

STANDARD ACCOUNT APPLICATION

Account # _____

INVESTMENT ADVISOR: TO BE COMPLETED BY ADVISOR	residents) ³ therwise noted). v state. and the of Section 3. ng a successor, on, the account be extended de for it, and ld consult with
Investment Advisor Firm (Agent) and Primary Contact: Firm Name:	residents) ³ therwise noted). v state. and the of Section 3. ng a successor, on, the account e extended de for it, and
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Individual Custodial Account (UGMA/UTMA)¹ Under the Laws of (State)²	of Section 3. Ing a successor, In, the account extended de for it, and
Custodial Account (UGMA/UTMA)¹ Under the Laws of (State)² Age of Termination² (state of UGMA/UTMA establishment must be provided) Joint Tenants with Rights of Survivorship If one Joint owner dies, his/her interest passes to the surviving owner(s). (Not available for Louisiana retenants in Common % Owner % Co-owner If one Joint owner dies, his/her interest passes to his/her estate (50/50, unless of Community Property For AZ, CA, ID, LA, NM, NV, PR, TX, WA, and WI only, Laws vary by state. Tenants by the Entirety If one Joint owner dies, his/her interest passes to the surviving owner (Spouses only). Not available in all states. Laws vary by the Estate Decedent's account number at TD Ameritrade: Provide estate name and estate tax ID in Section 2, a executor's information in Section 3, Include a copy of the decedent's death certificate, and a copy of the Letters of Testamentary. Guardianship⁴ Please include a copy of the court certified letter of guardianship. Conservatorship⁴ Please include a copy of the court certified letter of conservatorship. Provide minor's information in the Primary Account Owner information portion of Section 2, and the custodian's information in the Joint Account Owner portion of Complete the Custodian's Designation of Successor Custodian to UTMA/UGMA Account form. If the custodian dies or becomes incapacitated without designating a court certified Appointment of Successor Custodian may be required. Provide minor's information of Sections by state, although most states set the age of termination account certified Appointment of Successor Custodian may be required. The age of termination varies by state, although most states set the age of termination customers as the extension complies with any applicable requirements. Indestrain the elaws of the custodian's state of residence and that state's default age of termination. Certain states permit the age of termination in virule provide only insofar as the extension complies with any applicable requiremen	of Section 3. Ing a successor, In, the account extended de for it, and
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First Name: Estate Name: Social Security Number/Estate Tax ID: Date of Birth: Primary Telephone Number: Check here if this is not a U.S. phone number. Secondary Telephone Number: Check here if this is not a U.S.	NT OWNER
Primary Telephone Number:	
Email Address (required for electronic delivery of your account statement and trade confirmations):	. phone number.
Home Street Address (No PO Boxes):	
City: State: ZIP Code:	
Mailing Address (If different from above):	
City: State: ZIP Code:	
Please specify if you are: Employed Self-employed Unemployed Retired Homemaker Student	
Employer Name (if self-employed, please provide the name of your business):	
Please choose the occupation and industry of occupation code that most accurately describes your situation, from the list provided on page 6. Occupation: Industry of Occupation:	
Employer Street Address:	

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Check here if you are a: U.S. Citizen Permanent Resident please attention			Country of Cit	izenship <i>(For non-U.</i>	S. Citizens and Pe	rmanent Resi	dents):
If a Permanent Resident, please attach a copy of an unexpired Permanent Resident card. Country of Dual or Secondary Citizenship (if applicable):			Country of Birth (For non-U.S. Citizens and Permanent Residents):				
Non-U.S. citizens: Do you hold a curr (Nonresident aliens must submit Form Number Attachment to Form W-8" [Forn	W-8BEN and a copy of a curre		, ,,				ration: Address/U.S. Phone
☐ Check here if you or your spouse, 10% shareholder, or policy-makin	, any member of your imme g officer of a publicly traded	diate family, including places of the company. Specify the	parents, in-laws company name	, siblings, and depend e, address, city, and s	dents, is a member tate:	r of the board	of directors,
Check here if you or your spouse, broker-dealer firm, a financial sen required authorization letter (with	vices regulator, securities ex	diate family, including p xchange, or member of	parents, in-laws a securities ex	, siblings, and depend change. If checked, p	dents is licensed, ε lease specify entit	employed by, y below, and	or associated with, provide a copy of th
This section does not need	d to be completed fo	or Minors in Mine	or Accounts	S			
Annual income:	□ \$0 - 24,999	□ \$25,000 - 49,999	□ \$50	0,000 - 99,999	□ \$100,000 - 2	49,999	□ \$250,000+
Approximate net worth: (not including primary residence)	□ \$0 - 14,999 □ \$250,000 - 499,999	□ \$15,000 - 49,999 □ \$500,000 - 999,99		0,000 - 99,999 000,000 - 1,999,999	□ \$100,000 - 2 □ \$2,000,000+	,	
What best describes the initial source of funds for this account?	☐ Employment/Wages	☐ Retirement Funds ☐ Investments	_	t employment/Disability	☐ Savings ☐ Legal Settler	ment	
What best describes the ongoing source of funds for this account?	☐ Lottery/Gambling ☐ Employment/Wages ☐ Inheritance/Trust	☐ Spousal/Parental ☐ Retirement Funds ☐ Investments	Gift	ner (describe source of t employment/Disability	☐ Savings		
JOINT ACCOUNT OWNER	☐ Lottery/Gambling R: COMPLETE ALL					WNER OR	CUSTODIAN
Estate Name:			Social Securit	y Number/Estate Tax	(ID:	Date of Birt	h:
Primary Telephone Number:	☐ Check here if this is not	a U.S. phone number.	Secondary Te	elephone Number:	☐ Check here	if this is not a	u.S. phone number
Home Street Address (no PO boxes):						
City:			State:			ZIP Code:	
Mailing Address (if different from abo	ove):						
City:			State:			ZIP Code:	
Please specify if you are:	oved Dipompleved D	Dotirod - Homomok	or Ctudent				
☐ Employed ☐ Self-employed, particles	· · · · · · · · · · · · · · · · · · ·		er 🗆 Student				
Please choose the occupation and industry of occupation code that most accurately do Occupation:			describes your situation, from the list provided on page 6. Industry of Occupation:				
Employer Street Address:							
City:			State:			ZIP Code:	
Check here if you are a: ☐ U.S. Citizen ☐ Permane If a Permanent Resident, please attact			Country of Cit	izenship (For non-U.S	S. Citizens and Pe	rmanent Resi	idents):
Country of Dual or Secondary Citize	nship (if applicable):		Country of Bir	th (For non-U.S. Citiz	ens and Permane	nt Residents)	:
Non-U.S. citizens: Do you hold a curre (Nonresident aliens must submit Form Number Attachment to Form W-8" [Form	W-8BEN and a copy of a curre				Number:ter of Explanation for		ration: Address/U.S. Phone
☐ Check here if you or your spouse, 10% shareholder, or policy-makin	, any member of your imme	diate family, including place of the diagrams. Specify the	parents, in-laws company name	, siblings, and depend e, address, city, and s	dents, is a membe tate:	r of the board	of directors,
☐ Check here if you or your spouse, broker-dealer firm, a financial sen required authorization letter (with	vices regulator, securities ex						

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Annual income:	□ \$0 - 24,999	□ \$25,000 - 49,999	□ \$50,000 - 99,999	□ \$100,000 - 249,999	□ \$250,000+
Approximate net worth:	□ \$0 - 14,999	□ \$15,000 - 49,999	□ \$50,000 - 99,999	□ \$100,000 - 249,999	
(not including primary residence)	□ \$250,000 - 499,999	□ \$500,000 - 999,9	99 🗆 \$1,000,000 - 1,999,999	□ \$2,000,000+	
What best describes the initial	☐ Employment/Wages	☐ Retirement Funds	s ☐ Gift	☐ Savings	
ource of funds for this account?	☐ Inheritance/Trust	□ Investments	☐ Unemployment/Disability	y 🗌 Legal Settlement	
	☐ Lottery/Gambling	☐ Spousal/Parental	Support ☐ Other (describe source of	f funds):	
/hat best describes the ongoing ource of funds for this account?	☐ Employment/Wages	☐ Retirement Funds	Gift □ Gift	☐ Savings	
ource of furius for this account:	☐ Inheritance/Trust	□ Investments	☐ Unemployment/Disability	y 🗌 Legal Settlement	
	☐ Lottery/Gambling		Support ☐ Other (describe source of	f funds):	
CASH SWEEP VEHICLE	•		· · · · · · · · · · · · · · · · · · ·		
TD Ameritrade FDIC Insure Pays interest on credit balances)A) [☐ TD Ameritrade Cash (Prote Corporation [SIPC]) Pays interest on credit balance	•	ivestor Protection
•			to the TD Ameritrade FDIC Insu	ured Deposit Account. Se	e the Client
Agreement for a complete desc	-		ONLY ONE OPTION FOR	DIVIDEND & INTER	PEST DELIVERY)
	·				•
Please select one of the below ☐ Hold all dividends and intele ☐ Mail check for all dividends	rest at TD Ameritrade		eritrade will default to holding	all dividends and interes	st at 1D Ameritrade.
CONFIRMATION AND ST			and monar		
provide a valid email address monthly statement, either ele	, I will receive a monthl ctronically or via U.S. n	y paper statemen nail.	confirmations electronically, un t. Certain types of accounts o cation or an email sent to the a	r activity (such as optior	ns trading) require a
TD Ameritrade will send pape				address above is retarrie	a as anachverasie,
f I elect to receive either elec	tronic statements or el	ectronic confirmat	ions, I will receive shareholde	r information electronica	ally when available.
Account Statement: Monthly	Electronic Statements	☐ Monthly Paper S	Statements		
Trade Confirmation: ☐ Electron	nic Trade Confirmations	☐ Paper Trade Con	firmations		
☐ Unless I have checked this of additional corporate com		III provide my nam	e to corporations whose secu	rities I hold in my accou	nt for the purpose
DUPLICATE STATEMENT	S & CONFIRMS FO	OR AN INTERES	STED PARTY		
If you would like to provide du information below:	uplicate paper stateme	nts and/or duplica	te paper trade confirmations to	o an interested party, pl	ease complete the
Please check all that apply	☐ Statements ☐ Tr	ade Confirmations	3		
Name: Company Name (if any):					
Street Address:		Cit	y:	State:	ZIP Code:
PROXY AUTHORIZATION	1				
	w choices. If no select	ion is made, TD A	meritrade will default to sendir	ng me proxies. The Age	nt can only vote my
I would like to receive and Agent receives and votes issuer materials, normally Agent receives and votes p	vote on proxies. proxies. I hereby autho sent to me, to my advi proxies but I would like t	sor (Agent) and to o receive informati	e to forward proxy soliciting m allow Agent to vote Proxies o onal copies. I hereby authorize ly sent to me, to my advisor (A	n my behalf.* e TD Ameritrade to forwa	ard proxy soliciting
			o an advisory contract with the Age trade and delivered to your office. T		

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ADVISOR AUTHORIZATIONS

Limited Disbursement and Journal Authorization

By my signature below on this application, I hereby authorize TD Ameritrade to: disburse assets to me at my address of record at the direction of my Advisor and; journal assets between my TD Ameritrade accounts of identical registration at the direction of my Advisor as provided in the TD Ameritrade Institutional Client Agreement.

Please initial further authorizations below as applicable.

Directed Trading Authorization

I authorize TD Ameritrade to execute trades in my Account at the direction of my Advisor as provided in the TD Ameritrade Institutional Client Agreement.

Account Owner Initials: SS Account Co-Owner Initials:

Fee Deduction and Payment Authorization

I authorize TD Ameritrade to pay investment advisory fees and related fees (collectively, "Advisory Fees") to my Advisor from my Account(s) in the amounts instructed by my Advisor as provided in the TD Ameritrade Institutional Client Agreement.

Account Owner Initials: SS Account Co-Owner Initials:

These choices can be modified or revoked at any time by notice to TD Ameritrade Institutional at PO BOX 650567, Dallas, TX 75265-0567 or 800-431-3500.

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TRUSTED CONTACT (OPTIONAL)

By completing this section, you authorize TD Ameritrade to contact the person(s) named below for the following reasons: if there are questions or concerns about my whereabouts or health status; if TD Ameritrade suspects that I may be a victim of fraud or financial exploitation; if TD Ameritrade suspects that I might no longer be able to handle my financial affairs; to confirm the identity of any legal guardian, executor, trustee, authorized trader, or holder of a power of attorney; or if TD Ameritrade has any other concerns or is unable to contact me about my account(s) held at TD Ameritrade. Please review the Client Agreement for the full terms and conditions regarding how TD Ameritrade uses this information.

NOTE: Your Trusted Contact must be someone other than an account owner and cannot be the Investment Advisor. You may provide more than two Trusted Contact Persons by completing and signing additional Trusted Contact Authorization Forms.

First Name:	Middle Initial: Last Name:	
Relationship:		
Primary Telephone Number:	Email Address:	
Mailing Address:		
City:	State:	ZIP Code:
First Name:	Middle Initial: Last Name:	
Relationship:		
Primary Telephone Number:	Email Address:	
Mailing Address:		
City:	State:	ZIP Code:

11

AGREEMENT — BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT:

I acknowledge that I have received and read the Client Agreement, available at advisorclient.com or by calling 800-431-3500, that will govern my account. I agree to be bound by the Client Agreement, which may be amended from time to time and which is incorporated by this reference. I release and agree to indemnify and hold harmless TD Ameritrade from any and all liability and claims for damages resulting from any action taken pursuant to this Agreement. By my signature below, I attest that I am of legal age to contract, and I certify, to the best of my knowledge that the information provided on this application is complete and correct. I hereby request, subject to acceptance by TD Ameritrade, an account as indicated in Section 1 be opened in the name(s) set forth below.

If I have requested an options account, I agree to be bound by the Client Agreement and any supplemental options agreements that will govern my account applicable to the trading of options contracts. I agree to abide by the rules of the listed options exchanges and the Options Clearing Corporation and will not violate current position and exercise limits. I am aware of the risks involved in options trading and represent that I am financially able to bear such risks and withstand options-trading losses.

All securities, dividends, and proceeds will be held at TD Ameritrade Clearing, Inc. (the "Clearing Firm"), unless otherwise instructed.

I understand that TD Ameritrade may obtain a current consumer or credit report to determine my eligibility, or continuing eligibility, for credit or for other legitimate business purposes. Any decision by TD Ameritrade to extend credit may be based on information contained in a consumer or credit report, as well as the policies of TD Ameritrade and the Clearing Firm.

I understand that TD Ameritrade may relate information regarding this account, including account delinquency and voluntary closures, to consumer or credit reporting agencies. Upon my request, TD Ameritrade shall inform me of each consumer or credit reporting agency from which they have obtained and/or reported my consumer or credit report. TD Ameritrade agrees to notify the consumer or credit reporting agencies if I dispute the completeness or accuracy of the information furnished by TD Ameritrade. By my signature below, I authorize TD Ameritrade to obtain consumer or credit reports for the name(s) set forth below.

Unless specified otherwise, I understand that non-deposit investments purchased through TD Ameritrade are not insured by the Federal Deposit Insurance Corporation (FDIC), are not obligations of or guaranteed by any financial institution, and are subject to investment risk and loss that may exceed the principal invested.

Important information about procedures for opening a new account: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to 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 utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents.

Successors and Heirs. This Authorization supplements and in no way limits or restricts rights that TD Ameritrade and the Clearing Firm may have under any other agreement with me. This Authorization will bind my heirs, executors, administrators, successors, and assigns and will benefit TD Ameritrade and the Clearing Firm's successors and assigns.

If I am a U.S. person for tax purposes:

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; (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 Services (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. citizen or other U.S. person; and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

If I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, I must cross out (2) in this certification.

If I am not a U.S. Person for tax purposes:

I am submitting the applicable Form W-8 with this form to certify my foreign status.

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

The Client Agreement applicable to this brokerage account contains a predispute arbitration clause. By signing this agreement, the parties agree to be bound by the terms of the Client Agreement, including the arbitration agreement located in Section 14 of the Client Agreement on pages 11 and 12.

1	2	
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ACCOUNT OWNER(S) SIGNATURE: Primary Account Owner's Printed Name: Stephen E Shane Date: Joint Account Owner's Printed Name: Date:

Mailing Address: **TD Ameritrade Institutional** PO BOX 650567 Dallas. TX 75265-0567

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Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

Occ	upation Codes				
	Accountant/Auditor/Bookkeeper		Compliance/Regulatory Professional		Nurse
	Adjuster		Consultant		Office Associate
	Advertiser/Marketer/PR Professional		Counselor/Therapist	021	Other; If Other, include a description
	Air Traffic Controller	C53	Customer Service Representative		in the Occupation box.
	Ambassador/Consulate Professional		Dealer		Pharmacist
	Analyst		Dentist		Physical Therapist
	Appraiser		Distributor		Pilot
	Architect/Designer		Doctor/Surgeon/Physician	P32	Police Officer/Firefighter/
	Artist/Performer/Actor/Dancer		Driver		Law Enforcement Professional
	Assistant/Executive Assistant		Engineer		Politician
	Athlete	E71	Exterminator		Project Manager
۱64	Attorney/Judge/Legal Professional	F71	Factory/Warehouse Worker	R81	Real Estate Professional
	Auctioneer	F81	Farmer/Rancher		Researcher
.51	Banker/Lending Professional	F91	Financial Planner/Advisor	S41	Salesperson
321	Barber/Beautician/Hairstylist		Flight Attendant	S51	Scientist
331	Broker/Registered Rep	F32	Human Resources Professional	S61	Seamstress/Tailor
341	Business Executive (VP, Director, etc.)	141	Importer/Exporter	S71	Security Guard
351	Business Owner	151	Inspector/Investigator	S81	Social Worker
281	Caregiver	181	Investor	T41	Teacher/Professor
291	Carpenter/Construction Worker/	191	IT Professional/IT Associate	T51	Technician
	Contractor	J31	Janitor	T61	Teller
222	Cashier	J41	Jeweler	T71	Tradesperson/Craftsperson
32	Chef/Cook	L31	Laborer	T81	Trainer/Instructor
C42	Chiropractor	L41	Landscaper	U21	Underwriter
C52	Civil Servant	M91	Mechanic	V11	Veterinarian
C62	Clergy	M22	Military, Officer or Associated	W21	Writer/Journalist/Editor
C72	Clerk	M32	Mortician/Funeral Director		
Indu	stry of Occupation Codes				
A11	Accounting	F11	Fashion/Clothing	O31	Other; If Other, include a description
	Advertising/Marketing		Financial Services		in the Industry of Occupation box
	Aerospace/Defense		Firearms and Explosives	P11	Parking and Car Washes
	Agriculture/Forestry		Gaming/Casino/Card Club		Pawn Shops/Brokers
	Amusement and Recreation		Government/Public Administration		Personal Care/Hygiene (Beauty,
	Animal Services and Veterinary		Grocery/Supermarket		Salon, Cosmetics, Massage, etc.)
	Architecture/Design		Healthcare/Medical Services	P41	Pharmaceuticals
	Arts/Antiques		Hotel/Hospitality		Printing/Publishing
	Athletics/Fitness	111	Import/Export		Professional/Civic Organizations
	Automotive	121	Information Technology (IT)		(Non-Retail)
	Aviation	131	Insurance	R11	Real Estate
	Bar/Nightclub/Adult Entertainment Club	J11			Religious Organization
	Childcare		Legal Services/Public Safety	R31	Repair Services - Home, Auto,
	Cleaning/Janitorial/Housekeeping		Logistics/Supply Chain	. (01	and Other
	Communications/Telecommunications		Manufacturing	R41	Restaurant/Food Service
	Construction/Carpentry/Landscaping		Maritime		Retail Sales/Retail Trade
			Media/Entertainment		Science and Biotechnology
251	Convenience Store/Liquer Store/	IVIOI			Security
C51	Convenience Store/Liquor Store/	1/1/1/4	Mining Oil and Cas		
C51 C61	Gas Station		Mining, Oil, and Gas		•
C51 C61 C71	Gas Station Customer Service and Support		Money Services Businesses (Check	T11	Transportation
251 261 271 211	Gas Station Customer Service and Support Education		Money Services Businesses (Check Cashing, Money Transmitting, Payday	T11 T31	Transportation Travel
C51 C61 C71 E11 E21	Gas Station Customer Service and Support Education Embassy/Consulate	M51	Money Services Businesses (Check Cashing, Money Transmitting, Payday Loans, Currency Exchange)	T11 T31 U11	Transportation Travel Utilities (Public)
551 661 771 111 121 131	Gas Station Customer Service and Support Education	M51	Money Services Businesses (Check Cashing, Money Transmitting, Payday	T11 T31 U11	Transportation Travel

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