

# NEW ACCOUNT FORM

For office use only:

ACCOUNT NUMBER:

H 5 8 -

IP:

5 4 8

## I. ACCOUNT REGISTRATION

☐ RETIREMENT\* (Skip to section II)

☒ RETAIL (Select a type of retail account below)

☐ Individual Account

☐ Estate\* Person or Entity Appointed to Act on Behalf of the Account: ☐ Administrator ☐ Personal Representative ☐ Special Administrator ☐ Executor ☐ Temporary Administrator ☐ Executrix Number Appointed to Account: \_\_\_\_\_

☐ Trust\* Establishment Date: \_\_\_\_\_  
Trust Type: ☐ Charitable ☐ Revocable ☐ Family ☐ Testamentary ☐ Irrevocable ☐ Irrevocable Living ☐ Living

Trustees: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_  
Can the trustees act independently? ☐ Yes ☐ No

☐ Power of Attorney\* Power of Attorney Name: \_\_\_\_\_  
☐ Custodian for Minor\* State in Which Gift Was Given: \_\_\_\_\_ Date Gift Was Given: \_\_\_\_/\_\_\_\_/\_\_\_\_ Minor's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Age Designated to Terminate: \_\_\_\_\_  
Manner in Which Gift Was Given: ☐ Trust ☐ Exercise by Appointment ☐ Will ☐ Transfer by Fiduciary or Obligor ☐ Created by Gift Select One: ☐ Uniform Gift to Minors Act ☐ Uniform Transfer to Minors Act

☐ Joint Tenant Account\* Are the account holders married to each other? ☐ Yes ☐ No Tenancy State: \_\_\_\_\_ Number of Tenants: \_\_\_\_\_

Tenancy Clause: ☐ Community Property ☐ Tenants by Entirety ☐ Community Property with Right of Survivorship ☐ Tenants in Common ☐ Joint Tenants with Right of Survivorship ☐ Usufruct

☐ Corporate Pension/Profit Sharing Plan\* Plan Name: \_\_\_\_\_  
Trustees: \_\_\_\_\_  
Beneficiaries: \_\_\_\_\_

☐ Transfer on Death—Individual\* Agreement Execution Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Transfer on Death—Joint\* Agreement Execution Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are the account holders married to each other? ☐ Yes ☐ No Tenancy State: \_\_\_\_\_ Number of Tenants: \_\_\_\_\_

Tenancy Clause: ☐ Community Property ☐ Tenants by Entirety ☐ Community Property with Right of Survivorship ☐ Tenants in Common ☐ Joint Tenants with Right of Survivorship ☐ Usufruct

Additional Retail Types:

☐ IRA Third Party\* ☐ Guardianship\* ☐ Partnership\* ☐ Noncorporate\*  
☐ Investment Club\* ☐ Conservatorship\* ☐ Financial Organization\* ☐ Nonpurpose Loan  
☐ Corporation\* ☐ Bank Collateral\* ☐ Nonprofit Organization\* ☐ Limited Liability Company  
☒ Government Entity/Agency\* ☐ Exempt Organization\* ☐ Sole Proprietorship\* ☐ Limited Partnership

\*Additional documentation may be required to open these account types. Contact your investment professional for more information.

## II. USA PATRIOT ACT INFORMATION

What is the source of funds for this account? ☐ Income from Earnings ☒ Investment Proceeds ☐ Gift ☐ Sale of Business ☐ Inheritance ☐ Other  
☐ Pension/IRA/Retirement Savings ☐ Spouse/Parent ☐ Lottery/Gaming ☐ Insurance Proceeds ☐ Legal Settlement

Is this account a Private Banking Account as defined under the USA PATRIOT Act? ☐ Yes ☒ No

Is this an account for a Foreign Bank as defined under the USA PATRIOT Act? ☐ Yes ☒ No

If yes, is the bank a Central Bank? ☐ Yes ☐ No

**SPECIAL NOTE FOR NON-U.S. ACCOUNTS:** With respect to assets custodied by Pershing on your behalf, you acknowledge that income and capital gains or distributions to you from this account may be taxable in your home jurisdiction. You acknowledge to your financial organization and to Pershing that you have taken your own tax advice in this regard.

Is this account for a Foreign Financial Institution (e.g. non-U.S. bank; non-U.S. branch of a U.S. bank; broker-dealer; futures merchant; commodities introducing broker; mutual fund; money transmitter or currency exchanger)? ☐ Yes ☒ No

If yes, is this a Foreign Bank Account operating under an Offshore Banking License? ☐ Yes ☐ No

If yes, is this a Foreign Bank Account operating under a banking license issued by a Non-Cooperative Country or Territory? ☐ Yes ☐ No

If yes, is this a Foreign Bank Account operating under a banking license issued by a jurisdiction subject to Section 311 measures? ☐ Yes ☐ No

If the answer to any of the three questions above is yes, how many people or entities\* own 10% or more of the Bank (if its shares are not publicly traded)? \_\_\_\_\_

Are you or anyone with an interest in this account either (1) a senior military, governmental, or political official in a non-U.S. country, or (2) closely associated with an immediate family member of such an official? ☐ Yes ☒ No If Yes, identify the name of the official, office held, and country: \_\_\_\_\_

\*If number is greater than zero, a Foreign Bank Beneficial Ownership form must accompany this request.



# NEW ACCOUNT FORM

ACCOUNT NUMBER: H J 8 -                                          

## III. ACCOUNT HOLDER INFORMATION

### PRIMARY ACCOUNT HOLDER

Name: WARREN COUNTY SCHOOL DISTRICT ☐ Person ☒ Entity Social Security Number or Taxpayer ID Number: 25-1157816

LEGAL ADDRESS	MAILING ADDRESS (If different)
ATTN: _____	ATTN: _____
Address: <u>185 HOSPITAL DRIVE</u>	Address: _____
City: <u>WARREN</u> State: <u>PA</u> Zip/Postal Code: <u>16365</u>	City: _____ State: _____ Zip/Postal Code: _____
Province/County/Subdivision: <u>WARREN</u> Country: <u>US</u>	Province/County/Subdivision: _____ Country: _____

Country of Citizenship: US Country of Permanent Residence: US  
 Telephone Number (Home): (814) 723-6900 Telephone Number (Business): (814) 723-6900  
 E-mail: \_\_\_\_\_ Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### EMPLOYMENT INFORMATION

Employment Status: ☐ Employed (EMPL) ☐ Unemployed (UEMP) Occupation: \_\_\_\_\_ Years Employed: \_\_\_\_\_  
☐ Self-Employed (SEMP) ☐ Homemaker (HOME)  
☐ Retired (RETD) ☐ Student (STDT) Type of Business: \_\_\_\_\_  
 Employer's Name: \_\_\_\_\_ ATTN: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Province/County/Subdivision: \_\_\_\_\_ Country: \_\_\_\_\_

### FINANCIAL INFORMATION

Identify Verification Method Used: ☐ Compliance Data Center Inc. Report (CDCR) Annual Income: \_\_\_\_\_ Tax Bracket: \_\_\_\_\_  
☐ Internal Review (INRV) From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_ ☐ 0-15% (LWTB)  
☐ Regulatory Data Corporation (RDCR) Net Worth (Excluding home): \_\_\_\_\_ ☐ 15.1%-32% (MDTB)  
☐ Other ID Vendor (OTHR) From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_ ☐ 32.1%-50% (HITB)  
☐ Check box if aggregated with other joint tenants. ☐ 50.1% + (TPTB)

### UNEXPIRED GOVERNMENT IDENTIFICATION

**NOTE:** Unexpired photo government identification should be provided for all nonresident aliens, along with an IRS Form W-8BEN.  
 ID Verification Comments: \_\_\_\_\_

GOVERNMENT PHOTO ID #1	GOVERNMENT PHOTO ID #2
Type of Unexpired Photo ID: _____	Type of Unexpired Photo ID: _____
ID Number: _____	ID Number: _____
Country of Issue: _____	Country of Issue: _____
State/Province/Subdivision of ID: _____	State/Province/Subdivision of ID: _____
Date of Issue: ____/____/____ Date of Expiration: ____/____/____	Date of Issue ____/____/____ Date of Expiration: ____/____/____

### CORPORATE/BUSINESS INFORMATION

Corporate/Business ID Number: \_\_\_\_\_ Formation Date of Corporation/Business: \_\_\_\_\_  
 State/Province of Incorporation: \_\_\_\_\_ Country of Incorporation: \_\_\_\_\_

### BROKER-DEALER AFFILIATIONS

Are you an employee of this broker-dealer? ☐ Yes ☒ No  
 Are you related to an employee at this broker-dealer? ☐ Yes... Employee name: \_\_\_\_\_  
☒ No Relationship: \_\_\_\_\_  
 Are you an employee of another broker-dealer? ☐ Yes... Broker-dealer name: \_\_\_\_\_  
☒ No  
 Are you related to an employee at another broker-dealer? ☐ Yes... Broker-dealer name: \_\_\_\_\_ Employee name: \_\_\_\_\_  
☒ No Relationship: \_\_\_\_\_  
 Are you maintaining any other brokerage accounts? ☐ Yes... With what firm(s) are you maintaining other brokerage accounts? \_\_\_\_\_  
☒ No Years of investment experience: \_\_\_\_\_  
 Are you or any member of your immediate family affiliated with or employed by a member of a stock exchange or the Financial Industry Regulatory Authority? ☐ Yes  
 If Yes, employer authorization is required. What is the affiliation? ☒ No  
 Are you a senior officer, director, or 10% or more shareholder of a public company? ☐ Yes... Company name(s) \_\_\_\_\_  
☒ No



# NEW ACCOUNT FORM

ACCOUNT NUMBER:                              

## IV. SECONDARY ACCOUNT HOLDER INFORMATION

### SECONDARY ACCOUNT HOLDER

Name: J. PETER TURNQUIST

☒ Person ☐ Entity

Social Security Number or Taxpayer ID Number: \_\_\_\_\_

LEGAL ADDRESS	MAILING ADDRESS (If different)
ATTN: _____	ATTN: _____
Address: _____	Address: _____
City: _____ State: _____ Zip/Postal Code: _____	City: _____ State: _____ Zip/Postal Code: _____
Province/County/Subdivision: _____ Country: _____	Province/County/Subdivision: _____ Country: _____

Country of Citizenship: \_\_\_\_\_

Country of Permanent Residence: \_\_\_\_\_

Telephone Number (Home): \_\_\_\_\_

Telephone Number (Business): \_\_\_\_\_

E-mail: \_\_\_\_\_

Gender: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### EMPLOYMENT INFORMATION

Employment Status: ☒ Employed (EMPL)

☐ Unemployed (UEMP)

Occupation: BUSINESS ADMINISTRATOR Years Employed: \_\_\_\_\_

☐ Self-Employed (SEMP)

☐ Homemaker (HOME)

☐ Retired (RETD)

☐ Student (STDT)

Type of Business: \_\_\_\_\_

Employer's Name: WARREN COUNTY SCHOOL DISTRICT

ATTN: \_\_\_\_\_

Employer's Address: 185 HOSPITAL DR.

City: WARREN

State: PA

Zip/Postal Code: 16365

Province/County/Subdivision: WARREN Country: US

### FINANCIAL INFORMATION

Identify Verification Method Used:

☐ Compliance Data Center Inc. Report (CDCR)

☐ Internal Review (INRV)

☐ Regulatory Data Corporation (RDCR)

☐ Other ID Vendor (OTHR)

Skip this section if aggregated information was already provided.

Annual Income:

From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_

Tax Bracket:

☐ 0-15% (LWTB)

☐ 15.1%-32% (MDTB)

☐ 32.1%-50% (HITB)

☐ 50.1% + (TPTB)

Net Worth (Excluding home):

From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_

### UNEXPIRED GOVERNMENT IDENTIFICATION

**NOTE:** Unexpired photo government identification should be provided for all nonresident aliens, along with an IRS Form W-8BEN.

ID Verification Comments: \_\_\_\_\_

GOVERNMENT PHOTO ID #1	GOVERNMENT PHOTO ID #2
Type of Unexpired Photo ID: _____	Type of Unexpired Photo ID: _____
ID Number: _____	ID Number: _____
Country of Issue: _____	Country of Issue: _____
State/Province/Subdivision of ID: _____	State/Province/Subdivision of ID: _____
Date of Issue: ____ / ____ / ____ Date of Expiration: ____ / ____ / ____	Date of Issue: ____ / ____ / ____ Date of Expiration: ____ / ____ / ____

### BROKER-DEALER AFFILIATIONS

Are you an employee of this broker-dealer? ☐ Yes ☒ No

Are you related to an employee at this broker-dealer? ☐ Yes... Employee name: \_\_\_\_\_

☒ No Relationship: \_\_\_\_\_

Are you an employee of **another** broker-dealer? ☐ Yes... Broker-dealer name: \_\_\_\_\_

☒ No

Are you related to an employee at **another** broker-dealer? ☐ Yes... Broker-dealer name: \_\_\_\_\_

Employee name: \_\_\_\_\_

☒ No

Relationship: \_\_\_\_\_

Are you maintaining any other brokerage accounts? ☐ Yes... With what firms(s) are you maintaining other brokerage accounts? \_\_\_\_\_

☒ No

Years of investment experience: \_\_\_\_\_

Are you or any member of your immediate family affiliated with or employed by a member of a stock exchange or the Financial Industry Regulatory Authority? ☐ Yes

☒ No

If Yes, employer authorization is required. What is the affiliation? \_\_\_\_\_

Are you a senior officer, director, or 10% or more shareholder of a public company? ☐ Yes... Company name(s) \_\_\_\_\_

☒ No

### ADDITIONAL PARTICIPANTS

Are there more than two participants for this account? ☒ Yes... Fill out the Participant Information Supplemental sheet at the end of this form. ☐ No





# NEW ACCOUNT FORM

ACCOUNT NUMBER:

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## VIII. CASH MANAGEMENT

### INCOME DISTRIBUTION

Method: ☐ First-Party Check  
☐ Third-Party Check\* (Provide name and address below)  
☐ ACH\*\*  
☐ Journal\* Account for journal: \_\_\_\_\_

Frequency: ☐ Annually ☐ Semiannually  
☐ Bimonthly ☐ Semimonthly  
☐ Quarterly ☐ Monthly

First Payment Date: \_\_\_\_\_

### INFORMATION FOR THIRD-PARTY CHECK (If applicable)

ATTN: \_\_\_\_\_  
 Name: \_\_\_\_\_ ☐ Person ☐ Entity  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Province/County/Subdivision: \_\_\_\_\_ Country: \_\_\_\_\_

\*Requires a completed letter of authorization. \*\*Requires a completed ACH authorization form.

### PRINCIPAL DISTRIBUTION

Method: ☐ First-Party Check  
☐ Third-Party Check\* (Provide name and address below)  
☐ ACH\*\*  
☐ Journal\* Account for journal: \_\_\_\_\_

Frequency: ☐ Annually ☐ Semiannually  
☐ Bimonthly ☐ Semimonthly  
☐ Quarterly ☐ Monthly

First Payment Date: \_\_\_\_\_ Amount: \_\_\_\_\_

### INFORMATION FOR THIRD-PARTY CHECK (If applicable)

ATTN: \_\_\_\_\_  
 Name: \_\_\_\_\_ ☐ Person ☐ Entity  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
 Province/County/Subdivision: \_\_\_\_\_ Country: \_\_\_\_\_

## IX. U.S. TAXPAYER NUMBER CERTIFICATION

This section is not to be used by nonresident aliens and foreign entities.

**TAXPAYER CERTIFICATION:** Under penalties of perjury, I certify that:

- (1) the number shown on this form in Section III is my correct Social Security Number or Taxpayer Identification Number (or I am waiting for a number to be issued to me);
- (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; and
- (3) I am a U.S. citizen or other U.S. person (defined below).

**CERTIFICATION INSTRUCTIONS:** You must cross out Item 2 above 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. If you are an exempt payee (if you are unsure, ask us for a complete set of IRS instructions), write the words "Exempt Payee" here: \_\_\_\_\_

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

The signature provided below is that of the primary account holder.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## X. SIGNATURES

Please review your information, read the Agreement on Page 6, and sign below. Keep a copy for your records.

**I ACKNOWLEDGE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, IN PARAGRAPHS 13 AND 14, ON PAGE 6.**

☒ Primary Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☒ Secondary Account Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☒

### FOR BROKER-DEALER USE ONLY

☐ Accepted: Investment Professional is Registered in the State of Client's Residence

Investment Professional (Print name): THOMAS M. JENSEN

Signature: THOMAS M. JENSEN Date: \_\_\_\_\_

Principal (Print name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# NEW ACCOUNT FORM Participant Information Supplement

ACCOUNT NUMBER: HJ8 -                  

## I. ADDITIONAL PARTICIPANT

### ADDITIONAL PARTICIPANT INFORMATION

Name: Norbert KENNERKNECHT ☒ Person ☐ Entity Social Security Number or Taxpayer ID Number: \_\_\_\_\_  
Participant Role (See the instructions for the appropriate code): \_\_\_\_\_

LEGAL ADDRESS	MAILING ADDRESS (If different)
ATTN: _____	ATTN: _____
Address: _____	Address: _____
City: _____ State: _____ Zip/Postal Code: _____	City: _____ State: _____ Zip/Postal Code: _____
Province/County/Subdivision: _____ Country: _____	Province/County/Subdivision: _____ Country: _____

Country of Citizenship: \_\_\_\_\_ Country of Permanent Residence: \_\_\_\_\_  
Telephone Number (Home): \_\_\_\_\_ Telephone Number (Business): \_\_\_\_\_  
E-mail: \_\_\_\_\_ Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### EMPLOYMENT INFORMATION

Employment Status: ☐ Employed (EMPL) ☐ Unemployed (UEMP) Occupation: \_\_\_\_\_ Years Employed: \_\_\_\_\_  
☐ Self-Employed (SEMP) ☐ Homemaker (HOME)  
☐ Retired (RETD) ☐ Student (STDT) Type of Business: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_ ATTN: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Province/County/Subdivision: \_\_\_\_\_ Country: \_\_\_\_\_

### FINANCIAL INFORMATION

Identify Verification Method Used: ☐ Compliance Data Center Inc. Report (CDCR) Annual Income: \_\_\_\_\_ Tax Bracket: \_\_\_\_\_  
☐ Internal Review (INRV) From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_ ☐ 0-15% (LWTB)  
☐ Regulatory Data Corporation (RDCR) Net Worth (Excluding home): \_\_\_\_\_ ☐ 15.1%-32% (MDTB)  
☐ Other ID Vendor (OTHR) From: \$ \_\_\_\_\_ To: \$ \_\_\_\_\_ ☐ 32.1%-50% (HITB)  
☐ 50.1% + (TPTB)

### UNEXPIRED GOVERNMENT IDENTIFICATION

**NOTE:** Unexpired photo government identification should be provided for all nonresident aliens, along with an IRS Form W-8BEN.

ID Verification Comments: \_\_\_\_\_

GOVERNMENT PHOTO ID #1	GOVERNMENT PHOTO ID #2
Type of Unexpired Photo ID: _____	Type of Unexpired Photo ID: _____
ID Number: _____	ID Number: _____
Country of Issue: _____	Country of Issue: _____
State/Province/Subdivision of ID: _____	State/Province/Subdivision of ID: _____
Date of Issue: ____/____/____ Date of Expiration: ____/____/____	Date of Issue: ____/____/____ Date of Expiration: ____/____/____

### BROKER-DEALER AFFILIATIONS

Are you an employee of this broker-dealer? ☐ Yes ☒ No  
Are you related to an employee at this broker-dealer? ☐ Yes... Employee name: \_\_\_\_\_  
☒ No Relationship: \_\_\_\_\_  
Are you an employee of **another** broker-dealer? ☐ Yes... Broker-dealer name: \_\_\_\_\_  
☒ No  
Are you related to an employee at **another** broker-dealer? ☐ Yes... Broker-dealer name: \_\_\_\_\_ Employee name: \_\_\_\_\_  
☒ No Relationship: \_\_\_\_\_  
Are you maintaining any other brokerage accounts? ☐ Yes... With what firms(s) are you maintaining other brokerage accounts? \_\_\_\_\_  
☒ No Years of investment experience: \_\_\_\_\_  
Are you or any member of your immediate family affiliated with or employed by a member of a stock exchange or the Financial Industry Regulatory Authority? ☐ Yes  
If Yes, employer authorization is required. What is the affiliation? \_\_\_\_\_ ☒ No  
Are you a senior officer, director, or 10% or more shareholder of a public company? ☐ Yes... Company name(s) \_\_\_\_\_  
☒ No

## II. SIGNATURE (Required only if participant is a joint tenant)

Please review your information, read the Agreement on Page 6 of the New Account Form, and sign below. Keep a copy for your records.

**I ACKNOWLEDGE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, IN PARAGRAPHS 13 AND 14, ON PAGE 6.**

Joint Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**TO: FINANCIAL ORGANIZATION AND ITS ASSIGNS:**

**1. PROVISIONS IN THE EVENT OF FAILURE TO PAY OR DELIVER**

Whenever I (we) do not, on or before the settlement date, pay in full for any security purchased for my (our) account, or deliver any security sold for such account, you are authorized (subject to the provisions of any applicable statute, rule, or regulation):

(A) Until payment or delivery is made in full, to pledge, repledge, hypothecate, or rehypothecate, without notice, any or all securities which you or your clearing agent may hold for me (either individually or jointly with others), separately or in common with other securities or commodities or any other property, for the sum then due or for a greater or lesser sum and without retaining in your possession and control for delivery a like amount of similar securities.

(B) To sell any or all securities which you or your clearing agent may hold for me (either individually or jointly with others), to buy in any or all securities required to make delivery for my (our) account, or to cancel any or all outstanding orders or commitments for my (our) account.

**2. CANCELLATION PROVISIONS**

You are authorized, in your discretion, should I (we) die or should you for any reason whatever deem it necessary for your protection, without notice, to cancel any outstanding orders in order to close out my (our) accounts, in whole or in part, or to close out any of the commitments made on my (our) behalf.

**3. GENERAL PROVISIONS**

Any sale, purchase, or cancellation authorized hereby may be made according to your judgement and at your discretion on the exchange or other market where such business is then usually transacted, at public auction, or at private sale without advertising the same and without any notice, prior to tender, demand, or call. You may purchase the whole or any part of such securities free from any right of redemption, and I (we) shall remain liable for any deficiency. It is further understood that any notice, prior to tender, demand, or call, from you shall not be considered a waiver of any provision of this agreement. I (we) shall include any person executing this agreement.

**4. SUCCESSORS**

This agreement and its provisions shall be continuous, and shall inure to the benefit of your present organization, and any successor organization or assigns, and shall be binding upon me (us) and/or the estate, executors, administrators, and assigns of my (our) account.

**5. AGE**

I (we), if an individual, represent that I (we) am (are) of full age.

**6. INTEREST IN ACCOUNT**

No one except me (us) has an interest in any of my (our) accounts with you unless such interest is revealed in the title of such account, and in any case, I (we) have the interest indicated in such title.

**7. ORDERS AND STATEMENTS**

Reports of the execution of orders and statements of my (our) account shall be conclusive if not objected to in writing, the former within two days and the latter within ten days, after forwarding by you to me (us) by mail or otherwise.

**8. EXTRAORDINARY EVENTS**

You shall not be liable for loss or delay caused directly or indirectly by war, natural disasters, government restrictions, exchange, or market rulings, or other conditions beyond your control.

**9. FEES AND CHARGES**

I (we) agree to the fees and charges on the fee schedule received by me (us). You may change the fee schedule from time to time.

**10. JOINT ACCOUNTS**

If this is a joint account, unless we notify you otherwise and provide such documentation, as you require, the brokerage account(s) shall be held by us jointly with rights of survivorship (payable to either or the survivor of us). Each joint tenant irrevocably appoints the other as attorney-in-fact to take all action on his or her behalf and to represent him or her in all respects in connection with this Agreement. You shall be fully protected in acting, but shall not be required to act upon the instructions of either of us. Each of us shall be liable, jointly and individually, for any amounts due to you pursuant to this Agreement, whether incurred by either or both of us.

**11. ADDRESS**

Communications may be sent to me (us) at my (our) current address which is on file at your office, or at such other address as I (we) may hereafter give you in writing. All communications so sent, whether by mail, telegraph, messenger, or otherwise, shall be deemed given to me (us) personally, whether actually received or not.

**12. RECORDING CONVERSATIONS**

I (we) understand and agree that for our mutual protection you may electronically record any of my (our) telephone conversations.

**13. ARBITRATION DISCLOSURES**

THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE. BY SIGNING AN ARBITRATION AGREEMENT THE PARTIES AGREE AS FOLLOWS:

- ALL 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 A CLAIM IS FILED.
- ARBITRATION AWARDS ARE GENERALLY FINAL AND BINDING; A PARTY'S ABILITY TO HAVE A COURT 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 WILL TYPICALLY INCLUDE A MINORITY OF ARBITRATORS WHO WERE OR ARE AFFILIATED WITH THE SECURITIES INDUSTRY.
- 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.

**14. ARBITRATION AGREEMENT**

ANY CONTROVERSY BETWEEN YOU AND US SHALL BE SUBMITTED TO ARBITRATION BEFORE THE NEW YORK STOCK EXCHANGE, INC., ANY OTHER NATIONAL SECURITIES EXCHANGE ON WHICH A TRANSACTION GIVING RISE TO THE CLAIM TOOK PLACE (AND ONLY BEFORE SUCH EXCHANGE), OR THE FINANCIAL INDUSTRY REGULATORY AUTHORITY. NO PERSON SHALL BRING A PUTATIVE OR CERTIFIED CLASS ACTION TO ARBITRATION, NOR SEEK TO ENFORCE ANY PREDISPUTE 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 CERTIFICATION IS DENIED; (II) THE CLASS IS DECERTIFIED; OR (III) THE CUSTOMER 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. THE LAWS OF THE STATE OF NEW YORK GOVERN.

## Financial Institutions Disclosure Form

This disclosure is made a part of the brokerage account application to ensure that the client fully understands the separation of the traditional bank accounts and the new brokerage account being established. Please initial each item where indicated and sign at the bottom stating your understanding of these important points.

\_\_\_\_\_ I/We understand securities accounts are not FDIC insured; and

\_\_\_\_\_ I/We understand that funds in an investment account are not deposits or other obligations of the bank and are not guaranteed by the bank; and

\_\_\_\_\_ I/We understand investment account assets are subject to market risk, including the possible loss of the principal invested.

\_\_\_\_\_  
(Primary Account Holder) *Petter*

\_\_\_\_\_  
(Joint Account Holder) *Noob*

*Thomas M. Jensen*  
\_\_\_\_\_  
(Registered Representative)



**RESOLUTION**  
**(ASSOCIATION OR OTHER NON-CORPORATE ORG.)**

BE IT RESOLVED THAT Petter Turnquist, Business Administrator • Robert Kennenrecht,  
(Name and Title of Officer) Treasurer

is hereby authorized to sell, assign and endorse for transfer, certificates representing  
stocks, bonds, or other securities now registered or hereafter registered in the name of  
this SCHOOL DISTRICT  
(Type of Organization)

I, Arthur J. Stewart, BOARD President • Ruth Hock, BOARD Secretary  
(Name and Title of Officer)

of WARREN COUNTY SCHOOL DISTRICT  
(Name of Organization)

hereby certify that the foregoing is a true copy of a resolution duly adopted by the

SCHOOL BOARD  
(Name of Governing Body of the Organization)

of said School District at a meeting duly held the 11<sup>th</sup>  
day of October, 2010, at which a quorum was present and voting and that the  
same has not been repealed or amended and remains in full force and effect and does not  
conflict with the \_\_\_\_\_

Pennsylvania School Code  
(Name of Document under which Organization is Operating)

of said WARREN COUNTY SCHOOL DISTRICT  
(Name of Organization)

**(SEAL)**

Date \_\_\_\_\_

\*\*If no seal, notarize.

\_\_\_\_\_  
Secretary  
(Must not be signed by Officer authorized to act)

Subscribed and sworn to  
Before Me This \_\_\_\_\_ day  
of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

X

# ACCOUNT TRANSFER FORM INSTRUCTIONS

Complete all sections according to the instructions below. Please print or type all information. Return the completed form to your financial organization.

**NOTE:** You must attach your most recent brokerage account statement to process this account transfer. For an internal transfer (for instance, a transfer of assets between two introducing broker-dealers who clear through Pershing) the brokerage account statement is not required.

## I. RECEIVING FIRM INFORMATION (Only one per form)

- Provide your Pershing account number.
- Provide your Social Security Number (SSN) or Tax Identification Number (TIN).
- If the account is a joint account, provide the SSN or TIN for the joint owner.
- Provide the two character account type code that most accurately describes your account.

## II. DELIVERING ACCOUNT INFORMATION

- Provide the clearing firm number. If there is no clearing firm number, enter the delivering firm name, contact name, and telephone number.
- Provide the original account number of the account you are delivering to Pershing.
- Provide the account title as it appears on your brokerage account statement for the account you are transferring.

## III. TRANSFER TYPE (Choose only one)

Indicate the type of transfer you are requesting by checking the appropriate box. Pershing will only transfer positions in kind for retail accounts. For nonretirement accounts, the quickest way to liquidate your assets is to call your existing financial organization and place a sell order. In order to ensure that the trade is executed at the time and price you want, request to have the proceeds check mailed directly to you. When you receive the check, mail it (including your account number on the check) to: **PERSHING, ONE PERSHING PLAZA, 14TH FLOOR, JERSEY CITY, NEW JERSEY 07399, ATTENTION: MONEY DESK.**

- A Direct Registration System (DRS)/Direct Reinvestment Plan (DRIP) transfer is a transfer of a position held directly at the transfer agent.
- A direct mutual fund transfer is a transfer in kind of a direct mutual fund position from the mutual fund company.
- Bank retirement plan accounts involve transfers of retirement plans at banks with CDs, checking accounts, or savings accounts. Please indicate if you want to liquidate immediately or defer these instructions until maturity date. Please contact your financial organization to stop any automated rollover reinvestments. (Please read section V and sign when applicable.)

## IV. PARTIAL TRANSFERS, DIRECT MUTUAL FUNDS, AND LIQUIDATIONS

If you selected Partial Transfer, use this section to specify the appropriate assets for a partial transfer. If you selected Direct Mutual Fund Transfer, use this section to identify the mutual fund positions to transfer.

- Liquidation instructions will only be accepted from non-National Securities Clearing Corporation (NSCC) firms.
- Select a dividend and capital gain option for direct, in kind mutual fund transfers. If a box is not checked, Pershing will process the transfer as reinvest, for dividend and capital gain options.

## V. RETIREMENT PLAN RESTRICTIONS AND CERTIFICATIONS

If you are transferring a retirement account and are over the age of 70½, read this section carefully. Contact your investment professional or financial organization if you have any questions.

- The new custodian must provide the appropriate paperwork.
- For retirement accounts for which Pershing LLC acts as the custodian or servicing agent, you must pay all termination fees to your prior custodian before you can transfer assets. Any deposit made to your Pershing LLC custodian account to reimburse fees after the transfer shall be processed as a current year contribution.

**NOTE:** If you are transferring from a trustee, make the appropriate selection. If you have selected someone other than Pershing LLC as custodian, have your investment professional or financial organization obtain the necessary signatures to accept custodianship.

## VI. PARTICIPANT SIGNATURE AND CERTIFICATION

- Sign and date the form.
- The form must be signed, dated, and signature guaranteed within 90 days of its receipt.



# ACCOUNT TRANSFER FORM

## I. RECEIVING FIRM INFORMATION (Only one per form)

RECEIVING FIRM CLEARING NUMBER: **0443**

ACCOUNT NUMBER:

SOCIAL SECURITY NUMBER:

SECONDARY SOCIAL SECURITY NUMBER:

or TAXPAYER IDENTIFICATION NUMBER:

or TAXPAYER IDENTIFICATION NUMBER:

ACCOUNT TYPE: (Enter the two character code)

Nonretirement: SN—(Single) JT—(Joint) TR—(Trust) CT—(Cotrustee) CO—(Corporate) CU—(Custodian) ES—(Estate) BC—(Bank Custody) AG—(Agency)

Retirement: IR—(Traditional IRA) RI—(Roth IRA) DR—(Direct Rollover) BI—(Beneficiary) BR—(Beneficiary Roth IRA) 4K—(401k) EI—(Education Savings Account) SI—(SIMPLE IRA) QP—(Qualified Plan) 4B—(403b) 7B—(457 Plan) HS—(Health Savings Account) 5P—(529 Plan)

Other: OT—(Other)

## II. DELIVERING ACCOUNT INFORMATION

CLEARING NUMBER:

DELIVERING FIRM CONTACT INFORMATION  
(MANDATORY WHEN CLEARING NUMBER IS NOT PROVIDED)

ACCOUNT NUMBER:

CONTACT NAME:

FIRM NAME:

FIRM ADDRESS: (No P.O. Box)

ACCOUNT TITLE: (As it appears on your statement)

CITY:

STATE:

ZIP:

TELEPHONE NUMBER:

NOTE: A complete copy of your most recent brokerage account statement is necessary to process this form.

## III. TRANSFER TYPE (Choose only one)

### A. ACCOUNT TRANSFER

- ☐ FULL (Check one below)
  - ☐ TRANSFER ALL ASSETS IN KIND (Skip to Section VI)
  - ☐ LIQUIDATE ALL ASSETS LISTED IN SECTION IV (Liquidations are not for brokerage accounts)
  - ☒ TRANSFER ALL ASSETS IN KIND EXCEPT FOR THE ASSETS LISTED IN SECTION IV, WHICH REQUIRE LIQUIDATION
  - ☐ PARTIAL (Complete Section IV)

### B. DRS/DRIP

- ☐ FULL (Check one below)
  - ☐ SELL FRACTIONS AND CLOSE ACCOUNT
  - ☐ TRANSFER ALL FULL SHARES ONLY
  - ☐ PARTIAL (List assets in Section IV)

NOTE: For transfer agents, electronically send positions or issue a certificate for whole shares and redeem fractional shares.

### C. DIRECT MUTUAL FUND

- ☐ TRANSFER MUTUAL FUNDS FROM THE ACCOUNT HELD DIRECTLY AT THE FUND COMPANY (See list in Section IV for exact instructions)

NOTE: Only one fund family per form.

### D. BANK RETIREMENT PLAN ACCOUNTS (Select only one)

- ☐ LIQUIDATE IMMEDIATELY AND TRANSFER CASH I am aware of and acknowledge any penalty I will incur from an early withdrawal.
- ☐ LIQUIDATE AT MATURITY AND TRANSFER CASH Specify maturity date: \_\_\_\_\_ (submit two to three weeks before maturity date).

NOTE: Liquidations involving bank CDs, checking accounts, or savings accounts can only be processed from retirement accounts.



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#### IV. PARTIAL TRANSFERS, DIRECT MUTUAL FUNDS, AND LIQUIDATIONS (If there are more than eight assets, attach a signed list to this form)

QUANTITY	ASSET DESCRIPTION	CUSIP®/SYMBOL	FUND ACCOUNT NUMBER	TRANSFER INSTRUCTIONS <sup>1</sup>	DIVIDEND OPTION <sup>2</sup>	CAPITAL GAIN OPTION <sup>2</sup>	ESTIMATED \$ VALUE
240,000	ASSOC BANK CD	045491N04		<input checked="" type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	
240,000	DISCOVER BANK CD	254670ZAB		<input checked="" type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	
240,000	GEMINIA BANK CD	361591ASK		<input checked="" type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	
600.9	UBS RMA US601	7015110		<input checked="" type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	
				<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	
				<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	
				<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	
				<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	

<sup>1</sup> If you have requested a liquidation, your market price is not guaranteed. You will receive the current market price after your transfer request is received, reviewed, and determined to be in good order by the delivering firm. Pershing is not responsible for market fluctuations or delays in the review process. DRS items cannot be liquidated.

<sup>2</sup> If this is a mutual fund transfer and there is no dividend or capital gain option checked in the section above, Pershing will process this request as reinvest.

(FOR OFFICE USE ONLY: All transfers must be added to Pershing's transfer systems)

#### V. RETIREMENT PLAN RESTRICTIONS AND CERTIFICATIONS

■ **Age 70½ restrictions:** If you are at least the age of 70½ this year and you are rolling over assets from a qualified plan or 403(b) account, you must take your required minimum distribution (RMD) from your qualified plan or 403(b) account before rolling over your assets.

■ **Rollover Certification of Employee:** I understand the rules and conditions and I have met the requirements for making a rollover. Due to the important tax consequences of rolling over funds or property, I have been advised to see a tax professional. All information provided by me is true and correct and may be relied on by Pershing LLC. I assume full responsibility for this rollover transaction and will not hold Pershing LLC liable for any adverse consequences that may result. I hereby irrevocably designate this contribution in funds or other property as a rollover contribution.

TO THE PRIOR TRUSTEE:

☐ Pershing LLC accepts appointment as successor custodian.

☐ Please be advised that \_\_\_\_\_ does hereby accept appointment as successor custodian.  
(Insert firm name)

SUCCESSOR CUSTODIAN'S SIGNATURE:

DATE:

#### VI. PARTICIPANT SIGNATURE AND CERTIFICATION

**To the Delivering Firm Named Above:** If this account is a qualified retirement account, I have amended the applicable plan so that it names as successor custodian the trustee listed above. Unless otherwise indicated in the instruction above, please transfer all assets in my account to Pershing without penalties, such assets may be transferred within the time frames required by NYSE Rule 412 or similar rule of the NASD or other designated examining authority. Unless otherwise indicated in the instructions above, I authorize you to liquidate any nontransferable proprietary money market fund assets that are part of my account and transfer the resulting credit balance to the successor custodian. I authorize you to deduct any outstanding fees due to you from the credit balance in my account. If my account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees due to you, I authorize you to liquidate the assets in my account to the extent necessary to satisfy that obligation. If certificates or other instruments in my account are in your physical possession, I instruct you to transfer them in good deliverable form, including affixing any necessary tax waivers, to enable the successor custodian to transfer them in its name for the purpose of the sale, when, and as directed to me. I understand that upon receiving a copy of this transfer information, you will cancel all open orders for my account on your books. I affirm that I have destroyed or returned to you credit/debit cards and/or unused checks issued to me in connection with my brokerage account. I understand that you will contact me with respect to the disposition of any assets in my brokerage account that are nontransferable.

CLIENT'S SIGNATURE:

DATE:

JOINT CLIENT'S SIGNATURE:

DATE:

Please attach your most recent brokerage account statement to process this account transfer.

INVESTMENT PROFESSIONAL'S NAME: THOMAS M. JENSEN

INVESTMENT PROFESSIONAL'S PHONE NUMBER: (814) 728-7080

SIGNATURE GUARANTEED BY:

CUSIP® belongs to its respective owner.



# ACCOUNT TRANSFER FORM

## CONTACT AND DELIVERY INSTRUCTIONS

For Professional Use Only

### CONTACT AND DELIVERY INSTRUCTIONS:

**CONTACT:**

Account Transfers: (888) 367-2563

**SEND TO:**

Pershing LLC  
One Pershing Plaza  
Jersey City, New Jersey 07399

TAX IDENTIFICATION NUMBER: 13-2741729

### SPECIAL INSTRUCTIONS LISTED BELOW:

**CHECKS:\***

- Send qualified plan account checks to the attention of the Retirement Products Department.
- Send nonqualified plan account checks to the attention of the Money Desk.

**CERTIFICATES:\***

- Send certificates to the attention of Department S.

**LIMITED PARTNERSHIPS DOCUMENTS:\***

- Send limited partnership documents to the Non-ACAT Department.

**DEPOSITORY TRUST AND CLEARING CORPORATION (DTCC) AND ELIGIBLE SECURITIES AND OPTIONS:\***

- Instruct DTCC eligible securities and the Options Clearing Corporation eligible options to clearing broker number 0443.

**FEDERAL ENTRY SECURITIES:\***

- Instruct federal entry securities, for instance, Treasury notes, to BK OF NYC/PERSHING, ABA number 021000018.

**FEDERAL FUND WIRES (Cash):\***

To transfer federal funds to Pershing, your clients must provide the following wire instructions to the financial organization that will be transmitting the funds on their behalf:

- BANK: The Bank of New York
- ABA NUMBER: 021000018
- BENEFICIARY: Pershing LLC
- BENEFICIARY ACCOUNT NUMBER: 890-051238-5
- ULTIMATE BENEFICIARY: <Client's Brokerage Account Name>
- ULTIMATE BENEFICIARY ACCOUNT NUMBER: <Client's Brokerage Account Number (for instance, 123-456789-1)>

**NOTE:** If any of the above information is missing, there may be a delay in crediting the account or the funds may be returned to the sender. With regard to incoming federal fund wires for retirement accounts for which Pershing LLC is the custodian or servicing agent, please notify Pershing via Service Center in NetExchange Pro® (**Retirement Processing** category, **Contributions** request), on any contribution-related deposits to ensure that the funds are coded properly for tax reporting.

**FOREIGN SECURITIES:\***

- Send all foreign securities to the Non-ACAT Department to setup instructions to receive the securities using Euroclear number 92146.

**REJECT LETTERS:**

- Send all reject letters to the Non-ACAT Department.

\* Include the Pershing account number on all documentation.

# ACCOUNT TRANSFER FORM INSTRUCTIONS

Complete all sections according to the instructions below. Please print or type all information. Return the completed form to your financial organization.

**NOTE:** You must attach your most recent brokerage account statement to process this account transfer. For an internal transfer (for instance, a transfer of assets between two introducing broker-dealers who clear through Pershing) the brokerage account statement is not required.

## I. RECEIVING FIRM INFORMATION (Only one per form)

- Provide your Pershing account number.
- Provide your Social Security Number (SSN) or Tax Identification Number (TIN).
- If the account is a joint account, provide the SSN or TIN for the joint owner.
- Provide the two character account type code that most accurately describes your account.

## II. DELIVERING ACCOUNT INFORMATION

- Provide the clearing firm number. If there is no clearing firm number, enter the delivering firm name, contact name, and telephone number.
- Provide the original account number of the account you are delivering to Pershing.
- Provide the account title as it appears on your brokerage account statement for the account you are transferring.

## III. TRANSFER TYPE (Choose only one)

Indicate the type of transfer you are requesting by checking the appropriate box. Pershing will only transfer positions in kind for retail accounts. For nonretirement accounts, the quickest way to liquidate your assets is to call your existing financial organization and place a sell order. In order to ensure that the trade is executed at the time and price you want, request to have the proceeds check mailed directly to you. When you receive the check, mail it (including your account number on the check) to: **PERSHING, ONE PERSHING PLAZA, 14TH FLOOR, JERSEY CITY, NEW JERSEY 07399, ATTENTION: MONEY DESK.**

- A Direct Registration System (DRS)/Direct Reinvestment Plan (DRIP) transfer is a transfer of a position held directly at the transfer agent.
- A direct mutual fund transfer is a transfer in kind of a direct mutual fund position from the mutual fund company.
- Bank retirement plan accounts involve transfers of retirement plans at banks with CDs, checking accounts, or savings accounts. Please indicate if you want to liquidate immediately or defer these instructions until maturity date. Please contact your financial organization to stop any automated rollover reinvestments. (Please read section V and sign when applicable.)

## IV. PARTIAL TRANSFERS, DIRECT MUTUAL FUNDS, AND LIQUIDATIONS

If you selected Partial Transfer, use this section to specify the appropriate assets for a partial transfer. If you selected Direct Mutual Fund Transfer, use this section to identify the mutual fund positions to transfer.

- Liquidation instructions will only be accepted from non-National Securities Clearing Corporation (NSCC) firms.
- Select a dividend and capital gain option for direct, in kind mutual fund transfers. If a box is not checked, Pershing will process the transfer as reinvest, for dividend and capital gain options.

## V. RETIREMENT PLAN RESTRICTIONS AND CERTIFICATIONS

If you are transferring a retirement account and are over the age of 70½, read this section carefully. Contact your investment professional or financial organization if you have any questions.

- The new custodian must provide the appropriate paperwork.
- For retirement accounts for which Pershing LLC acts as the custodian or servicing agent, you must pay all termination fees to your prior custodian before you can transfer assets. Any deposit made to your Pershing LLC custodian account to reimburse fees after the transfer shall be processed as a current year contribution.

**NOTE:** If you are transferring from a trustee, make the appropriate selection. If you have selected someone other than Pershing LLC as custodian, have your investment professional or financial organization obtain the necessary signatures to accept custodianship.

## VI. PARTICIPANT SIGNATURE AND CERTIFICATION

- Sign and date the form.
- The form must be signed, dated, and signature guaranteed within 90 days of its receipt.



# ACCOUNT TRANSFER FORM

## I. RECEIVING FIRM INFORMATION (Only one per form)

RECEIVING FIRM CLEARING NUMBER: **0443**

ACCOUNT NUMBER:  -

SOCIAL SECURITY NUMBER:  -

or TAXPAYER IDENTIFICATION NUMBER:  -

SECONDARY SOCIAL SECURITY NUMBER:  -

or TAXPAYER IDENTIFICATION NUMBER:  -

ACCOUNT TYPE: (Enter the two character code) **OT**

Nonretirement: **SN**—(Single) **JT**—(Joint) **TR**—(Trust) **CT**—(Cotrustee) **CO**—(Corporate) **CU**—(Custodian) **ES**—(Estate) **BC**—(Bank Custody) **AG**—(Agency)

Retirement: **IR**—(Traditional IRA) **RI**—(Roth IRA) **DR**—(Direct Rollover) **BI**—(Beneficiary) **BR**—(Beneficiary Roth IRA) **4K**—(401k) **EI**—(Education Savings Account) **SI**—(SIMPLE IRA) **QP**—(Qualified Plan) **4B**—(403b) **7B**—(457 Plan) **HS**—(Health Savings Account) **5P**—(529 Plan)

Other: **OT**—(Other)

## II. DELIVERING ACCOUNT INFORMATION

CLEARING NUMBER:

DELIVERING FIRM CONTACT INFORMATION  
(MANDATORY WHEN CLEARING NUMBER IS NOT PROVIDED)

ACCOUNT NUMBER: **PP 04657 42**

CONTACT NAME:

FIRM NAME: **UBS FINANCIAL SERVICES, INC.**

FIRM ADDRESS: (No P.O. Box)

ACCOUNT TITLE: (As it appears on your statement)

CITY: STATE: ZIP:

TELEPHONE NUMBER:

NOTE: A complete copy of your most recent brokerage account statement is necessary to process this form.

## III. TRANSFER TYPE (Choose only one)

### A. ACCOUNT TRANSFER

- ☐ FULL (Check one below)
- ☐ TRANSFER ALL ASSETS IN KIND (Skip to Section VI)
  - ☐ LIQUIDATE ALL ASSETS LISTED IN SECTION IV (Liquidations are not for brokerage accounts)
  - ☒ TRANSFER ALL ASSETS IN KIND EXCEPT FOR THE ASSETS LISTED IN SECTION IV, WHICH REQUIRE LIQUIDATION
  - ☐ PARTIAL (Complete Section IV)

### B. DRS/DRIP

- ☐ FULL (Check one below)
- ☐ SELL FRACTIONS AND CLOSE ACCOUNT
  - ☐ TRANSFER ALL FULL SHARES ONLY
  - ☐ PARTIAL (List assets in Section IV)

NOTE: For transfer agents, electronically send positions or issue a certificate for whole shares and redeem fractional shares.

### C. DIRECT MUTUAL FUND

- ☐ TRANSFER MUTUAL FUNDS FROM THE ACCOUNT HELD DIRECTLY AT THE FUND COMPANY (See list in Section IV for exact instructions)

NOTE: Only one fund family per form.

### D. BANK RETIREMENT PLAN ACCOUNTS (Select only one)

- ☐ LIQUIDATE IMMEDIATELY AND TRANSFER CASH I am aware of and acknowledge any penalty I will incur from an early withdrawal.
- ☐ LIQUIDATE AT MATURITY AND TRANSFER CASH Specify maturity date: \_\_\_\_\_ (submit two to three weeks before maturity date).

NOTE: Liquidations involving bank CDs, checking accounts, or savings accounts can only be processed from retirement accounts.



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#### IV. PARTIAL TRANSFERS, DIRECT MUTUAL FUNDS, AND LIQUIDATIONS (If there are more than eight assets, attach a signed list to this form)

QUANTITY	ASSET DESCRIPTION	CUSIP®/SYMBOL	FUND ACCOUNT NUMBER	TRANSFER INSTRUCTIONS <sup>1</sup>	DIVIDEND OPTION <sup>2</sup>	CAPITAL GAIN OPTION <sup>2</sup>	ESTIMATED \$ VALUE
240,000	FIRST BANK Puerto Rico CD	337624P89		<input checked="" type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	
				<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	
				<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	
				<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	
				<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	
				<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	
				<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	
				<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	<input type="checkbox"/> Cash <input type="checkbox"/> Reinvest	

<sup>1</sup> If you have requested a liquidation, your market price is not guaranteed. You will receive the current market price after your transfer request is received, reviewed, and determined to be in good order by the delivering firm. Pershing is not responsible for market fluctuations or delays in the review process. DRS items cannot be liquidated.

<sup>2</sup> If this is a mutual fund transfer and there is no dividend or capital gain option checked in the section above, Pershing will process this request as reinvest.

(FOR OFFICE USE ONLY: All transfers must be added to Pershing's transfer systems)

#### V. RETIREMENT PLAN RESTRICTIONS AND CERTIFICATIONS

- **Age 70½ restrictions:** If you are at least the age of 70½ this year and you are rolling over assets from a qualified plan or 403(b) account, you must take your required minimum distribution (RMD) from your qualified plan or 403(b) account before rolling over your assets.
- **Rollover Certification of Employee:** I understand the rules and conditions and I have met the requirements for making a rollover. Due to the important tax consequences of rolling over funds or property, I have been advised to see a tax professional. All information provided by me is true and correct and may be relied on by Pershing LLC. I assume full responsibility for this rollover transaction and will not hold Pershing LLC liable for any adverse consequences that may result. I hereby irrevocably designate this contribution in funds or other property as a rollover contribution.

TO THE PRIOR TRUSTEE:

☐ Pershing LLC accepts appointment as successor custodian.

☐ Please be advised that \_\_\_\_\_ does hereby accept appointment as successor custodian.  
(Insert firm name)

SUCCESSOR CUSTODIAN'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

#### VI. PARTICIPANT SIGNATURE AND CERTIFICATION

**To the Delivering Firm Named Above:** If this account is a qualified retirement account, I have amended the applicable plan so that it names as successor custodian the trustee listed above. Unless otherwise indicated in the instruction above, please transfer all assets in my account to Pershing without penalties, such assets may be transferred within the time frames required by NYSE Rule 412 or similar rule of the NASD or other designated examining authority. Unless otherwise indicated in the instructions above, I authorize you to liquidate any nontransferable proprietary money market fund assets that are part of my account and transfer the resulting credit balance to the successor custodian. I authorize you to deduct any outstanding fees due to you from the credit balance in my account. If my account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees due to you, I authorize you to liquidate the assets in my account to the extent necessary to satisfy that obligation. If certificates or other instruments in my account are in your physical possession, I instruct you to transfer them in good deliverable form, including affixing any necessary tax waivers, to enable the successor custodian to transfer them in its name for the purpose of the sale, when, and as directed to me. I understand that upon receiving a copy of this transfer information, you will cancel all open orders for my account on your books. I affirm that I have destroyed or returned to you credit/debit cards and/or unused checks issued to me in connection with my brokerage account. I understand that you will contact me with respect to the disposition of any assets in my brokerage account that are nontransferable.

CLIENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

JOINT CLIENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please attach your most recent brokerage account statement to process this account transfer.

INVESTMENT PROFESSIONAL'S NAME: THOMAS M. JENSEN

INVESTMENT PROFESSIONAL'S PHONE NUMBER: (814) 728-7080

SIGNATURE GUARANTEED BY: \_\_\_\_\_



# ACCOUNT TRANSFER FORM

## CONTACT AND DELIVERY INSTRUCTIONS

For Professional Use Only

### CONTACT AND DELIVERY INSTRUCTIONS:

#### CONTACT:

Account Transfers: (888) 367-2563

#### SEND TO:

Pershing LLC  
One Pershing Plaza  
Jersey City, New Jersey 07399

TAX IDENTIFICATION NUMBER: 13-2741729

### SPECIAL INSTRUCTIONS LISTED BELOW:

#### CHECKS:\*

- Send qualified plan account checks to the attention of the Retirement Products Department.
- Send nonqualified plan account checks to the attention of the Money Desk.

#### CERTIFICATES:\*

- Send certificates to the attention of Department S.

#### LIMITED PARTNERSHIPS DOCUMENTS:\*

- Send limited partnership documents to the Non-ACAT Department.

#### DEPOSITORY TRUST AND CLEARING CORPORATION (DTCC) AND ELIGIBLE SECURITIES AND OPTIONS:\*

- Instruct DTCC eligible securities and the Options Clearing Corporation eligible options to clearing broker number 0443.

#### FEDERAL ENTRY SECURITIES:\*

- Instruct federal entry securities, for instance, Treasury notes, to BK OF NYC/PERSHING, ABA number 021000018.

#### FEDERAL FUND WIRES (Cash):\*

To transfer federal funds to Pershing, your clients must provide the following wire instructions to the financial organization that will be transmitting the funds on their behalf:

- BANK: The Bank of New York
- ABA NUMBER: 021000018
- BENEFICIARY: Pershing LLC
- BENEFICIARY ACCOUNT NUMBER: 890-051238-5
- ULTIMATE BENEFICIARY: <Client's Brokerage Account Name>
- ULTIMATE BENEFICIARY ACCOUNT NUMBER: <Client's Brokerage Account Number (for instance, 123-456789-1)>

**NOTE:** If any of the above information is missing, there may be a delay in crediting the account or the funds may be returned to the sender. With regard to incoming federal fund wires for retirement accounts for which Pershing LLC is the custodian or servicing agent, please notify Pershing via Service Center in NetExchange Pro® (**Retirement Processing** category, **Contributions** request), on any contribution-related deposits to ensure that the funds are coded properly for tax reporting.

#### FOREIGN SECURITIES:\*

- Send all foreign securities to the Non-ACAT Department to setup instructions to receive the securities using Euroclear number 92146.

#### REJECT LETTERS:

- Send all reject letters to the Non-ACAT Department.

\* Include the Pershing account number on all documentation.