

Client Information Form

Representative Name	Rep Code	Percentage
Split Representative Name	Rep Code	Percentage

Use for new clients or current client information updates.

1 Tell Us about Yourself

This information helps us comply with various securities regulations and rules and the USA PATRIOT Act, a Federal law that requires all securities firms to obtain, verify, and record information that identifies each applicant. The information also helps us more fully understand your investment profile and identify what types of investments or strategies may be suitable for you. We keep this information confidential.

Owner (Individual, Trust, Corporation, Non-Profit, Retirement Plan)

Contact Information

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. | ☐ Sr. ☐ Jr. ☐ II, III, IV ☐ Corp. ☐ Trust

First Name (Entity Name)

Middle Name

Last Name

Permanent Address

Apt/Suite No.

City

State

ZIP Code

Country

Work Phone

Home Phone

Mobile Phone

Email Address

☐ Please check if you have been at your current home address for less than one year.

Mailing Address (if different from above)

Apt/Suite No.

City

State

ZIP Code

Country

Are you: ☐ Single ☐ Married ☐ Domestic Partner ☐ Divorced ☐ Widowed Number of Dependents: _____

USA PATRIOT Act Information

Required by Federal law. Please note: if we cannot verify the information you provide, we may be required to restrict or deny your account.

All applicants please provide the information below. Non-resident aliens, also include a completed W-8BEN.

Date of Birth (mm/dd/yyyy)

Social Security or Taxpayer ID No.

Country of Citizenship

ID No. (Select one): ☐ Driver's License ☐ Passport ☐ State ID ☐ Other Government-issued ID

Issue Date (mm/yyyy)

Expiration Date (mm/yyyy)

Place/Country of Issuance

Employment Status

Are you currently? ☐ Employed ☐ Self-Employed ☐ Not Employed ☐ Retired* ☐ Student ☐ Other: _____

Job Title

Occupation (*or former occupation if retired)

Employer

Years with this Employer

Business Address

Apt/Suite No.

City

State

ZIP Code

Country

Client Information Form

1 Please Tell Us about Yourself - CONTINUED

☐ Co-Owner ☐ Custodian ☐ Beneficiary ☐ Trustee ☐ Authorized Person ☐ POA

Contact Information

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. | ☐ Sr. ☐ Jr. ☐ II, III, IV

First Name

Middle Name

Last Name

Permanent Address

Apt/Suite No.

City

State

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Country

Work Phone

Home Phone

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Email Address

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Mailing Address (if different from above)

Apt/Suite No.

City

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Business Address

Apt/Suite No.

City

State

ZIP Code

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Client Information Form

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Please Tell Us about Yourself - CONTINUED

Trusted Contact Person Information

By choosing to provide information about a trusted contact person, you authorize us to contact the trusted contact person listed below and disclose information about your account to that person in the following circumstances: to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults).

☐ I choose not to provide this information.

OR

First Name

Middle Name

Last Name

Address

Apt/Suite No.

City

State

ZIP Code

Country

Work Phone

Home Phone

Mobile Phone

Email Address

Relationship to Primary Applicant/Co-Applicant: _____

All Applicants

Industry and Other Affiliations

Primary Applicant

Co-Applicant

Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings, and dependents:

☐ Yes ☐ No

☐ Yes ☐ No

Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, branch manager, registered representative, or other associated person of a broker-dealer firm) or a financial services regulator?

If yes, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this Application).

☐ Broker-Dealer or Municipal Securities Dealer

☐ Investment Adviser

☐ FINRA or other Self-Regulatory Organization*

☐ State or Federal Securities Regulator

(*Including a national securities exchange, registered securities association, registered clearing agency or the Municipal Securities Rulemaking Board.)

Name of entity(ies): _____

☐ Yes ☐ No

☐ Yes ☐ No

An officer, director or 10% (or more) shareholder in a publicly owned company?

Name of company and symbol: _____

Client Information Form

1 Please Tell Us about Yourself - CONTINUED

We understand the sensitivity of this information, but we have a duty to determine if your investment is right for you and this information helps with that review. We keep this information confidential.

Financial Situation and Needs, Liquidity Considerations, and Tax Status (Joint/Household if Applicable)

Please tell us your best estimate as to:

ANNUAL INCOME ¹ (from all sources)	NET WORTH ² (excluding your residence)	LIQUID NET WORTH ³	TAX RATE (highest marginal)
<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> 0-10%
<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> 11-21%
<input type="checkbox"/> \$50,001-100,000	<input type="checkbox"/> \$50,001-200,000	<input type="checkbox"/> \$50,001-200,000	<input type="checkbox"/> 22-35%
<input type="checkbox"/> \$100,001-250,000	<input type="checkbox"/> \$200,001-500,000	<input type="checkbox"/> \$200,001-500,000	<input type="checkbox"/> Over 35%
<input type="checkbox"/> \$250,001-500,000	<input type="checkbox"/> \$500,001-1,000,000	<input type="checkbox"/> \$500,001-1,000,000	
<input type="checkbox"/> Over \$500,000	<input type="checkbox"/> \$1,000,001-3,000,000	<input type="checkbox"/> \$1,000,001-3,000,000	
	<input type="checkbox"/> Over \$3,000,000	<input type="checkbox"/> Over \$3,000,000	

ANNUAL EXPENSES ⁴ (recurring)	SPECIAL EXPENSES ⁵ (future, non-recurring)	LIQUIDITY NEEDS
<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> None Expected	The ability to quickly and easily convert to cash all or a portion of the investments in your portfolio(s) without experiencing significant loss in value from, for example, the lack of a ready market, or incurring significant costs or penalties is: (check one) <input type="checkbox"/> Very important <input type="checkbox"/> Important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Does not matter
<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> \$50,000 and under	
<input type="checkbox"/> \$50,001-100,000	<input type="checkbox"/> \$50,001-100,000	
<input type="checkbox"/> \$100,001-250,000	<input type="checkbox"/> \$100,001-250,000	
<input type="checkbox"/> \$250,001-500,000	<input type="checkbox"/> \$250,001-500,000	
<input type="checkbox"/> Over \$500,000	<input type="checkbox"/> Over \$500,000	
	Timeframe for special expenses if marked: <input type="checkbox"/> Within 2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-10 years	

¹ **Annual income** includes income from sources such as employment, alimony, social security, investment income, etc.

² **Net worth** is the value of your assets minus your liabilities. For purposes of this application, assets include stocks, bonds, mutual funds, other securities, bank accounts, and other personal property. Do not include your primary residence among your assets. For liabilities, include any outstanding loans, credit card balances, taxes, etc. Do not include your mortgage.

³ **Liquid net worth** is your net worth minus assets that cannot be converted quickly and easily into cash, such as real estate, business equity, personal property and automobiles, expected inheritances, assets earmarked for other purposes, and investments or accounts subject to substantial penalties if they were sold or if assets were withdrawn from them.

⁴ **Annual expenses** might include mortgage payments, rent, long-term debts, utilities, alimony, or child support payments, etc.

⁵ **Special expenses** might include a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.

Investment Risk Tolerance

Investing involves risk. Different investment products and strategies involve different degrees of risk. The higher the expected returns of a product or strategy, the greater the risk that you could lose most of your investment. Investments should be chosen based on your objectives, timeframe, and tolerance for market fluctuations.

Please select the degree of risk you (and any co-applicants, if applicable) are willing to take with the assets in your accounts.

Conservative. I (we) want to preserve my (our) initial principal, with minimal risk, even if that means account(s) do not generate significant income or returns and may not keep pace with inflation.

Moderately Conservative. I (we) am (are) willing to accept low risk to my (our) initial principal, including low volatility, to seek a modest level of portfolio returns.

Moderate. I (we) am willing to accept some risk to my (our) initial principal and tolerate some volatility to seek higher returns and understand I (we) could lose a portion of the money invested.

Moderately Aggressive. I (we) am willing to accept high risk to my (our) initial principal, including high volatility, to seek high returns over time, and understand I (we) could lose a substantial amount of the money invested.

Significant Risk. I (we) am (are) willing to accept maximum risk to my (our) initial principal to aggressively seek maximum returns, and understand I (we) could lose most, or all, of the money invested.

Client Information Form

1 Please Tell Us about Yourself - CONTINUED

Financial Investment Experience

We are collecting the information below to better understand your investment experience. We recognize your responses may change over time as you work with us.

Please check the boxes that best describe your investment experience to date.

<u>Investment</u>	<u>Years of Experience</u>		
Mutual Funds	<input type="checkbox"/> None	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5
Interval Funds	<input type="checkbox"/> None	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5
Variable Annuities	<input type="checkbox"/> None	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5
Equity/Fixed Index Annuities	<input type="checkbox"/> None	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5
Buffered / Hybrid Annuities	<input type="checkbox"/> None	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5
Stocks	<input type="checkbox"/> None	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5
Bonds	<input type="checkbox"/> None	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5
Real Estate / REITS	<input type="checkbox"/> None	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5

Decision-Making (check all that apply)

- ☐ I consult with my broker, investment adviser, CPA, or other financial professional.
- ☐ I generally make my own decisions and/or consult with my co-applicant(s).
- ☐ I discuss investment decisions with family and/or friends.

Other Investments

Please provide us with additional information about your other investments to help us more fully understand your investment profile and identify what types of investments or strategies may be suitable for you. Please provide information for your household.

Investment type/Description

Amount (\$US)

Total Value of Bank Accounts \$

Total Mutual Fund Accounts \$

Total Annuities \$

Total Brokerage/Managed Accounts \$

Total Life Insurance (cash value) \$

Total Real Estate Assets (excluding your home) \$

Total Other Assets \$

TOTAL \$

Please use additional space as needed

ARBITRATION

This agreement contains a pre-dispute arbitration clause. By signing an arbitration agreement, the parties agree as follows:

- All of the parties to this Agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which the claim is filed.
- Arbitration awards are generally final and binding: a party's ability to reverse or modify an arbitration award is very limited.
- The ability of the parties to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings.
- The arbitrators do not have to explain the reason(s) for their award.
- The panel of arbitrators for securities matters typically will include a minority of arbitrators who were or are affiliated with the securities industry.
- For all other matters, including insurance and/or investment advisory related matters, the arbitrators selected by the claimant and the arbitrator selected by respondent shall, within ten days of their appointment, select a third neutral arbitrator. In the event that they are unable to do so, the parties or their attorneys may request the American Arbitration Association to appoint the third neutral arbitrator.
- The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court.
- The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this Agreement.

No person shall bring a putative or certified class action to arbitration, nor seek to enforce any pre-dispute arbitration agreement against any person who has initiated in court a putative class action; or who is a member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative class action until:

- (i) the class certifications denied; or
- (ii) the class is decertified; or
- (iii) the client is excluded from the class by the court. Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this Agreement except to the extent stated herein.

ARBITRATION PROVISION

It is agreed that all controversies or disputes which may arise between you and us concerning any transaction or the construction, performance or breach of this Agreement or any other agreement between you and us, whether entered into prior to, on, or subsequent to the date of this Agreement, including any controversy concerning whether an issue is abatable, shall be determined by arbitration conducted before, and only before, an arbitration panel set up by the Financial Industry Regulatory Authority – Dispute Resolution (FINRA) in accordance with its arbitration procedures, and judgment on the award rendered by the arbitrator(s) may be entered in any court having jurisdiction thereof. Any of us may initiate arbitration by filing a written claim with the FINRA. Any arbitration under this agreement will be conducted pursuant to the Federal Arbitration Act. The venue for all arbitration proceedings arising out of or relating to this agreement shall be Pittsburgh, Pennsylvania. By signing this agreement, I (we) acknowledge and accept Pittsburgh, Pennsylvania as the arbitration hearing location.

RULES AND REGULATIONS

You hereby verify that you are of legal age under the laws of the state where you reside and that you are authorized to enter into this agreement.

JURISDICTION

This agreement and all documents incorporated by reference are governed by the laws of the State of Pennsylvania. This agreement shall apply and bind the parties in any and all questions arising under this Agreement, including questions of validity, interpretation and performance. This agreement binds your heirs, assigns, executors, successors, conservators and administrators.

AMENDMENT

Except as herein otherwise expressly provided, no provision of this Agreement shall in any respect be waived, altered, modified or amended unless such waiver, alteration, modification or amendment be committed in writing and signed AND agreed to by an officer of Fortune Financial Services.

REPRESENTATIONS

You represent that if any one of the beneficiaries of said account or anyone else who has a beneficial interest in this same is an employee of any exchange, or of any corporation which any exchange controls, or of a member of any firm registered on any exchange or of a bank, trust company, insurance company or any corporation, firm or individual engaged in the business of dealing in securities either as a broker or principal, that the signed will abide by the rules of the regulatory agencies and your policies. If at any future time, any such persons become so employed, you will notify Fortune promptly. No one other than such beneficiaries has or will have an interest in the account except as you shall advise us in writing.

CONCERNS OR COMPLAINTS

If you have any concerns or complaints regarding your account, you should contact our Compliance Department at 724-846-2488. Please direct any and all correspondence to: Fortune Financial Services, Inc., Attn: Compliance Department, 3582 Brodhead Road Suite 202, Monaca, PA 15061.

FINRA PUBLIC DISCLOSURE PROGRAM ("BrokerCheck")

The Financial Industry Regulatory Authority (FINRA) requires that FINRA members provide the following information concerning the FINRA's public disclosure program: The FINRA public disclosure program hotline number is (800) 289-9999 and the FINRA website address is www.FINRA.org. An investor brochure that includes information describing the public disclosure program may be obtained from FINRA.

JOINT ACCOUNTS

(a) If this is a Joint Account, you agree that each applicant has the authority to act on behalf of all account owners to: order any transaction involving the account, including transactions that result in a negative account balance; receive any property in the account, including cash withdrawals; receive any communications concerning the account including confirmations and statements; and make or agree to any changes in the account or this agreement, including closing the account. Fortune is not required to verify with other account owners the authority for any instructions received from one of you and Fortune does not need to give notice of any transaction to any owner/applicant who did not order the transaction. Each and every account owner/applicant shall be individually liable for the full amount of any loan or balance due on this account.

(b) If one of you dies, the survivor(s) will give Fortune immediate written notice of the death. Fortune may take any action it may feel prudent to protect it from any tax, liability, penalty, or loss.

CUSTOMER IDENTIFICATION

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person (or business) who opens an account. When you open an account, Fortune Financial Services will ask for your name, address, telephone number, date of birth, tax identification number and other information that will allow it to verify your identity. Fortune Financial Services may ask to see and make a copy of my driver's license, government-issued identification, or other identifying documents.

NOTICE

All communications may be sent to you at the address that Fortune Financial Services has on file for you, or at such address that you may thereafter provide to Fortune Financial Services in writing. You may communicate with Fortune Financial Services by mailing to the address of Fortune that was provided to you. We agree to communicate with you in writing to a PO Box if you so request, however we require a physical address (not a PO address) associated with your account.

FDIC DISCLOSURE

You acknowledge that securities you may invest in:

- Are not insured by the Federal Deposit Insurance Corporation (FDIC);
- Are not deposits or other obligations of the financial institution and are not guaranteed by the financial institution; and
- Are subject to investment risks, including possible loss of the principal invested.

SIPC COVERAGE

You understand that Fortune Financial Services, Inc. is a member of the Securities Investor Protection Corporation (SIPC), which provides protection up to \$500,000 (including \$250,000 for claims of cash) per client as defined by SIPC rules. An explanatory brochure is available upon request or at www.sipc.org or via telephone at (202) 371-8300.

BUSINESS CONTINUITY NOTICE

In the wake of the terrorist attacks of 9/11, the American government has required Broker/Dealers to create and implement a business continuity plan. This plan is designed to explain how we would continue to function in case of a Serious Business Disruption (SBD). Our plan anticipates two kinds of SBD's, internal and external. Internal SBD's affect only our firm's ability to communicate and do business, such as a fire in our building. Our firm can give assurances that we have arranged for business to continue at an alternative location (complete with files and communications) both by mail and telephone within 24 hours. External SBD's will be addressed according to their severity. War, terrorist attack and other severe SBDs are addressed in our complete business continuity plan, a copy of which can be obtained by writing our home office at "3582 Brodhead Road Suite 202, Monaca, PA 15061" or may be downloaded from our Web site by visiting http://www.fortunefinancialservices.com/site/assets/files/1135/business_continuity_plan_rev_6-23-2021.pdf. You have access to your funds by contacting the investment company directly.

SEVERABILITY

If any provisions or conditions of this Agreement shall be held to be invalid or unenforceable by any court, regulatory or self-regulatory agency or body, such invalidity or unenforceability shall attach only to such provision or condition. The validity of the remaining provisions and conditions shall not be affected thereby, and this Agreement shall be valid and enforceable as if any such invalid or unenforceable provision were not contained herein.

PRIVACY POLICIES AND PRACTICES

Fortune Financial Services, Inc. is committed to maintaining the confidentiality, integrity and security of personal information entrusted to us by our current and potential financial service customers. We collect non-public, personal information about you from applications or other forms you complete as well as from your broker, so we can perform financial transactions for you. We restrict access to non-public, personal information about you to those employees who need to know that information in order to provide products or services to you. We do not disclose any non-public, personal information about our customers or former customers to anyone except as required or permitted by law. We may disclose information to non-affiliated parties as allowed by law, such as responding to a subpoena, preventing fraud, or complying with an inquiry from a government agency or regulator. Fortune Financial Services, Inc. may use personal information for the purpose of offering or furnishing other services. However, names and addresses have never been and never will be given or sold to third parties for outside use.

We appreciate the opportunity to be of service in your financial needs. If you have any questions regarding our privacy policies, contact Gregory J. Bentley, CEO at 724-846-2488.

CUSTOMER ACKNOWLEDGEMENTS

Fortune Financial Services, Inc. conducts business in mutual funds and variable life insurance products (variable annuities and variable life insurance).

Fortune Financial Services, Inc. is not involved in estate planning, accounting, tax preparation or advice, or traditional life insurance or fixed annuities.

I (we) understand that my registered representative will receive compensation from the sponsoring company as described in the prospectus/policy.

I (we) acknowledge that I (we) have received a current prospectus for each mutual fund, variable annuity and/or variable life insurance product I (we) have chosen to purchase. I (we) understand that it is my (our) responsibility to read the prospectus provided to me (us) by my (our) financial representative as it contains important disclosures about this investment that I (we) should know. Federal securities laws require its distribution to me (us). Should I (we) have questions regarding the prospectus, I (we) will contact my (our) registered representative or the Fortune Financial Services, Inc. compliance department at 724-846-2488.

I (we) understand that liquidation proceeds may be more or less than my (our) initial investment depending on market conditions and product stipulations, as all investments involve a level of risk. Such risks are described in the prospectus/policy given to me (us). Should I (we) have any questions about such risks, I (we) will consult with my (our) registered representative or the Fortune Financial Services compliance department.

I (we) have been advised by my (our) representative of possible additional fees incurred by selling one investment and purchasing another. Those fees may include upfront fees, additional back-end surrender charges, or higher annual ongoing fees. Due to these reasons, short-term trading of mutual funds shares, and annuity/life insurance policies is not recommended.

Client Information Form

2 Important Information - CONTINUED

I (we) understand that mutual fund shares and annuity/life insurance products are designed to be long-term investments and I (we) have other assets for short-term liquidity needs.

I (we) confirm that I (we) am (are) in receipt of the FINRA Customer Identification Program Notice and the Fortune Financial Services, Inc.'s Public Disclosure Notice, including the Privacy Notice and Business Continuity Plan summary, Form Client Relationship Summary (CRS), and, if a Qualified plan, the Department of Labor letter, which are required to be given to me (us) by my financial representative. Should I (we) have questions regarding these notices, I (we) will contact my (our) registered representative or the Fortune Financial Services, Inc.'s compliance department.

3 Review and Submit this Application

ACKNOWLEDGEMENTS

Under penalties of perjury, I (we) certify that the Social Security and/or Taxpayer Identification Number provided herein is my (our) correct taxpayer identification number(s). Unless otherwise indicated, I (we) am (are) not subject to any backup withholding and I (we) am (are) a U.S. Person (including a U.S. resident alien).

Confirmations and Signatures – Please Read Carefully

Tax Withholding Certifications

Please check all boxes that apply, and sign and date below.

Owner	Co-Owner / Beneficiary / Trustee / Authorized Person	
<input type="checkbox"/>	<input type="checkbox"/>	U.S. Person: Under penalty of perjury, I certify that: (1) I am a U.S. citizen, U.S. resident alien or other U.S. person, and the Social Security Number or Taxpayer Identification Number provided in this Application is correct (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.
<input type="checkbox"/>	<input type="checkbox"/>	Certification Instructions: You must check this box if you cannot certify to item (2) above, meaning that 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.
<input type="checkbox"/>	<input type="checkbox"/>	Non-Resident Alien: I certify that I am not a U.S. citizen, U.S. resident alien, or other U.S. person for U.S. tax purposes, and I am submitting the applicable Form W-8 with this form to certify my foreign status and, if applicable, claim tax treaty benefits.

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

Signatures

By signing this Application, you affirm that you have received and read this Form and any supplemental documents governing this relationship. You affirm that the information you have provided is accurate and you agree to notify us of any changes in the information provided.

Owner Name (please print below)	Owner Signature	Date
Co-Owner, et al. Name (please print below)	Co-Owner, et al. Signature	Date
Representative Signature		Date
INTERNAL USE ONLY		
Approving Principal Signature		<input type="checkbox"/> OFAC review attached

Internal Use only