



MERRIMAC CORPORATE SECURITIES, INC.

*NEW CLIENT
DOCUMENT PACKAGE*

*CORPORATE CLIENT
ACCOUNT FORMS*

FOR IMMEDIATE ASSISTANCE

*CALL
407-389-8500*

*FAX
407-389-8599*

*ONLINE ACCOUNT SUPPORT
561-736-1212*

*MERRIMAC CORPORATE SECURITIES, INC.
& MERRIMAC DIRECT,
(ONLINE INVESTING DIVISION)*

*HEADQUARTERS:
1185 SPRING CENTER SOUTH BLVD.
ALTAMONTE SPRINGS, FLORIDA 32714*

*WEB: WWW.MERRIMAC-CORP.COM
EMAIL: INFO@MERRIMAC-CORP.COM*

*PLEASE PRINT & SIGN THE APPLICABLE
FORMS
AND SUBMIT TO THE ADDRESS ABOVE
LLC MUST ALSO COMPLETE FORMS BEHIND
PRIVACY POLICY*

**PENSON FINANCIAL SERVICES, INCORPORATED
AND/OR BROKER DEALERS FOR WHICH IT CLEARS**

CORPORATE ACCOUNT

**(AUTHORIZING TRADING IN SECURITIES FUTURES AND COMMODITIES
AND PERMITTING MARGIN TRANSACTIONS, OPTIONS AND SHORT SALES)**

I, _____, being the Secretary of _____ hereby certify that the annexed resolutions were duly adopted at a meeting of the Board of said Corporation, duly held on the _____ day of _____ at which a quorum of said Board of Directors was present and acting throughout, the following resolution, upon motions made, seconded and carried, was duly adopted and is now in full force and effect.

RESOLVED, That the President, Vice President, Treasurer, or _____, or any one of such officers, be and are each hereby fully authorized and empowered for an on behalf of this Corporation to establish one or more accounts which may be margin accounts in order to purchase, invest in, acquire, sell (including short sales), assign, transfer, or otherwise dispose of any and all types and kinds of securities including but not limited to stocks, bonds, debentures, notes, rights, options, warrants, certificates of every kind and nature whatsoever, securities futures and commodities (collectively, "securities") and to enter into agreements, contracts and arrangements with respect to such security transactions whether or with securities related individuals or agents; to execute, sign or endorse on behalf of and in the same agreements and to affix the corporate seal on same. Notwithstanding the foregoing, you are authorized in your discretion to require action by any combination of corporate officers with respect to any matter concerning the corporate account, including but not limited to the giving or cancellation of orders and the withdrawal of money, securities, futures or commodities.

I further certify that the authority thereby conferred is not inconsistent with the Charter or Bylaws of this Corporation, and the following is a true and correct list of officers of this corporation as of the present date:

President:	Name:		Signature:	
	SSN, Fed ID, Cedula, NIT#		ID #	
	ID Type:	Expiration Date:	Issued By:	Issue Date:

Vice President:	Name:		Signature:	
	SSN, Fed ID, Cedula, NIT#		ID #	
	ID Type:	Expiration Date:	Issued By:	Issue Date:

Treasurer:	Name:		Signature:	
	SSN, Fed ID, Cedula, NIT#		ID #	
	ID Type:	Expiration Date:	Issued By:	Issue Date:

Secretary:	Name:		Signature:	
	SSN, Fed ID, Cedula, NIT#		ID #	
	ID Type:	Expiration Date:	Issued By:	Issue Date:

I certify that I am the sole officer and sole director of the aforementioned corporation: _____

You may rely upon any certification given in accordance with these resolutions, as continuing fully effective unless and until you receive due written notice of a change in or the rescission of the authority so evidenced herein. In the event of any change in the officer or powers of persons hereby empowered, the Secretary shall certify such changes to you in writing, which notification, when received, shall be adequate both to terminate the powers of the persons therefore authorized, and to empower the person thereby substituted.

The Corporation is formed to engage in the business of _____ and represents that it is not a commodity pool operator. The Corporation is incorporated in _____ and has its principal place of business in _____.

Name of Jurisdiction

Name of jurisdiction

As defined in Section 5318(j) of Title 31 United States Code, the Corporation is a shell bank: YES _____ NO _____; or a business offering services to a shell bank: YES _____ NO _____; or a foreign bank: YES _____ NO _____. If so please complete and return the Certification Regarding Correspondents Accounts.

IN WITNESS WHEREOF, I have hereunto affixed my hand this _____ day of _____, 20____

SEAL

(If no seal, certify that there is no seal)

Secretary (or officer authorized to act)



Penson Financial Services
New Account Approval Form

Account Number: _____

Cash _____ Mgn. _____ Short _____ Optn. _____ IRA _____ Office Code: _____ RR# _____ Acct. Open Date: _____

Is this account for a Foreign Bank? [] YES / [] NO. If yes, please list U.S. agent for service of process: _____

Name of Primary Account Holder or Title of Account: _____
(Write name exactly as it appears on Social Security Card or Fed ID Registration)

Name of Secondary Acct. Holder: _____

Primary Account Holder Information:

Form with fields for SSN, Fed ID, Cedula, NIT#, Home Telephone, Residential Address, City, State, Zip, Mailing Address, Drivers License #, Occupation, Employer's Name, Address, Telephone, Email Address, Date of Birth, and Associated person of a Broker?

Secondary Account Holder Information (If Joint Acct.): [] YES / [] NO - Is Secondary Account holder the Spouse of Primary Account Holder?

Form with fields for SSN, Fed ID, Cedula, NIT#, Home Telephone, Residential Address, City, State, Zip, Mailing Address, Drivers License #, Occupation, Employer's Name, Address, Telephone, Email Address, Date of Birth, and Associated person of a Broker?

Citizenship Information:

Primary: Are you a U.S. Citizen? Resident Alien? Non-Resident Alien?

Secondary: Are you a U.S. Citizen? Resident Alien? Non-Resident Alien?

Investment Objectives: (* If more than one, please rank 1-8)

Table with investment objectives A through N and checkboxes.

Tax Information:

Table with tax information: # Of Dependents, Tax Status, Initial Deposit, Initial Transaction.

Marital Status: [] S / [] M / [] D / [] W

Signature: Primary _____ Secondary _____



**Penson Financial Services
New Account Approval Form**

Account Number: _____

Cash _____ Mgn. _____ Short _____ Optn. _____ IRA _____ Office Code: _____ RR# _____ Acct. Open Date: _____

Client Information:

How long has account holder known the Broker?
Who were you introduced by?
Is account holder a control person? (Officer, Director or 10% stock owner) <input type="checkbox"/> Yes / <input type="checkbox"/> No
If Yes, Please list the company(s) controlled & position:
Is client an employee of Insurance Co., Bank, Fund, Securities firm or Investment Advisor? <input type="checkbox"/> Yes / <input type="checkbox"/> No

Net Worth:

(Excluding Primary Residence)

Income:

Liquid Net Worth:

Payment Instructions:

<input type="checkbox"/> \$0 - 24,999	<input type="checkbox"/> \$0 - 25,000	<input type="checkbox"/> \$0 - 25,000	A	Securities:	Money	Dividends
<input type="checkbox"/> \$25,000 - 39,999	<input type="checkbox"/> \$25,000 - 39,999	<input type="checkbox"/> \$25,000 - 39,999	B	<input type="checkbox"/> Transfer & Ship (1)	<input type="checkbox"/> Pay (1)	<input type="checkbox"/> Pay Weekly (1)
<input type="checkbox"/> \$40,000 - 64,999	<input type="checkbox"/> \$40,000 - 64,999	<input type="checkbox"/> \$40,000 - 64,999	C	<input type="checkbox"/> Hold St. Name (2)	<input type="checkbox"/> Hold (7)	<input type="checkbox"/> Pay Monthly (1)
<input type="checkbox"/> \$65,000 - 124,999	<input type="checkbox"/> \$65,000 - 124,999	<input type="checkbox"/> \$65,000 - 124,999	D			<input type="checkbox"/> Hold (4)
<input type="checkbox"/> \$125,000 - 249,999	<input type="checkbox"/> \$125,000 - 249,999	<input type="checkbox"/> \$125,000 - 249,999	E			
<input type="checkbox"/> \$250,000 - \$499,999	<input type="checkbox"/> \$250,000 - \$499,999	<input type="checkbox"/> \$250,000 - \$499,999	F	Principal & Maturity: <input type="checkbox"/> Credit to Account <input type="checkbox"/> Send Payment		
<input type="checkbox"/> \$500,000 - \$999,999	<input type="checkbox"/> \$500,000 - \$999,999	<input type="checkbox"/> \$500,000 - \$999,999	G	Process checks: <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly		
<input type="checkbox"/> \$1,000,000 - Over	<input type="checkbox"/> \$1,000,000 - Over	<input type="checkbox"/> \$1,000,000 - Over	H	Money Market Sweeps: <input type="checkbox"/> Yes / <input type="checkbox"/> No - If Yes, List Fund:		

Investment Experience:

	Yrs.	Avg. Size	Avg. # P/Yr.
Options:			
Stocks:			
Bonds:			
Commodities:			
Other (specify):			

Type of Registration:

<input type="checkbox"/> Individual / <input type="checkbox"/> Joint Community Property / <input type="checkbox"/> Payable on Death (Individual)
<input type="checkbox"/> Joint Tenants In Entirety / <input type="checkbox"/> Joint with Rights of Survivorship (except in LA) / <input type="checkbox"/> Joint Tenants In Common
<input type="checkbox"/> Joint with Rights of Survivorship & Payable on Death (except in LA) / <input type="checkbox"/> Transfer on Death
<input type="checkbox"/> UGMA/ <input type="checkbox"/> UTMA (Provide DOB & SSN for minor): SSN _____ DOB _____
<input type="checkbox"/> Retirement Account - Type: _____ / <input type="checkbox"/> Foreign Non-Resident Alien / <input type="checkbox"/> Resident Alien
<input type="checkbox"/> Other (Circle): Corporate, LLC, Trust, Partnership, Estate, Non-Profit, Sole Proprietorship, Investment Club.

Credit References:

Bank:
Branch:
Type of Acct.:
Broker:

Duplicate Confirmations:

Please send Duplicate confirms to the following address:

Authorized Person:

If a person, other than the primary and/or secondary account holder will be operating this account, list Name, Address, ID# & Employer:
Is this a Discretionary account? Yes No (Circle One)

Customer and Authorized Person's Signature:

Primary Account Holder: _____ Date: _____

Secondary Account Holder: _____ Date: _____

Authorized Person (if Applicable): _____ Date: _____

Broker Use Only:

Registered Rep Signature:
Branch Manager Signature:
Designated Officer Signature:

Daytrading:

Approved for Day Trading Strategy? <input type="checkbox"/> YES / <input type="checkbox"/> NO
Was Daytrading Risk Disclosure Statement Delivered? <input type="checkbox"/> YES / <input type="checkbox"/> NO
Date Daytrading Disclosure was delivered:



PENSON FINANCIAL SERVICES, INC. CUSTOMER ACCOUNT TRANSFER FORM

Receiving Firm – Penson Financial Services, Inc. ("PFSI") – Clearing # 0234

1. Information about your account:

Title of Your Account:	
PFSI Account Number:	SSN / Tax ID:

**** Please attach a copy of your most recent statement for the account you are transferring to Penson.**

2. Information about the account you are transferring:

Title of Your Account:	
Account Number:	Name of Firm:
Address of Firm:	
City, State, ZIP	Broker Clearing No:

**** If your PFSI account is not the same type of account as the one you are transferring, you must complete the Letter of Authorization (Section 7) on the 2nd page of this form.**

3. Type of Transfer:

- | | |
|--|---|
| <input type="checkbox"/> Brokerage Firm Transfer (Transfer all assets in kind)
<input type="checkbox"/> Liquidate all assets and Transfer as cash
<input type="checkbox"/> Partial Transfer (Skip to Section 4)
<input type="checkbox"/> Mutual Fund Company Transfer (Skip to Section 5) | <input type="checkbox"/> Non-ACAT Transfer (Transfer all assets in kind)
<input type="checkbox"/> Liquidate annuity and transfer as cash
<input type="checkbox"/> Liquidate Certificates of Deposit IMMEDIATELY.
<small>(I am aware of and acknowledge the penalty for early withdrawal)</small>
<input type="checkbox"/> Transfer proceeds of Certificates of Deposit AT MATURITY (Submit transfer request 30 days prior to maturity). |
|--|---|

4. Partial Transfer: (Please specify the assets you wish to transfer, Attach additional pages if needed)

Quantity	Assets Description / Symbol	Transfer (Select One)
		<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate
		<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate
		<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate
		<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate
		<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate

5. Mutual Fund Company Transfer: (Use a separate form for each mutual fund company)

Name of Fund Company:				
Name of Fund/Symbol/Cusip	Fund Account #	Transfer (Select One)	Future Dividend (Select One)	Future Capital Gains (Select One)
<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate		<input type="checkbox"/> ALL <input type="checkbox"/> # of Shares ____	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in Cash	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in Cash
<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate		<input type="checkbox"/> ALL <input type="checkbox"/> # of Shares ____	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in Cash	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in Cash
<input type="checkbox"/> Transfer In Kind <input type="checkbox"/> Liquidate		<input type="checkbox"/> ALL <input type="checkbox"/> # of Shares ____	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in Cash	<input type="checkbox"/> Reinvest <input type="checkbox"/> Pay in Cash

6. Signature(s): (Please read and sign below)

If this account is a qualified retirement account, I have amended the applicable plan so that it names Penson Financial Services, Inc. (PFSI) as successor custodian. Unless otherwise indicated in the instructions above, please transfer all assets in my account to PFSI. I understand that to the extent any assets in my account are not readily transferable with or without penalties; such assets may not be transferred within the time frames required by NYSE Rule 412 or similar rule of FINRA or other designated examining authority.

I authorize you to liquidate any non-transferable proprietary money market fund assets that are part of my account and transfer the resulting credit balance to PFSI. I authorize you to deduct any outstanding fees due 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 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 into its name for the purpose of sale, when and as directed by me. I understand that upon receiving a copy of this transfer instruction, 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 securities account. I understand that you will contact me with respect to the disposition of any assets in my securities account that are non-transferable.

Primary Signature:	Date:	
Secondary Signature:	Date:	
		Medallion Signature Guarantee Program

Letter of Acceptance – To the prior custodian/Trustee: Please be advised that Penson Financial Services, Inc. ("PFSI") hereby accepts an appointment as successor custodian.

Successor Custodian/Trustee Authorized Signature:	Date:
Tax ID Number Successor Custodian:	Date of Trust:

7. Letter of Authorization: (Please complete if the type of account in Section 1 is different than Section 2.)

To: Penson Financial Services, Inc.: I hereby authorize the following transfer of assets:

Transfer From:

Delivering Firm: _____

Account Number: _____

Account Title: _____

Transfer To:

PFSI Account Number: _____

Account Title: _____

Investment Representative's Name _____ Office # _____ Rep # _____

I understand this transfer constitutes a change in ownership of the assets and that the new registered account holders will have exclusive rights to the assets.

Sincerely,

X _____
Primary Applicant Signature

X _____
Secondary Application Signature

*****Completion of this form does not guarantee acceptance by delivering Firm.**

For Broker Use Only – Transfer Instructions:

MAILING ADDRESS:

Penson Financial Services, Inc.
1700 Pacific Avenue, Suite 1400
Dallas, TX 75201-7322

TAX ID#:

56-1673990

INCOMING WIRE INSTRUCTIONS:

JP Morgan Chase
ABA 021000021
F/A Penson Financial Services
A/C #066-6-00030
FFC: Customer A/C # and Customer Name
CREST SECURITIES:
Penson Crest ID 08XHZ

DTC INSTRUCTIONS:

#0234 PFSI
FAO: Customer Acct #
(Penson accepts PTDs and PTRs)

NSCC INSTRUCTIONS:

NSCC# 0234 PFSI

FNMA/FREDDIES/US TREAS INSTRUCTIONS:

ABA 021000021
J.P. Morgan Chase NYC/Penson

MUTUAL FUND RE-REGISTRATION:

Penson Financial Services, Inc.
FBO: _____
1700 Pacific Avenue, Suite 1400
Dallas, TX 75201

GNMA INSTRUCTIONS:

MHBDC/Penson

AGENT ID/INSTITUTIONAL:

89331

PHYSICAL INSTRUCTIONS:

New York Window
55 Water St, 1ST Floor
A/C Penson Customer Acct #
New York, NY 10041

FOREIGN SECURITIES INSTRUCTIONS:

Bank of New York – Brussels
Euroclear # 10161



Stocks Bonds λ Mutual Funds λ Retirement Accounts λ Insurance λ Annuities
Member NASD, SIPC

Date: _____

Acc # _____

Merrimac Corporate Securities, Inc.
1185 Spring Centre South Blvd, Suite 1060
Altamonte Springs, FL 32714
Main: (407) 389-8500 (Fax) (407)-389-8599

Attn: Compliance Department

Dear Sir/Madam:

Consider this my (our) statement of acknowledgement that I (we) understand the inherent risks associated in purchasing securities. Further, it is my (our) desire to open an account with Merrimac Corporate Securities, Inc. with _____ as my registered representative. I (we) have detailed my/our investment strategy with him (her) and I (we) understand the risk associated with this strategy. This strategy meets my (our) investment objective(s).

By signing below, I (we) are acknowledging that I (we) understand fully the definitions of the investment objectives which have been provided to me (us) and agree with the ones I (we) have chosen on our new account form.

Furthermore, if I (we) feel that an investment is not or will not be in line with my (our) financial objectives, I (we) will contact my/our registered representative immediately to make the necessary changes.

Note: If I (we) wish to change my (our) Investment Objective(s), I (we) acknowledge that it is my (our) responsibility to notify you in writing concerning my (our) desired change.

Lastly, I understand that Merrimac Financial Representatives are precluded by regulatory mandate from offering any financial products away from Merrimac Corporate Securities, Inc. Accordingly, I understand it is my responsibility to advise the firm if such an offer is made.

(Client Signature)

(Date)

(Joint Client Signature)

(Date)

Revised 10/2010

Active Trading Disclosure

I wish to open an account *Merrimac Corporate Securities, Inc.* ("Merrimac") and intend to actively trade securities. I understand that *Merrimac* will execute my trades utilizing the best method it deems appropriate.

I understand that active trading involves entering into many more transactions than does traditional investing. As a result of the high number of transactions associated with active trading, I will nevertheless incur substantial commission cost commonly associated with active trading. These commissions will be incurred regardless of whether I make or lose money on a trade.

I understand that active trading may require substantial capital. If a margin account is used, my losses could exceed the amount invested by me. I understand that active trading is highly speculative and involves a high degree of risk. The capital in my trading account is capital not needed by me for my ordinary and necessary living expenses and is capital, which I can afford to lose in its entirety.

Should my losses approach 35% of my account total value, I will discuss the advisability of continuing with this type of activity or with *Merrimac Corporate Securities, Inc.*

I understand that *Merrimac* is not responsible for transactions cancelled or modified by any regulatory authority where such cancellation or modification is beyond the control of *Merrimac* or arises from equipment or telecommunication failure.

I understand that *Merrimac* is not responsible for any securities instructions purchases, sale, or exchange if such are sent via email or left on "voice mail" equipment.

I understand it is my responsibility to ensure at all times, that my/our account has a correct address and that at all times I/we will receive statements and confirmation copies even if temporarily at another address.

Date: _____

I understand the above,
but **DO NOT** intend to engage in this activity

X _____
Account Signature Individual

Account Name (Printed)

X _____
Joint Signature

Joint Name (Printed)

Office Use Only: Related Accounts:

Merrimac Corporate Securities Inc.

Privacy Policy

Penson Financial Services, Inc. carries your account as a clearing broker and custodian by arrangement with Merrimac Corporate Securities Inc., (MCSI) as introducing broker. At MSCI, we understand that privacy is an important issue of our customers. It is our policy to respect the privacy of all accounts that we maintain for you at Penson or otherwise at providers such as mutual fund companies, insurance companies, or others and to protect the security and confidentiality of non-public personal information relating to those accounts. Please note that this policy applies to former customers as well as current customers

Personal Information Collected

In order to service your account MSCI Provides information to Penson as your introducing broker, information we have collected from you in order to provide the financial services that you have requested. The information collected by MSCI and provided to Penson may come from the following sources:

1. Information received from you, such as your name, address, telephone number, social security number, occupation and income;
2. Information relating to your transactions, including account balances, positions and activity;
3. Information which may be received from consumer reporting agencies, such as credit bureau reports and other information relating to your creditworthiness;
4. Information which may be received from other sources with your consent

Sharing of Nonpublic Personal Information

MCSI does not disclose nonpublic personal information relating to current or former customers to any third parties, except as required or permitted by law, including but not limited to any obligations of ours under the USA PATRIOT Act, and in order to facilitate the needs of Penson for customer transactions in the ordinary course of business.

MCSI has various affiliates including Merrimac Asset Management, Inc., a DBA, Merrimac Insurance Services, Inc., and Wallstreet 411, a publishing Company. We may share information with or among these entities as authorized by you, and as permitted by law, in order to better service your financial needs. **Security** at MSCI strives to ensure that industry standards are adhered to. We protect personal information that is provided to Penson by MSCI by maintaining physical, electronic and procedural safeguards that either meet or exceed applicable law. Where appropriate, we employ firewalls, encryption technology, user authentication systems (i.e. Passwords and personal identification numbers) and access control mechanisms to control access to systems and

data. Third parties who may have access to such personal information must also agree to follow appropriate standards of security and confidentiality. We instruct our employees to use strict standards of care in handling the personal financial information of customers. As a general policy our staff will not discuss or disclose information regarding an account except with authorized personnel at Penson or as required by law or pursuant to regulatory request and/or authority. **Access to your Information:** You may access your account information through a variety of media offered by MCSI and Penson (i.e. Statements or on line services). Please contact MCSI if you require any additional information. **Changes to MCSI Privacy Policy:** We reserve the right to make changes to this policy. **How to Get in Touch with MCSI about this Privacy Policy:** For your reference, this policy has been posted to our website at www.merrimac-corp.com For more information relating to MCSI's privacy policy, please contact:

ATTN: Compliance Department 1-407-389-8500

Merrimac Corporate Securities, Inc.
1185 Spring Center South Blvd. Suite 1060
Altamonte Springs, FL 32714

This form must accompany the providing of any customer required New Account form and the date of such delivery must be entered on such form in space provided above the client signature space.

Limited Liability Company (LLC) Authorization

To: Penson Financial Services, Inc.

You are authorized and empowered to open and carry an account in the name of: _____
_____. (Name of Limited Liability Company) a Limited Liability Company (LLC)
organized under the laws of _____ and having its principal place of business in
_____.

This LLC is managed by its Member(s) Manager(s) (please check one). This LLC is empowered to (i) establish a Cash
Account Margin Account (please check one) for the purchase and sale (including short sales if this is a margin account) of stocks,
bonds, options and other securities, commodities and commodity futures, on margin (if this is a margin account) or otherwise, on
exchanges of which you are members or otherwise. The Account shall be governed by the terms and conditions of the Penson
Financial Services Client Agreement.

Any of the following persons, to-wit:

1. _____
(Person Authorized to Give Orders)
2. _____
(Person Authorized to Give Orders)
3. _____
(Person Authorized to Give Orders)
4. _____
(Person Authorized to Give Orders)

is hereby authorized to give written or oral instructions by telephone or otherwise to you to buy or sell (including short sales if this is a
margin account) stocks, bonds, options and other securities, commodities and commodity futures, either for immediate or future
delivery, and to borrow money in the name of this LLC from or through you, and to secure payment therefore with property of this
LLC from or through you, and to secure payment therefore with property of this LLC. Any of the persons above named shall at all
times have authority in every way to bind and obligate this LLC for the carrying out of any contract, arrangement or transaction which
he or she shall, for or on behalf of this LLC, enter into or make with or through you. Notwithstanding the foregoing, you are
authorized in your discretion to require action by any combination of its members or its managers with respect to any matter
concerning the Limited Liability Company account, including but not limited to the giving or cancellation of orders and the
withdrawal of money, securities, futures, or commodities.

You are authorized to receive from this LLC checks and drafts drawn upon its funds by any of the persons above named or any
employee of this LLC and apply the same to the credit of this LLC or its account. You are also authorized to receive from any of the
persons above named, or any employee of this LLC. stocks, bonds, options and other securities, as collateral or margin (if this is a
margin account) upon this account of this LLC, and to accept instructions from any of the persons above named as to the delivery of
stocks, bonds, options and other securities for the account of this LLC and at his or her direction to cause certificates of stock, bonds,
options and other securities held in said account to be transferred to the name of any of the persons above named or of this LLC in the
discretion of any of the persons above named. Delivery to such person of such stocks, bonds, options, and securities, issued as
directed by him or her shall be deemed delivery to this LLC. Notwithstanding the foregoing, you are authorized in your discretion to
require action by any combination of its members or its managers with respect to any matter concerning the Limited Liability
Company account, including but not limited to the giving or cancellation of orders and the withdrawal of money, securities, futures, or
commodities. All confirmations, notices and demands upon this LLC may be delivered by you orally or in writing or by telephone,
telegraph, to any of the persons above named who severally is authorized to empower and any person or persons that he or she deems
proper at any time or times to do any and all things that he or she is hereinbefore authorized to do.

We, the undersigned certify that a correct list of the members (and manager(s), if the LLC is managed by manager(s) comprising said
LLC is set forth on the list attached hereto.

Account # _____

The Corporation is formed to engage in the business of _____ and represents that it is not a commodity pool operator.

We further certify that all transactions, which may be entered into in, said account, or which may have been entered into (“the transactions”), are authorized under the LLC’s organizational documents including but not limited to the articles of organization (or similar document property filed) and the operating agreement (or similar type of agreement) of the undersigned.

We hereby represent and warrant to you that each member of the LLC has the legal ability to participate in said LLC according to the laws of the state (i) in which said LLC has been organized and (ii) in which such member is domiciled, and to enter into the transactions. We further represent and warrant that all members (or manger(s)) who are natural persons have reached the age of legal majority.

In case of the death or withdrawal of any one of said members or termination of an authorized manager, if applicable, or in the case of the termination or dissolution of said LLC, we agree to notify you promptly and to execute any supplementary authorization which you may require in such event. If we do not notify you, we hereby authorize you to continue to receive orders in said account which may be given to you by any one of persons above named then surviving and to execute the same and treat all monies, options, futures, securities, or other property to the credit of said account as the property of the remaining member(s) subject to the order of any of the persons above named as the case may by.

This authorization shall also inure to the benefit of your successors, by merger, consolidation, or otherwise and assigns.

This authorization shall continue until signed, more of revocation is received by or from you and in case of such revocation it shall continue effective as to transactions entered into prior thereto.

If managed by members, ALL MEMBERS must provide information and sign below. If manager-run, ALL MANAGERS must fill in information and sign below.

Name:		Signature:		
Date:	SSN, Fed ID, Cedula, NIT#	ID #		
	ID Type:	Expiration Date:	Issued By:	Issue Date:

Name:		Signature:		
Date:	SSN, Fed ID, Cedula, NIT#	ID #		
	ID Type:	Expiration Date:	Issued By:	Issue Date:

Name:		Signature:		
Date:	SSN, Fed ID, Cedula, NIT#	ID #		
	ID Type:	Expiration Date:	Issued By:	Issue Date:

Name:		Signature:		
Date:	SSN, Fed ID, Cedula, NIT#	ID #		
	ID Type:	Expiration Date:	Issued By:	Issue Date:

As defined in Section 5318(j) of Title 31 United States Code, the Corporation is a shell bank: YES NO; or a business offering services to a shell bank: YES NO; or a foreign bank: YES NO. If YES, please complete and return the Certification Regarding Correspondent Accounts.