is my beneficiary.

Financial Advisor Authorization

The Client may authorize their Financial Advisor to give AssetMark and AssetMark Trust Company instructions on their behalf. A full description of the Financial Advisor authorization options is contained in the Investment Manager Service Agreement (IMSA).

To authorize your Financial Advisor to give certain instructions on your behalf, select either Partial or Full Authorization on the signature page. If both are selected, Full Authorization will be assumed.

No Financial Advisor Authorization

- Pursuant to your advisory agreement, your Financial Advisor will always be able to obtain information about your Account(s), receive duplicate Account statements and give instructions related to the maintenance of your Account(s). However, your Financial Advisor shall have no authority to take any action on your Account with regards to cash disbursements or investment changes.

Partial Authority - Cash Disbursement

Your Financial Advisor will be authorized:

- To begin, change or terminate systematic withdrawals from the Account(s) and to make withdrawals from the Account(s)

Full Authority - Cash Disbursement & Investment Changes

Your Financial Advisor will be authorized:

- To begin, change or terminate systematic withdrawals from the Account(s) and to make withdrawals from the Account(s);
- To make changes with regard to the management of the Account;
- To transfer assets between any two accounts; and
- To open additional accounts or add additional investment strategies

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Account Signatures

Certification Instruction

You must cross out the second item below 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. This Form W-9 will apply to all your Account relationships with AssetMark Trust Company.

Form W-9 Certification

I certify under penalties of perjury that:

1. The Social Security Number or Tax Identification Number reflected within the above application(s) is correct
2. The payee is not subject to backup withholding due to failure to report interest and dividend income
3. The payee shown is a U.S. person (including a U.S. resident alien), and
4. The FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct.

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

Authorized Signer: SCOTT WADE SUMMERLIN

Account #	Account Name	W-9 Certification	Financial Advisor Authorization	Authority
40257073	EXAMPLE FOR TREVOR	X	<input type="checkbox"/> None <input type="checkbox"/> Partial <input checked="" type="checkbox"/> Full	Account Holder

I confirm the above Form W-9 certifications and the acknowledgements and agreements specified on the previous pages of this application.

Authorized
Signer

Authorized Signer Name (print name)

SCOTT WADE SUMMERLIN

Signature

x

Date

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Financial Advisor Signature

The Financial Advisor agrees to the terms of the Client Services Agreement or IMSA, as applicable, and acknowledges that the Agreement contains pre-dispute arbitration provisions.

I attest that, as the Financial Advisor, I have conducted a suitability analysis with my Client. I believe the selected advisory service(s) and strategies (including any options trading strategy, alternative investments, and/or any of my advisor managed portfolios, if applicable) are suitable given my Client's current financial status, investment objective and risk tolerance. I understand that I am responsible for being available during normal business hours for consultation with my Client, and I agree to contact my Client at least annually to inquire about any changes in my Client's financial status and to verify that the investment choices and strategies (including any alternative investments, options trading strategy, and/or advisor managed portfolios, as applicable) remains suitable for my Client.

Furthermore, I certify, to the best of my knowledge, the following:

- The individual(s) signing the application(s) are the applicant(s) and the signature are genuine;
- The information provided on the application(s) is accurate;
- The individual(s) signing the application(s) have the capacity and authority to execute the application(s);
- The source of funds for the account(s) do not represent proceeds of unlawful activity

	<i>Authorized Signer Name (print name)</i> Scott Summerlin	<i>ID</i> AGAZNK
	<i>Signature</i> 	<i>Date</i>

OFFICE USE ONLY

<i>Custodian Name</i> AssetMark Trust		
<i>Advisor Agreement Version</i> Investment Management Services Agreement v4.24	<i>APL Billing ID</i> AGAZNK	<i>Business Model</i> IPG

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Client Billing Disclosure



Client Billing Authorization and Disclosure

Pursuant to your custody and advisory agreements, you (the "Client") agree to certain fees and expenses and authorize that they be deducted from your Account(s). These fees are primarily the asset-based fees detailed below: 1. the Financial Advisor Fee, paid to the Financial Advisory Firm with which your Financial Advisor is associated; 2. the Platform Fee, which is paid to AssetMark and pays for the advisory, administrative, custodial and brokerage services to the Account; and, if you select the service, the Tax Management Service Fee. These fees are calculated and payable quarterly in advance. Listed below are the annual rates of these fees and the quarterly dollar amounts, assuming that all Accounts listed will be funded at the proposed dollar amounts and incorporating the benefit of fee schedule breaks due to householding, if applicable. Other fees, such as custodian termination fees, identified in the agreements and discussed in the Disclosure Brochure will also apply to the Account(s).

Below is an illustration of what the full calendar quarter fee will be if the Account(s) are funded in the listed amount(s):

ACCOUNT	FINANCIAL			TOTAL
	AMOUNT ¹	ADVISOR FEE	PLATFORM FEE	
Capital Group Global Growth Equity				
Quarterly Fees	\$300,000.00	\$712.50	\$592.06	\$1,304.56
Annual Rate ²	\$300,000.00	\$712.50	\$592.06	\$1,304.56
All Account(s) Proposed and Funded		0.38%	0.67%	1.05%

¹ In the event the actual amount of assets in the Account is more or less than the amount indicated, fees will be calculated on the actual amount received, in accordance with the applicable schedules.

² The Annual Rates shown in the table above are based on the total Portfolio value of the client, which includes any existing Accounts funded or in the pending funded status.

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Fee Schedules

The following fee schedules apply to your Account(s):

Financial Advisor Fee

Capital Group Global Growth Equity	
LEVEL OF ASSETS	PERCENTAGE
All Assets	0.95%

Platform Fee

Capital Group Global Growth Equity	
LEVEL OF ASSETS	PERCENTAGE
First \$250,000	0.80%
Next \$250,000	0.80%
Next \$500,000	0.77%
Next \$1,000,000	0.74%
Next \$1,000,000	0.70%
Next \$2,000,000	0.65%
Over \$5,000,000	0.60%

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