The Dicke Company, LLC

NEW ACCOUNT APPLICATION

FOR CUSTODIAL USE ONLY AGENT	REP		ACC		PREP
A. PARTICIPANT IDENTIFICATION					
NAME/ LAST	FIRST	MIDDLE		BIRTH DATE	
STREET ADDRESS				SOCIAL SECURITY NUMBER	
СІТУ	ST.	ATE	ZIP	HOME TELEPHONE	
E-MAIL ADDRESS				DAYTIME TELEPHONE	
-					
JOINT OWNER NAME/ LAST	FIRST	MIDDLE		BIRTH DATE	
STREET ADDRESS (if different from above)				SOCIAL SECURITY NUMBER	
СІТУ		ATE	ZIP	HOME TELEPHONE	
	311	AIL	ZIF	HOME TELEPHONE	
E-MAIL ADDRESS				DAYTIME TELEPHONE	
TRUST NAME TRUSTEE NAME				DATE OF TRUST	
STREET ADDRESS (if different from above)				TAX ID NUMBER	
CITY	ST	ATE	ZIP	HOME TELEPHONE	
E-MAIL ADDRESS				DAYTIME TELEPHONE	
D DUOTO IDENTIFICATION					
B. PHOTO IDENTIFICATION					
TYPE OF ID (i.e. Driver's License, Passport, etc.) ID NUM	MBER ISS	UING JURISDICATION (Federal, State, et	tc.) EXPIRATION	DATE	ISSUE DATE (optional)
C. ESTABLISHING YOUR ACCOUNT					
Designate Account Type: Qualified OR	Non-Qualified (c	heck only one) Individual	Joint Owners	Trust (Provide cop	y of the trust affidavit)
Fund Your Account:					
Cash Amount with application: \$		(make all checks paya	able to TVPX ARS, I	nc. Escrow FBO: Client	<u>Name</u>)
Expected Amount: \$ I will wire funds on:					
All Funds will receive a 10-day Right of Rescission Investor Initials					
D. ACKNOWLEDGMENT & SIGNATURE					
I declare under penalty of perjury that the foregoing is true and correct, including my social security number. Agent/Rep.:					
Participant Signature:		Date:			
Spouse Signature*:		Date:			

*Only required in community or marital property states, if anyone other than the spouse is named as primary beneficiary. I acknowledge that I am the spouse of the above-named accountholder and do hereby give them any interest that I have in the funds or property in this account and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result.

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