

## LETTER OF INSTRUCTION

TO: Brokerage Operations  
FROM: Corinne Durkos, Trustee  
DATE:

RE: Revocable Trust of George Rishell & Anita Rishell #2 UAD 8/7/00  
(Account #AC4041490)

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As trustee of the Revocable Trust of George Rishell & Anita Rishell #2 UAD 8/7/00, I am authorizing the transfer of all shares, in kind to G. Hal and Anita R. Conklin joint account. The information for the shares to transfer and the account to transfer to is detailed below:

Shares to move in kind:

Applied Materials	AMAT	128 shares
Goldman Sachs	GS	12 shares
Hewlett Packard Co	HPQ	47 shares
Intel	INTC	30 shares
Motorola Mobility	MMI	7 shares
Marathon Petroleum	MPC	40 shares
Marathon Oil	MRO	80 shares
Microsoft Corp	MSFT	34 shares
Motorola Solutions	MSI	8 shares
Safeway Inc	SWY	22 shares
All Cash		

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Corinne Durkos, Trustee  
AC4041490

*1. Anita R. Conklin 2-28-12*  
G. Hal & Anita R. Conklin

If you have any questions, please contact me immediately.

Thank you,  
Stephen E. Gray (509-455-4010)

## LETTER OF INSTRUCTION

TO: Brokerage Operations

FROM: Corinne Durkos, Trustee

DATE:

RE: Revocable Trust of George Rishell & Anita Rishell UAD 8/7/00  
(Account #AC4041045)

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As trustee of the Revocable Trust of George Rishell & Anita Rishell UAD 8/7/00, I am authorizing the transfer of the following shares, in kind to G Hal Conklin & Anita R. Conklins joint account. The information for the shares to transfer and the account to transfer to is detailed below:

Shares to move in kind:

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Corinne Durkos, Trustee  
AC4041045

*Anita R. Conklin 2-28-00*  
G. Hal Conklin/Anita R. Conklin

If you have any questions, please contact me immediately.

Thank you,

Stephen E. Gray (509-455-4010)



## ING FINANCIAL PARTNERS

MEMBER SIPC  
909 Locust Street  
Des Moines, IA 50309 • 800.356.2906

NETEXCHANGE CLIENT/  
MYEDOCUMENTSUITE  
REQUEST FORM

## PLEASE CHECK ONE:

- NETEXCHANGE CLIENT  
 MYEDOCUMENTSUITE

Please complete the top portion of this form and return to your ING Financial Partners registered representative.

Note: This service is available for Pershing accounts only.

Please check one:  New Set-up  Add Accounts

1. Client Name: G. Hal Conklin + Anita Riskell Conklin

2. Unique User ID Log On (USER ID) 13 characters maximum, no special characters or spaces: halconklin  
(This will be your login ID when you sign on to *Online View*)

Second Choice (if first is unavailable): \_\_\_\_\_

3. Date of Birth: 11-19-1959

4. Mother's Maiden Name: Hobbs

5. Email Address: hal @ conklins.net

6. List the Pershing account number(s), including a descriptive name of that/those accounts you wish to view. If you need to list additional accounts, please do so on a separate sheet of paper and attach to this form.

Example: (Account): 3Z1-123456 (Name): John Doe & Jane Doe JTEN

(Primary Account): \_\_\_\_\_ (Name): \_\_\_\_\_

(Additional Account): \_\_\_\_\_ (Name): \_\_\_\_\_

(Additional Account): \_\_\_\_\_ (Name): \_\_\_\_\_

(Additional Account): \_\_\_\_\_ (Name): \_\_\_\_\_

Account(s) Owner Signature B. Hal Conklin Date 2-18-2012

Account(s) Owner Signature Anita P. Conklin Date 2-18-12 2-28-12

Important: All account owners must sign this form.

## Registered Representative Use Only

(You must have NetExchange Pro® in order to offer this service.)

Registered Rep Name and Pershing Rep Number: STEPHEN E GRAY / 43P

Registered Rep Phone: 509.455.4305

An e-mail will be sent to the rep only confirming access has been set up and password format.

[www.netxclient.com](http://www.netxclient.com) - can view detailed summary, balances, holdings, history, and statements

[www.myedocusuite.com](http://www.myedocusuite.com) - can view statements only

(Please note: By filling out this form, client needs only to log in, not register when going to website selected)

Fax back to the ING Financial Partners Brokerage Operations at 888.428.9909.



Additional information not reflected on your Account Information Form, or Risk Tolerance Questionnaire (this may include specific liquidity or income needs, retirement considerations, your investment philosophy or objectives, types of securities or industries you do not want to invest in):

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If the assets to be managed are non-qualified, are there additional tax considerations that should be noted (for example: carry over losses, AMT liability or gains from other sources):

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Are there any securities in your account that you do not want liquidated?

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IAR comments:

*Individual Stocks to be received as a gift and subsequent sales to be determined based on tax planning.*

#### 9. ACCEPTANCE AND ADOPTION

I have reviewed, approved and adopted this Investment Policy Statement for my investment strategy. Going forward, investment and asset allocation recommendations will be based on my Risk Tolerance Questionnaire, Account Information Form, or Investment Policy Statement developed during the annual review of my account. I will promptly notify my IAR if there are changes needed to this Investment Policy Statement.

(Please retain a copy of this Investment Policy Statement for your files.)

Print Client Name G Hal Conklin

Client Signature G Hal Conklin

Date 2-18-2012

Print Client Name Anita Risnelli Conklin

Client Signature Anita R. Conklin

Date 2-18-12 2-28-12

Print Investment Adviser Representative Name STEPHEN E GRAY

Investment Adviser Representative Signature Stephen Gray

Date 2-22-12

Incomplete without all pages.

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#### 14. SIGNATURES

NOTE: This Agreement contains a pre-dispute arbitration clause in section 13.

Client Signature and Certification

Print Client Name G. Hal Conklin SSN 566-41-3855  
Client Signature S. Hal Conklin Date 2-18-2012  
Print Client Name Anita Rishell Conklin SSN 043-40-0031  
Client Signature Anita F. (Rishell) Anita Conklin Date 2-18-12 2-28-12  
Client E-mail Address Hal@conklin.net / Anita@conklin.net

Accepted By

Print ING Financial Partners Principal Name \_\_\_\_\_  
ING Financial Partners Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

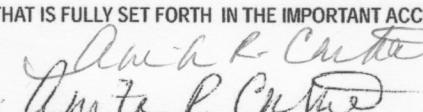
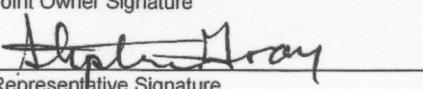
As of the date this Agreement is signed, the following IAR(s) is assigned to the Account:

**STEPHEN E GRAY**

43P

Print Investment Adviser Representative Name

Rep ID

<b>Affiliations</b>	Are you a registered representative of a broker-dealer or employed by a stock exchange, a member firm of an exchange or FINRA? Owner: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Joint Owner: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify firm name: _____		
	Are you (or a member of your immediate family) a director, 10% shareholder or policy-making officer of a publicly traded company? Owner: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Joint Owner: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, specify company name: _____		
<b>Financial Information</b> <i>(combine for joint owners)</i>	Estimated Annual Income <i>(all sources)</i> \$ <u>500,000.00</u>	Estimated Liquid Net Worth <i>(all assets minus all liabilities excluding real estate, automobiles and furnishings)</i> \$ <u>700K</u>	Estimated Federal Tax Bracket <u>35</u> %
	Prior Investment Experience: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <i>(provide years for all that apply)</i>	Stocks Yrs: <u>25</u> Bonds Yrs: <u>25</u> Mutual Funds Yrs: <u>25</u>	Options Yrs: <u>0</u> Limited Partnerships (DPPs) Yrs: <u>6</u> REITs Yrs: _____
	Variable Annuities Yrs: <u>6</u>	Variable Universal Life Yrs: <u>15</u>	Other (specify): _____ Yrs: _____
	Overall Portfolio Investment Objective(s) <i>(rank numerically all that apply from highest to lowest, 1 being the highest)</i>	<u>4</u> Capital Preservation <u>3</u> Income <u>2</u> Growth and Income	<u>1</u> Growth <u>5</u> Aggressive Growth <u>6</u> Speculation
Overall Portfolio Time Horizon: <i>(check one only)</i>	<input type="checkbox"/> 3 years or less <input checked="" type="checkbox"/> 3-7 years <input type="checkbox"/> 7 years or more		
Overall Portfolio Risk Tolerance: <i>(check one only)</i>	<input type="checkbox"/> Conservative <input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Moderately Aggressive <input type="checkbox"/> Aggressive		
<b>Brokerage Account Information</b> <i>(all securities will be held in street name)</i>	Brokerage Money Market	<input type="checkbox"/> FCR <i>(default)</i> <input type="checkbox"/> Other Money Market _____ <i>(not including Pershing LLC retirement accts.)</i>	
	Proceeds:	<input type="checkbox"/> Hold <input type="checkbox"/> Send Proceeds	
	Dividends/Interest:	<input type="checkbox"/> Credit to Account <input type="checkbox"/> Pay to Client	
	Is Account DVP/RVP?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>(if yes, forward written instructions from institution to Brokerage Operations)</i>	
	<input type="checkbox"/> Please e-mail me instructions to register for electronic delivery of my statements and confirmations <i>(must include e-mail address in personal information section)</i>		
By signing below, I certify under penalty of perjury that:			
<b>W-9 TAXPAYER CERTIFICATION AND AGREEMENT:</b>			
1) the Taxpayer Identification Number provided above is correct;			
2) the IRS has never notified me that I am subject to backup withholding as a result of a failure to report interest or dividends, or if I have been so notified, 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); OR			
<input type="checkbox"/> I am subject to backup withholding. <i>(if applicable, check this box)</i>		<input type="checkbox"/> EXEMPT <i>(if applicable, check this box)</i>	
<b>Acknowledgement</b>			
I acknowledge and agree that:			
(1) THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE THAT I CONSENT TO ANY PROVISION OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING;			
(2) I have received, read, understand and agree with all of the information in this document;			
(3) I acknowledge that I have received and reviewed the Important Account Information booklet;			
(4) I understand that THIS ACCOUNT IS SUBJECT TO A PREDISPUTE ARBITRATION CLAUSE THAT IS FULLY SET FORTH IN THE IMPORTANT ACCOUNT INFORMATION BOOKLET PROVIDED TO ME.			
 Owner Signature		2-18-12	 Joint Owner Signature
STEPHEN E GRAY Print Representative Name		099-43P RR Number	 Representative Signature
Print Trade OSJ/Home Office Principal Name		Trade OSJ/Home Office Principal Signature	

## Strategic Advisory Services Select

### SCHEDULE I – FEES AND ADDITIONAL INFORMATION

Minimum Initial Investment<sup>1</sup>: \$25,000

#### STANDARD FEE SCHEDULE

##### Portfolio Value

	<b>From</b>		<b>To</b>	<b>Annual %</b>
First	\$ 0	-	\$ 250,000	2.50%
Next	\$ 250,001	-	\$ 500,000	2.30%
Next	\$ 500,001	-	\$ 1,000,000	1.75%
Next	\$ 1,000,001	-	\$ 2,000,000	1.50%
Next	\$. 2,000,001		\$ 5,000,000	1.50%
Next	\$ 5,000,001	-	\$ 10,000,000	1.25%
Next	\$ 10,000,001		Over	1.25%

#### CLIENT FEE SCHEDULE

##### Portfolio Value

	<b>From</b>		<b>To</b>	<b>Annual %</b>
First	\$ 0	-	\$ 250,000	.50%
Next	\$ 250,001	-	\$ 500,000	.50%
Next	\$ 500,001	-	\$ 1,000,000	.50%
Next	\$ 1,000,001	-	\$ 2,000,000	.50%
Next	\$. 2,000,001		\$ 5,000,000	.50%
Next	\$ 5,000,001	-	\$ 10,000,000	.50%
Next	\$ 10,000,001		Over	.50%

**Note:** Fees are blended: i.e., as the portfolio value reaches each threshold in the above tables, the assets above that threshold may be charged successively lower percentages.

SAS Select is a managed account program offered by ING Financial Partners on a discretionary and non-discretionary basis. Discretion is not permitted in SAS Select Accounts subject to ERISA. Investment Adviser Representatives of IFP will manage SAS Select Accounts by providing investment advice, including asset allocation and specific investment recommendations, based on the Client's financial situation, goals, objectives, and other information provided by the Client.

Available investments may include, but are not limited to, stocks, bonds, options, UITs, REITs, certain types and classes of mutual funds and variable contracts products and cash and cash equivalents.

Client hereby acknowledges receipt of Sponsor's Form ADV Part 2A Disclosure Brochure, Form ADV Part 2B Supplemental Brochure, and Sponsor's Privacy Promise.

Print Client Name J Hal Conklin Client Signature J Hal Conklin Date 2-18-2012

Print Client Name Anita Rishell Conklin Client Signature Anita R. Conklin Date 2-18-12 2-28-12

Print ING Financial Partners Principal Name \_\_\_\_\_

ING Financial Partners Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Investment Adviser Representative Name STEPHEN E GRAY Rep ID 43P

<sup>1</sup> Under certain circumstances, and subject to approval, the minimum initial investment amount may be reduced.