

## NEW ACCOUNT APPROVAL FORM

Account Number:

### Account Information

Account Type:  Cash  Margin / Short  Option Rep.code \_\_\_\_\_ Open Date: \_\_\_\_\_ Initial deposit \$ \_\_\_\_\_  
 Is this account for a Foreign Bank?  YES  NO. If YES, please list U.S. agent for service of process: \_\_\_\_\_

Name of Primary Acct. Holder or Title of Acct: \_\_\_\_\_  
 (Write name exactly as it appears on Social Security Card or Fed ID Registration)

Name of Secondary Acct. Holder: \_\_\_\_\_

### Primary Account Holder Information:

SSN, Fed ID, Cedula, NIT#:				Home phone:
Residential Address: (No PO Boxes)				
City, State, Zip:				
Mailing Address (if different):				
City, State, Zip:				Marital status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W
Employer's Name:				Occupation:
Employer's Address:				Employer's phone:
City, State, Zip:				
Business Nature:				Years Employed:
Email Address:				Date of Birth:

### Industry and Other Affiliations

Are you, your spouse, or any other immediate family members, including parents, in-laws, sibling or dependents:	
Yes <input type="checkbox"/> No <input type="checkbox"/>	Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, branch manager, registered representative or other associated person of a broker-dealer firm) or a financial services regulator? If yes, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this Application). <input type="checkbox"/> Broker-Dealer or Municipal Securities Dealer <input type="checkbox"/> Investment Adviser <input type="checkbox"/> FINRA or other serl-Regulatory Organization <input type="checkbox"/> State or Federal Securities Regulator Name of Entity(ies): _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	An officer, director or 10% (or more) shareholder in a public-owned company? What is your title? 10% shareholder <input type="checkbox"/> CEO <input type="checkbox"/> CFO <input type="checkbox"/> COO <input type="checkbox"/> Other: _____ Name of Company and symbol: _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	A senior military, governmental or political official in a non-US country? Name of country: _____

### Citizenship Information:

Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Country of Birth: _____	Country Residing In: _____

### Secondary Account Holder Information (If Joint Acct.): Yes No - Is Secondary Account holder the Spouse of Primary Account Holder?

SSN, Fed ID, Cedula, NIT#:				Home phone:
Residential Address: (No PO Boxes)				
City, State, Zip:				
Mailing Address (if different):				
City, State, Zip:				Marital status: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W
Employer's Name:				Occupation:
Employer's Address:				Employer's phone:
City, State, Zip:				
Business Nature:				Years Employed:
Email Address:				Date of Birth:

**NEW ACCOUNT APPROVAL FORM**

Account Number:

**Industry and Other Affiliations**

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

 Yes  No 

 IF CHECKED YES, OBTAIN  
 AND ATTACH COMPLIANCE  
 OFFICER'S LETTER OF  
 APPROVAL

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

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

 Broker-Dealer or Municipal Securities Dealer  Investment Adviser  
 FINRA or other serl-Regulatory Organization  State or Federal Securities Regulator

Name of Entity(ies):

 Yes  No 
**An officer, director or 10% (or more) shareholder in a public-owned company?**
**What is your title?** 10% shareholder  CEO  CFO  COO  Other: \_\_\_\_\_

Name of Company and symbol:

 Yes  No 
**A senior military, governmental or political official in a non-US country?** Name of country:

**Citizenship Information:**

 Are you a U.S.  
 Citizen?

 Yes  No

Resident Alien?

 Yes  No

Non-Resident Alien?

 Yes  No

Country of Birth:

Country Residing In:

Income:	Liquid Net Worth: (Cash & liquid investment only)	Net Worth: (Excluding Residence)
\$ _____	\$ _____	\$ _____
<input type="checkbox"/> \$0 - 24,999	<input type="checkbox"/> \$0 - 24,999	A <input type="checkbox"/> \$0 - 24,999
<input type="checkbox"/> \$25,000 - 39,999	<input type="checkbox"/> \$25,000 - 39,999	B <input type="checkbox"/> \$25,000 - 39,999
<input type="checkbox"/> \$40,000 - 64,999	<input type="checkbox"/> \$40,000 - 64,999	C <input type="checkbox"/> \$40,000 - 64,999
<input type="checkbox"/> \$65,000 - 124,999	<input type="checkbox"/> \$65,000 - 124,999	H <input type="checkbox"/> \$65,000 - 124,999
<input type="checkbox"/> \$125,000 - 249,999	<input type="checkbox"/> \$125,000 - 249,999	I <input type="checkbox"/> \$125,000 - 249,999
<input type="checkbox"/> \$250,000 - \$499,999	<input type="checkbox"/> \$250,000 - \$499,999	J <input type="checkbox"/> \$250,000 - \$499,999
<input type="checkbox"/> \$500,000 - \$999,999	<input type="checkbox"/> \$500,000 - \$999,999	M <input type="checkbox"/> \$500,000 - \$999,999
<input type="checkbox"/> \$1,000,000 - Over	<input type="checkbox"/> \$1,000,000 - Over	N <input type="checkbox"/> \$1,000,000 - Over

Investment experience:		
	Nº of years	Nº trades per year:
Options:		
Stocks:		
Bonds:		

Payment Instructions:	
<b>Securities</b>	<b>Money</b>
<input type="checkbox"/> Transfer & Ship	<input type="checkbox"/> Pay
<input checked="" type="checkbox"/> Hold St. Name	<input checked="" type="checkbox"/> Hold
<b>Dividends</b>	<input checked="" type="checkbox"/> Hold
<input type="checkbox"/> Pay Monthly	
Principal & Maturity:	
<input checked="" type="checkbox"/> Credit to Account	<input type="checkbox"/> Send Payment

Investment Objectives:
<input type="checkbox"/> Current Income - Preservation of capital with a primary consideration on current income
<input type="checkbox"/> Balanced - A balance between capital appreciation and current income with the primart consideration being current income
<input type="checkbox"/> Growth & Income - A balance between capital appreciation and current income with the primary consideration being capital appreciation
<input type="checkbox"/> Growth - Capital appreciation through quality equity investment and little or no income
<input type="checkbox"/> Maximum Growth - Maximum capital appreciation with higher risk and tittle to no income
<input type="checkbox"/> Speculation - Maximum total return potential, invovinf a higher degree or risk of trough investment in a broad spectrum of securities

Type of Registration:
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JTWR0S Joint with Rights of Survivorship (except in LA)
<input type="checkbox"/> CORPORATE <input type="checkbox"/> JOINT TENANTS IN COMMON
<input type="checkbox"/> Retirement Account-Type <input type="checkbox"/> Foreign Non-Resident Alien
<input type="checkbox"/> Resident Alien
<input type="checkbox"/> Other (Circle): Limited Leability Company, Trust, Partnership, Non-Profit, Sale Proprietorship, Investment Club.

<b>Risk Tolerance:</b>	<input type="checkbox"/> A - Low	<input type="checkbox"/> B - Moderate	<input type="checkbox"/> C - Aggressive	<input type="checkbox"/> D - Speculative
------------------------	----------------------------------	---------------------------------------	---	--

Money Fund Instructions
<input type="checkbox"/> COR Insured Deposit (DLD)
<input type="checkbox"/> I do not sweep to COR Insured Deposit (DLD)
Disclaimer: By initialing this document, I represent my consent and authorization to participate in the chosen Sweep Program I acknowledge that have read and undertand the terms and conditions of the Sweep Program included in the Customer Agreement.
<input checked="" type="checkbox"/> ..... Primary Initials

**Customer Signature:**

BY SIGNIN THIS APPLICATION, I (WE) ACKNOWLEDGE THE FOLLOWING: (1) THAT, PAGE 2 PARAGRAPH 21 OF THE CUSTOMER ACCOUNT AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE AND IN ACCORDANCE WITH THIS AGREEMENT I (WE) AGREE IN ADVANCE TO ARBITRATE ANY CONTROVERSIES WHICH MAY ARISE BETWEEN OR AMONG ME (US), MY BROKER, AND/OR CLEARING FIRM, (2) RECEIPT OF A COPY OF THE CUSTOMER ACCOUNT AGREEMENT FOLLOWING THIS APPLICATION AND MY (OUR) AGREEMENT WITH THE TERMS THEREIN AND (3) THE INFORMATION PROVIDED ABOVE IS ACCURATE.

Primary Account Holder:

Date: .....

Secondary Account Holder:

Date: .....

**Broker Use Only:**

Registered Rep Signature:	Print Name	Date:
General Principal Signature:	Print Name	Date:

**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

(Rev. July 2017)

Department of the Treasury  
Internal Revenue Service

▶ **For use by individuals. Entities must use Form W-8BEN-E.**  
▶ **Go to [www.irs.gov/FormW8BEN](http://www.irs.gov/FormW8BEN) for instructions and the latest information.**  
▶ **Give this form to the withholding agent or payer. Do not send to the IRS.**

OMB No. 1545-1621

**Do NOT use this form if:**

**Instead, use Form:**

- You are NOT an individual . . . . . W-8BEN-E
- You are a U.S. citizen or other U.S. person, including a resident alien individual . . . . . W-9
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the U.S. (other than personal services) . . . . . W-8ECI
- You are a beneficial owner who is receiving compensation for personal services performed in the United States . . . . . 8233 or W-4
- You are a person acting as an intermediary . . . . . W-8IMY

**Note:** If you are resident in a FATCA partner jurisdiction (i.e., a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

**Part I Identification of Beneficial Owner** (see instructions)

1 Name of individual who is the beneficial owner		2 Country of citizenship	
3 Permanent residence address (street, apt. or suite no., or rural route). <b>Do not use a P.O. box or in-care-of address.</b>			
City or town, state or province. Include postal code where appropriate.		Country	
4 Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.		Country	
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)		6 Foreign tax identifying number (see instructions)	
7 Reference number(s) (see instructions)		8 Date of birth (MM-DD-YYYY) (see instructions)	

**Part II Claim of Tax Treaty Benefits** (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.

10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph \_\_\_\_\_ of the treaty identified on line 9 above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: \_\_\_\_\_

**Part III Certification**

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates or am using this form to document myself for chapter 4 purposes,
- The person named on line 1 of this form is not a U.S. person,
- The income to which this form relates is:
  - (a) not effectively connected with the conduct of a trade or business in the United States,
  - (b) effectively connected but is not subject to tax under an applicable income tax treaty, or
  - (c) the partner's share of a partnership's effectively connected income,
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

**Sign Here**

x \_\_\_\_\_  
Signature of beneficial owner (or individual authorized to sign for beneficial owner) Date (MM-DD-YYYY)

\_\_\_\_\_  
Print name of signer Capacity in which acting (if form is not signed by beneficial owner)

# MARGIN AGREEMENT



Account Number:																			
-----------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

A margin account involves an extension of credit to you in connection with your securities account. This Margin Agreement and consent to loan securities enables securities in your account to be pledged or loaned to others to finance the funds that are loaned to you. By completing and executing this Margin Agreement, you hereby request that your Introducing Broker Dealer (“Broker”) and COR Clearing LLC (“COR”) amend the account in the name(s) listed below and endorse this account as a MARGIN ACCOUNT.

## ACCOUNT INFORMATION – REQUIRED

Account Title (Name of this account)	Broker Rep Code
--------------------------------------	-----------------

## Margin Agreement

Your Broker will be pleased to answer any questions you may have regarding your margin account. This Margin Agreement supplements the Customer Agreement between you and COR and your Broker. In consideration of the acceptance of your account under this Margin Agreement, you agree to the following supplemental terms and provisions:

**Extension of Credit.** Pursuant to Regulation T under the Securities Exchange Act of 1934, as amended, and the rules and regulations of the Securities Exchange Commission (“SEC”) and the Board of Governors of the Federal Reserve System, it is agreed that you may purchase, carry and trade certain securities on margin. You authorize COR and/or your Broker to obtain reports concerning your credit-worthiness and business conduct. Upon your request, you may obtain a copy of any said reports. Initial margin requirements established by the Board of Governors of the Federal Reserve specify the minimum amount of collateral you must provide when you buy securities on margin. The requirement is expressed as a percentage of the purchase price. It may change from time to time, and it may be a different percentage for different types of securities. When you purchase securities, you may pay for the securities in full or you may borrow part of the purchase price from COR by the use of your margin account. If you choose to borrow funds from COR, the securities purchased are COR’s collateral for the loan to you.

**Maintenance of Margin.** You agree to maintain such positions and margin as required by Regulation T and all other applicable statutes, rules and regulations, or as may be deemed necessary by COR or your Broker. Additional requirements may be more stringent than those required by law or exchange regulations. Such requirements may be changed or modified without prior notice to you. If the securities in your account decline in value, so does the value of the collateral supporting your loan, and, as a result, COR can take action, such as issue a margin call and/or sell securities or other assets in any of your accounts held with COR in order to maintain the required equity in the account. You acknowledge that there is no requirement of COR to provide notice to you of a margin deficiency. It is important that you fully understand the risks involved in trading securities on margin and that you promptly satisfy all margin and maintenance calls. If you do not meet a margin call, **COR and/or your Broker may liquidate securities in the account to the extent necessary to satisfy the call.**

**Short Sales.** You shall clearly designate any order to sell “short” or “short exempt;” all other sales shall be deemed to be “long.” Short account securities will be “marked to the market” daily. The value of any short securities will be considered as a debt to your account.

**Interest on Margin.** You shall pay interest on credit extended by COR under this Margin Agreement for the purpose of purchasing, carrying or trading securities. Interest will be charged on your average daily net settled debit balance and calculated using the interest rate schedule determined by your Broker. Your Broker’s initial interest rate schedule is attached to this Margin Agreement and will remain in effect unless modified under the circumstances described below. As noted in this rate schedule, the interest rates selected by your Broker will be added to the COR Clearing Base Rate (“CCBR”) to determine your margin interest rate.

The CCBR is set at the discretion of COR with references to the general credit markets, the broker call rate and general industry conditions relating to the extension of margin credit. The CCBR will change without notice to you as changes occur in the general credit markets, the broker call rate and general industry conditions relating to the extension of margin credit, at COR’s discretion. COR makes available the current CCBR at the following link on COR’s website: <https://www.corclearing.com/important-disclosures/>. COR will update the information displayed here to reflect any adjustments in the CCBR so that you may check the current CCBR at any time. You will be provided with 30 calendar days’ written notice of any changes your Broker elects to make to its rate schedule. You may contact your Broker or COR’s Client Services Department at (402) 384-6191 if you have any questions about the margin rates applicable to your margin balances.

On demand, you shall pay any balance owing with respect to your accounts, including fees and any costs of collection. All payments received in your account, including dividends, interest, premiums and principal payments may be applied to the balance due in your account. The rate of interest charged for the credit extended to you shall be calculated on a 360-day year and actual days elapsed using the rate schedule determined by your Broker.

**Securities Lending.** For any securities held by COR as property on margin under this Margin Agreement or as collateral for your obligations under this Margin Agreement, you authorize COR to lend such securities, either separately or with other securities, to itself or to other entities. Securities in your margin account are registered in COR’s name and are collateral for any margin loan. You still receive credit for all dividends or interest payments on these shares and your account will be charged for any dividends or interest on short positions. If there is a decline in the market value or liquidity of securities that are the collateral for your loan or other circumstances where, in COR’s and/or your Broker’s judgment, adequate collateral does not exist, it may be necessary to request additional collateral for your margin account. COR and/or your Broker may increase its “house” maintenance margin requirements at any time and is not required to provide you with advance notice. These changes in COR’s policy often take effect immediately and may result in the issuance of a maintenance margin call. Your failure to satisfy the call may cause COR to liquidate or sell securities in your account(s). Until written revocation confirmation is received by COR or your Broker, this Margin Agreement constitutes your continuing consent to effect securities lending transactions. Upon such written revocation, and payment for all balances due to COR, COR will deliver such securities to you if so requested.

**Hypothecation of Securities.** For any amount due on your account, you authorize that your securities may be pledged, re-pledged, and hypothecated or re-hypothecated, without notice to you, either separately or with securities of other bona fide clients. You represent that you will not allow any securities in any of your accounts to become subject to liens, security interests or other encumbrances. You further represent that you are not controlled by or in control of any issuer of any security you have provided as collateral to COR.

**Liquidation.** You acknowledge that securities held in your account may be liquidated without notice to satisfy minimum maintenance or margin calls. You are not entitled to choose which securities or other assets in your account(s) are liquidated or sold by COR to meet a margin call. You are not entitled to an extension of time to meet a margin call. While an extension of time to meet margin requirements may be available to you under certain conditions, you do not have a right to the extension. Without limitation, any of the following circumstances may give rise for COR to exercise this power: (i) your failure to promptly meet any call for additional collateral; (ii) the filing of a petition in bankruptcy by or against you; (iii) the appointment of a receiver is filed by or against you; (iv) a significant judgment is entered against you, or any levy is made on your account(s); and (v) the occurrence of any event which, in COR's or your Broker's judgment, operates to impair your ability to perform its obligations under this Margin Agreement. In any such event, and without further notice, you authorize COR and/or your Broker to (i) sell any securities held in your account(s); (ii) buy any securities which may be short; (iii) cancel any open order; (iv) to close any outstanding order; and (v) otherwise take any action deemed necessary to comply with applicable statutes, rules and regulations or any other requirements governing your margin account. If for any reason COR delays or forgoes for a period the enforcement of its margin requirements, COR's subsequent enforcement or right to enforce is not thereby waived.

**Governing Law.** This Margin Agreement and all documents incorporated by reference are governed by the laws of the State of New York.

**Current Margin Interest Rate Schedule as Determined by Your Broker**

By signing this Margin Agreement, you certify that your Broker disclosed to you the current CCBR (as found on <https://www.corclearing.com/important-disclosures/>) and the below-listed rate schedule applicable to your account.

Average Debit Balance	Interest to Be Charged
Any Debit Balance	CCBR + 3.350%

The margin interest charged to your account will not exceed the highest rate listed above, subject to any future changes in the CCBR or 30 calendar days' written notice from your Broker adjusting its rates added to the CCBR.

By signing below, I acknowledge that I have received, read, understand and agree to be bound by the terms and conditions as set forth in this Margin Agreement as currently in effect and as amended from time to time. In doing so, I also certify that my Broker disclosed to me the current CCBR (as found on <https://www.corclearing.com/important-disclosures/>) and the above-listed rate schedule applicable to my margin account.

I represent that I am of required legal age to enter into this Margin Agreement.

I understand and acknowledge that COR does not provide investment, tax, legal, accounting, financial or other advice.

**Please Note: COR and/or my Broker may verify information provided on this Margin Agreement through a third-party vendor in accordance with the USA Patriot Act. I UNDERSTAND THAT THIS ACCOUNT IS GOVERNED BY A PRE-DISPUTE ARBITRATION AGREEMENT, WHICH IS SET FORTH IN SECTION 29 OF PAGE 3 IN THE CUSTOMER AGREEMENT BETWEEN ME AND COR AND MY BROKER. I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ THE PREDISPUTE ARBITRATION AGREEMENT CONTAINED THEREIN.**

**BY SIGNING THIS MARGIN AGREEMENT, I ACKNOWLEDGE THAT MY SECURITIES MAY BE LOANED TO COR OR LOANED OUT TO OTHERS.**

<b>SIGNATURES – ALL ACCOUNT HOLDERS, ALONG WITH AN AUTHORIZED FIRM REPRESENTATIVE, MUST SIGN BELOW</b>		
Account Holder Signature ✕	Print Name	Date
Account Holder Signature ✕	Print Name	Date
Account Holder Signature ✕	Print Name	Date

Broker Signature ✕	Print Name	Date
General Principal Signature ✕	Print Name	Date

## CUSTOMER ACCOUNT AGREEMENT

This Customer Agreement (“Agreement”) sets forth the Terms and Conditions that govern Your brokerage account with COR Clearing LLC, Member SIPC. Throughout this Agreement, the words, “You” and/or “Your” means COR Clearing LLC (“COR”) its successors and assigns and “I”, “Me”, “My”, or “Myself” means the beneficial owner(s) of the brokerage account.

**TO: My Introducing Broker Dealer and COR: In consideration of You opening and/or carrying one or more accounts on My behalf, I represent and agree with respect to all accounts, whether upon margin or cash, as follows:**

- 1. Representation as to Capacity.** If an individual, I am of legal age under the laws of the State where I reside and authorized to have a brokerage account carried by COR, which is subject to the terms of this Agreement and, except as otherwise disclosed to You, I am not an employee of any exchange or FINRA and I am not an employee or associated person of a member firm of any exchange or of a member firm of FINRA. I will promptly notify You if I become so employed or associated. To the extent that I have not already disclosed to You the following, I will notify You in writing if I, My spouse or immediate family member living in My household becomes a director, 10% beneficial shareholder, or an affiliate of a publicly traded company. If an entity, I am duly formed, validly existing and in good standing in My state of organization, have full power and authority to open and/or have a brokerage account carried by COR, which is subject to the terms of this Agreement, to abide by and fulfill My obligations under this Agreement, and the persons authorized on the account are fully authorized to act on My behalf. No person, except Me (or any person named in a separate agreement), has any interest in the account carried pursuant to this Agreement. I acknowledge that unless COR receives written objection from Me, under SEC Rule 14B-1(c), COR may provide My name, address, and security positions to requesting companies in which I hold securities.
- 2. Authorization.** I appoint You as my agent for the purpose of carrying out My directions to You in accordance with the Terms and Conditions of My Agreement with You for My account and risk with respect to the purchase or sale of securities. To carry out Your duties, You are authorized to open or close brokerage accounts, place and withdraw orders and take such other steps as are reasonable to carry out My directions. Unless I give You discretion by written authorization, all transactions will be done only on My order or the order of My authorized delegate except as described in Section 8.
- 3. Role and Responsibility of Clearing Broker.** I understand that COR carries My account(s) as clearing broker pursuant to a carrying agreement, also referred to as a clearing agreement, between My Introducing Broker Dealer and COR, and that COR will clear all transactions under this Agreement pursuant to that carrying or clearing agreement. If My account has been introduced to COR and is carried by COR acting solely as a “clearing broker,” I agree that COR is only responsible for the execution, clearing and bookkeeping of transactions made and is not otherwise responsible for the conduct of My Introducing Broker Dealer. I further understand that transactions may be executed by other broker-dealers, including My Introducing Broker Dealer as principal. I understand that COR provides no investment advice in connection with this account nor does COR give advice or offer any opinion with respect to the suitability of any transaction, security or order. Until receipt from Me of written notice to the contrary, COR may accept from My Introducing Broker Dealer without inquiry or investigation, (i) orders for the purchase or sale of securities and other property on margin, if I have elected to have a margin account, or otherwise, and (ii) any other instructions concerning said accounts. COR shall look solely to My Introducing Broker Dealer unless otherwise directed by My Introducing Broker Dealer, and not to Me with respect to any such orders or instructions; except that I understand that COR will deliver confirmations, statements, and all written or other notices, including margin maintenance calls if applicable, with respect to My account directly to Me with copies to My Introducing Broker Dealer, and that COR will look directly to Me or My Introducing Broker Dealer for delivery of margin, payment, or securities. I agree to hold COR harmless from and against any losses, costs or expenses arising in connection with the delivery or receipt of any such communication(s), provided COR has acted in accordance with the above. The foregoing shall be effective as to My account until written notice to the contrary is received from Me by COR or My Introducing Broker Dealer. You will respond to inquiries I may make concerning My brokerage account and if any inquiry is in the form of a complaint regarding My Introducing Broker Dealer, COR will be responsible for (i) promptly notifying My Introducing Broker Dealer about the complaint; (ii) providing Me with an acknowledgement that COR has done this; and (iii) providing a copy of My complaint to My Introducing Broker Dealer’s designated examining authority.
- 4. Effect of Reports and Statements.** I agree that reports of execution of orders and statements of My account shall be conclusive if not objected to within ten (10) days after transmittal to Me by mail or otherwise. Such objection may be oral or in writing, but any oral objection must be immediately confirmed in writing.
- 5. Important Information About Procedures for Opening and/or Maintaining an Account.** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for Me: When I open or maintain an account carried by COR, You will ask for My name, address, date of birth and other information that will allow You to identify Me. You may also ask to see My driver’s license or other identifying documents and subsequently make copies for the records.
- 6. SIPC and Other Insurance Coverage.** I understand that COR is a member of the Securities Investor Protection Corporation (SIPC), which provides protection for accounts up to \$500,000 (including \$250,000 for claims of cash) per client as defined by SIPC rules. An explanatory brochure is available upon request or at [www.sipc.org](http://www.sipc.org) or via telephone at (202) 371-8300. I understand that COR has acquired an additional \$24.5 million coverage through a third party insurance company. This brings the total protection to \$25 million with a limitation of \$1 million on claims for cash balances for each client (as defined by SIPC rules). I understand that such coverage does not include transactions or trading losses or declines in the value of securities.
- 7. Telephone Recordings.** I understand and agree that any telephone conversation with You will or may be recorded for accuracy and I consent to such recording.
- 8. Oral Authorization.** I agree that You shall be entitled to act upon any oral instructions given by Me so long as You reasonably believe such instruction was actually given by Me.
- 9. Payment of Indebtedness.** In the event I become indebted to You in the course of operation of this account, I agree that I will repay such indebtedness upon demand. I agree that if after demand I fail to pay the indebtedness, You may close My account and liquidate any assets in My account at Your discretion in an amount sufficient to pay My indebtedness. As security for any and all liabilities arising in favor of You, I pledge to COR a security interest in all property held by COR in any account maintained by COR for Me individually, jointly or in the name of another person or entity. COR is hereby authorized to make whatever disposition of pledged property it may deem appropriate to realize the security afforded by this provision, and I will remain liable for any deficiency. I further agree that COR shall be entitled to exercise the rights and remedies, with respect to the pledged property, generally afforded a secured party under the Uniform Commercial Code. The reasonable costs of collection of any debit balance and any unpaid deficiency in My accounts, including attorney’s fees incurred by You shall be reimbursed by Me to You.
- 10. Sell Orders; Deliveries and Settlements.** Unless otherwise specifically designated, any order directing the sale of Property shall be deemed to be a “long” sale, and in connection with any such order, I represent that I am the owner of the property subject of such order and agree to deliver the property to You in negotiable form on or before the settlement date. In the event that I fail to deliver the property to You by the close of business on the settlement date, You are authorized, in your discretion and without notice to Me, to (i) delay settlement, (ii) purchase comparable property to cover My position, or (iii) cancel the transaction. You may also charge any loss (including Interest), commission and fees to My account.
- 11. Buy Orders; Settlements.** When I have directed that property be purchased, I agree to provide sufficient collected funds to cover such purchase on or before the settlement date. In the event that I fail to provide sufficient funds, You may, at your option and without notice to Me, (i) charge a reasonable rate of interest, (ii) liquidate the property subject of the buy order, or (iii) sell other property owned by Me and held in any account. You may also charge any consequential loss to My account.
- 12. Distributions.** In the event that I sell a security prior to its ex-dividend/distribution date, and I receive the related cash/stock dividend or distribution in error, I direct You on My behalf to pay such dividend/distribution to the entitled purchaser of the securities I sold, and I guarantee to promptly reimburse You for, or deliver to You, said dividend or distribution.
- 13. Restrictions on Trading.** I understand that You may, in Your discretion, prohibit or restrict the trading of securities, or the substitution of securities, in any of My accounts. I understand that You may execute all orders by Me on any exchange or market, unless I specifically instruct You to the contrary.

## CUSTOMER ACCOUNT AGREEMENT

- 14. Governing and Applicable Law.** This Agreement and all transactions made in My account shall be governed by the laws of the State of New York, (regardless of the choice of law rules thereof) except to the extent governed by federal securities law, the Federal Arbitration Act, and to the constitution, rules, regulations, customs and usage of the exchanges or market (and its clearing house) where executed.
- 15. Ratification; Sub-Brokers and Agents; Extraordinary Events; Indemnification.** You may employ sub-brokers or other agents in connection with the execution of any order or the consummation of any other transaction hereunder, and You shall be responsible only for reasonable care in their selection. I understand that You shall not be liable for loss caused directly or indirectly by government restrictions, exchange or market rulings, suspension of trading, war, strikes, natural disasters or any other conditions or causes beyond Your control or anticipation, including, but not limited to, delays in the transmission of orders due to breakdown or failure of transmission or communication facilities. I agree to indemnify and hold You harmless from any loss, damage or liability arising out of any transaction in which You act, directly or indirectly, as My agent, absent any willful or grossly negligent conduct by You.
- 16. Mutual Fund Transactions.** In the event that I purchase or hold a mutual fund, I agree to read and understand the terms of its prospectus. I understand that certain mutual funds reserve the right to change their purchasing, switching or redemption procedures and/or suspend or postpone redemptions under certain market conditions. I further understand that any mutual fund order entered with You is placed by You on a best efforts basis as prescribed and recognized by the individual fund, and that You are not responsible for unexecuted orders due to the failure of any communication system. I agree to be fully responsible for the information contained within the mutual fund prospectus and to hold You harmless for any deficiencies contained therein. I authorize You to act as My agent in the purchase and redemption of fund shares.
- 17. Joint Account Authorization.** In consideration of Your carrying a joint account for the persons identified as the account holders, we jointly and severally agree to be fully and completely responsible and liable for this account and to pay on demand any balance due. Each of us, or any person authorized to act on behalf of the account under a separate agreement, has full power and authority to make purchases and sales, withdraw funds and securities from, or to do anything else with reference to the account. You are authorized and directed to act upon instructions received from any of us. Suitability information provided by us reflects the combined interests of all joint owners. We understand that tax reporting information is processed using the social security number of the person first named in the registration. Each of us agrees to hold You and Your employees and agents harmless from and indemnify them against any losses, causes of action, damages and expenses (including attorney's fees) arising from or as the result of You, Your employees or agents following the instructions of any of us. COR in its sole discretion may at any time suspend all activity in the joint account pending instructions from a court of competent jurisdiction or require that instructions pertaining to the joint account or the property therein be in writing, signed by all of us. You may recover from the account or from any of us such costs as You may incur, including reasonable attorney's fees, as the result of any dispute among us relating to or arising from the account. Upon any event that causes a change in the ownership of the joint account (divorce, death, assignment, etc.), all remaining accountholders or survivors shall immediately notify You in writing. You may take such actions in the account as You deem advisable to protect against any tax, liability, penalty or loss under any present or future laws or otherwise. The estate of the decedent or departing accountholder shall be liable together with each of the remaining or surviving accountholders, jointly and severally, to You for any net debit balance or loss in the account in any way resulting from any transactions initiated prior to notification to You or incurred in the liquidation of the account or the adjustment of the interests of the respective parties. Notwithstanding the governing law provisions of this Agreement, the legal ownership of our accounts shall be governed by the internal laws of the state of residence.
- 18. Liens.** I further agree, jointly and severally if this is a joint account, that all property including cash or securities You may at any time be holding or carrying for Me shall be subject to a lien in Your favor for the discharge of obligations of the account to You. Such lien is to be in addition to and not in substitution of the rights and remedies You otherwise would have.
- 19. Definitions of the Word "Property."** For all purposes of this Agreement, the word "Property" means of all kinds, monies and all contracts, investments and options relating thereto, whether for present or future delivery, and all distributions, proceeds, products and accessions of all such property. This includes all such property held, maintained or carried by You in any manner for Me.
- 20. Effect of Attachment or Sequestration of Accounts.** You shall not be liable for refusing to obey any orders given by or for Me with respect to any account(s) that has or have been subject to an attachment or sequestration in any legal proceeding against Me, and You shall be under no obligation to contest the validity of any such attachment or sequestration.
- 21. Event of Death.** It is further agreed that in the event of My death or the death of one of the joint account holders, the representative of My estate or the survivor or survivors shall immediately give You written notice thereof, and You may, before or after receiving such notice, take such proceedings, require such papers and inheritance or estate tax waivers, retain such portion of and/or restrict transactions in the account as You may deem advisable to protect You against any tax, liability, penalty or loss under any present or future laws or otherwise. Notwithstanding the above, in the event of My death or the death of one of the joint Account Holders, all open orders shall be canceled, but You shall not be responsible for any action taken on such orders prior to the actual receipt of notice of death. Further, You may in your discretion close out any or all of My accounts without awaiting the appointment of a personal representative for My estate and without demand upon or notice to any such personal representative. The estate of any of the account holders who shall have died shall be liable and each survivor shall continue liable, jointly and severally, to You for any net debit balance or loss in said account in any way resulting from the completion of transactions initiated prior to the receipt by You of the written notice of the death of the decedent or incurred in the liquidation of the account or the adjustment of the interests of the respective parties. Such notice shall not affect Your rights under this Agreement to take any action that You could have taken if I had not died.
- 22. Tax Reporting.** The proceeds of sales transactions and dividends paid will be reported to the Internal Revenue Service in accordance with applicable law.
- 23. Information Accuracy.** I (a) certify that the information and representations contained in this Agreement and any other document or information that has been or will be furnished to You in connection with My account(s) is complete, true and correct, and acknowledge that knowingly giving false information for the purpose of inducing You to extend credit is a federal crime, (b) authorize You to contact any individual or firm noted herein or on the documents referred to in subsection (a) of this Section and any other normal sources of debit or credit information, (c) authorize anyone so contacted to furnish such information to You as You may request, and (d) agree that this Agreement and any other document or information I furnish in connection with My account is Your property, as the case may be. I shall promptly advise You of any changes to the information in such agreements, documents, or information. You may retain this Agreement and all other such documents or information and their respective records at Your sole discretion, whether or not credit is extended.
- 24. Credit Information and Investigation.** I authorize You to obtain reports and provide information to others concerning My creditworthiness and business conduct. Upon My request, You agree to provide Me a copy of any report so obtained.
- 25. Equity Orders and Payment for Order Flow.** Securities and Exchange Commission rules require all registered broker-dealers to disclose their policies regarding any "payment for order flow" arrangement in connection with the routing of customer orders. "Payment for order flow" includes, among other things, any monetary payment, service, property, or other benefit that results in remuneration, compensation, or consideration to a broker or dealer from any broker or dealer in return for directing orders. You transmit customer orders for execution to various exchanges or market centers based on a number of factors. These include: size of order, trading characteristics of the security, favorable execution prices (including the opportunity for price improvement) access to reliable market data, availability of efficient automated transaction processing and reduced execution costs through price concessions from the market centers. Certain of the market centers may execute orders at prices superior to the publicly quoted market in accordance with their rules or practices. While a customer may specify that an order be directed to a particular market center for execution, the orderrouting policies, taking into consideration all of the factors listed above, are designed to result in favorable transaction processing for customers. The nature and source of any payments and /or credits received by You in connection with any specific transactions will be furnished upon written request.

## CUSTOMER ACCOUNT AGREEMENT

- 26. Free Credit Balances.** To the extent that I have elected to participate in the COR Insured Deposit (DLD) program, I authorize You to invest the free credit balances in My account. I authorize You, without further notice, to redeem My funds from the DLD Program to the extent necessary to satisfy any debits arising in any of My accounts. I understand that I have the option of liquidating the balance of my DLD Program funds and either keeping them or returning the proceeds to My account. I have chosen this option in full understanding of the alternatives available to Me as well as the cost, benefits and risks of this selection and the alternatives.
- 27. Fees and Charges.** I understand that there are charges for commissions and fees for executing buy and sell orders and for other services provided under this Agreement. I agree to pay such commissions and fees at the then prevailing rate. I acknowledge that the prevailing rate of commissions and fees may change and that change may occur without notice. I agree to be bound by such changes. I specifically agree to pay a reasonable rate of interest on the principal amount of any debit balance carried with respect to the account. Interest due on the account is payable on demand. In the case of any stock borrow I request, I understand and agree that COR may charge Me borrow rates that it determines in its sole discretion and which COR will disclose upon request to My Introducing Broker Dealer. I also agree to pay such expenses incurred by You in connection with collection of any unpaid balance due on My accounts, including, but not limited to, attorney's fees allowed by law.
- 28. Prohibition on Freeriding.** In a cash account, a customer must pay for the purchase of a security before selling it. If a customer buys and sells a security before paying for it, the customer is engaging in an activity that is prohibited by federal regulations and which is called freeriding. Accordingly, I understand and agree that if I purchase securities in a cash account and sell them before payment is received by COR, COR will place that account on restricted status for a period of 90 calendar days following the trade date for a first offense, 180 days for a second offense, and 1 year for a third offense, or place other restrictions as required or permitted by law or regulation. During any period of restriction, unless My cash account contains funds in advance of the trade sufficient to pay for any new purchase in full, I agree that I will not be permitted to purchase or sell any new securities in that account. I agree that COR will cancel or remove any trades from My cash account that are made in violation of these or any other legal or regulatory prohibitions on freeriding. COR and I agree that nothing stated in this section constitutes a modification of any laws or regulations to which COR and I are subject.
- 29. Arbitration.**
- a. The following general provisions apply to all arbitrations pursuant to this section:
- 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.
  - Pre-arbitration discovery is generally more limited than and different from court proceedings. The ability of the parties to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings.
  - The arbitration award is not required to include factual findings or legal reasoning and any party's right to appeal or seek modification of rulings of the arbitrators is strictly limited. 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.
- b. Any controversy or claim arising out of or relating to this Agreement shall be settled by FINRA arbitration procedures then in effect. I agree that any judgment upon an award rendered by arbitration may be entered in any court having proper jurisdiction.
- c. This Agreement to arbitrate constitutes a waiver of the right to seek a judicial forum unless such a waiver would be void under the federal securities laws.
- d. No person shall bring a putative or certified class action to arbitration, nor seek to enforce any pre-dispute arbitration agreement against any person who has initiated in court a putative class action; or who is a member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative class action until:
- the class certification is denied; or
  - the class is decertified; or
  - 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.
- e. The venue for all arbitration proceedings arising out of or relating to this Agreement shall be Omaha, NE. By having an account subject to the terms of this Agreement, I acknowledge and accept Omaha as the arbitration hearing location.
- f. This Agreement to arbitrate does not entitle Me to obtain arbitration of claims that would be barred by the relevant statute of limitations if such claims were brought in a competent jurisdiction.
- 30. Notice.** All communications, including margin calls, may be sent to Me at the mailing address for the account or E-mail address that I have given to You, to either E-mail address in the case of joint accounts where each account holder has given an E-mail address( notice to both E-mail addresses is not required) or at such other address as I may hereafter give You in writing or by E-mail at least ten (10) days prior to delivery, and all communications so sent, whether in writing or otherwise, shall be deemed given to me personally, whether actually received or not.
- 31. Headings.** The heading of each provision hereof is for descriptive purposes only and shall not be (i) deemed to modify or qualify any of the rights or obligations set forth herein or (ii) used to construe or interpret any of the provisions hereunder.
- 32. No Waiver; Cumulative Nature of Rights and Remedies.** Your failure to insist at any time upon strict compliance with any term contained in this Agreement, or any delay or failure on Your part to exercise any power or right given to You in this Agreement, or a continued course of such conduct on Your part, shall at no time operate as a waiver of such power or right, nor shall any single or partial exercise preclude any other further exercise. All rights and remedies given to You in this Agreement are cumulative and not exclusive of any other rights or remedies to which You are entitled.
- 33. Miscellaneous Provisions.** The following provisions shall also govern this Agreement:
- This Agreement and all documents incorporated by reference are governed by the laws of the State of New York.
  - I hereby ratify and confirm all transactions heretofore made and entered into with You.
  - This Agreement shall bind My heirs, assigns, executors, successors, conservators and administrators.
  - If any provision of this Agreement shall be determined to be invalid, the remainder hereof shall remain in full force and effect.
  - This Agreement may be terminated by either Me or You upon thirty (30) days written notice. I will remain liable to You for any charges due, whether arising before or after termination.
  - No provision of this Agreement may be altered, changed or revised except by a written instrument signed by Me and COR.
  - I will notify You if any representation herein is or becomes materially inaccurate.
- 34. Severability.** If any provisions or conditions of this Agreement become inconsistent with any present or future law, rule or regulation of any applicable government, regulatory or self-regulatory agency or body, or are deemed invalid or unenforceable by any court of competent jurisdiction, such provisions shall be deemed rescinded or modified, to the extent permitted by applicable law, to make this Agreement in compliance with such law, rule or regulation, or to be valid and enforceable, but in all other respects, this Agreement shall continue in full force or effect.
- BY AGREEING TO OPEN AN ACCOUNT WITH COR AND/OR HAVE MY ACCOUNT CARRIED BY COR, I ACKNOWLEDGE THAT I HAVE RECEIVED, READ, UNDERSTAND AND AGREE TO THE TERMS SET FORTH IN THE FOREGOING AGREEMENT, AND THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE AT SECTION 29 OF PAGE 3.



## **COR Insured Deposit Program — Summary of Terms and Conditions**

---

### **Program Summary**

The COR Insured Deposit Program (“The Program”) provides a new cash sweep capability for clients. Under The Program provided by COR Clearing LLC (“The Firm”, “We”, or “Us”) and selected by your brokerage firm (“Brokerage Firm”) and administered by Deutsche Bank Trust Company America (“DBTCA”), your uninvested cash balances in eligible accounts will be automatically deposited into an interest-bearing Federal Deposit Insurance Corporation (“FDIC”) insured deposit account at one or more of the banks or depository institutions participating in The Program, collectively called “Program Banks”

Your uninvested cash balances are deposited with a network of Program Banks in a manner designed to provide you with a maximum deposit insurance in excess of the current FDIC limits (The Firm’s current limits are available at [www.corclearing.com](http://www.corclearing.com)). A separate account for the benefit of Program participants will be established at each of The Program Banks for deposit in The Program (the “Deposit Accounts”). Once your funds in a Deposit Account at any of the individual Program Banks reach 95% of the applicable FDIC insurance limit, any additional funds will be deposited at another Program Bank. The Deposit Accounts will be insured by the FDIC within certain applicable limits. FDIC insurance will not cover amounts over the applicable maximum insurance limit that you have on deposit with any particular Program Bank.

All activity with respect to your accounts will appear on your periodic account statement, including the total of your opening and closing account balances in The Program and a breakdown of your bank deposit balance at each individual Program Bank at which you have deposits. If you maintain a separate account at a Program Bank outside of The Program, you are responsible for monitoring the total amount of deposits that you have with The Program Bank to determine the extent of deposit insurance coverage available to you. The total amount of FDIC insurance coverage may change at any time.

The Program is your default sweep option for available cash in your eligible accounts. By your participation in The Program, you acknowledge that you have received and carefully read the Terms and Conditions. If you have any questions about any of the provisions of these Terms and Conditions, please contact your Brokerage Firm.

The Program should not be viewed as a long-term investment option. If you desire to maintain invested cash balances for other than a short-term period and/or are seeking the highest yields currently available in the market, please contact your Brokerage Firm to discuss investment options that may be available outside of The Program to help maximize your return potential consistent with your investment objectives, risk tolerance and liquidity needs. Please keep in mind that such outside investment options may not be FDIC insured and may not include the automatic sweep features included in The Program.

As provided in your account agreement with your Brokerage Firm, The Firm is the carrier of your brokerage account as clearing brokerage firm pursuant to a clearing agreement with your Brokerage Firm. As clearing brokerage firm, The Firm provides certain administrative services in connection with The Program. The services rendered by The Firm in connection with The Program are not intended to create a joint venture, partnership, or other form of business organization of any kind. The Firm shall not be responsible or liable for any acts or omissions of your Brokerage Firm, any Program Bank, or their respective employees. The Firm provides no advice regarding The Program, nor does The Firm give advice or offer any opinion with respect to the suitability of any transaction or order in connection with your brokerage account. Neither your Brokerage Firm nor any Program Bank is acting as the agent of The Firm. You agree that you will not hold The Firm, its affiliates, and its officers, directors, and agents liable in connection with any transactions related to The Program.

### **Differences Between COR Insured Deposit (DLD) Program and Holding Deposits in a Cash Account**

The Program and cash balances are subject to differing risks and account protection. Cash balances are not bank accounts and not subject to FDIC insurance protection. The Program is covered by FDIC. Deposits in The Program equal to or less than the maximum FDIC deposit insurance limit are insured against the risk of a Program Bank’s failure.

### **FDIC Coverage and Limitations**

Upon deposit into The Program, your deposits are insured by the FDIC, an independent agency of the federal government backed with the full faith and credit of the U.S. Government, up to the current FDIC limit per depositor for each category of legal ownership. To provide additional coverage, The Program uses a network of Program Banks in a manner designed to provide you with a maximum deposit insurance limit in excess of the current FDIC limits per depositor for each category of legal ownership. If the amounts deposited in The Program exceed the maximum deposit insurance limit, the excess funds will be deposited at a Program Bank and not be insured by the FDIC. If you have or make deposits on your own with a Program Bank, neither COR nor your Brokerage Firm would be aware of these deposits and they may not be insured.

Additional FDIC insurance coverage may also apply to certain categories of legal ownership. For additional information and any other questions about FDIC Deposit Insurance Coverage, you may wish to seek advice from your own legal advisor. You may also obtain information by contacting the FDIC, Division of Supervision and Consumer Protection, by letter (550 17th Street, N.W., Washington, D.C. 20429), by phone (877-275-3342, 800-925-4618 (TDD)), by e-mail ([dcainternet@fdic.gov](mailto:dcainternet@fdic.gov)), or by accessing the FDIC Web site at [www.fdic.gov](http://www.fdic.gov).

### **Your Responsibility**

You must monitor and determine the best sweep option for you under The Program. You may elect not to participate in The Program and instead periodically invest cash balances directly into investment options that may be available outside of The Program to help maximize your return potential consistent with your investment objectives, risk tolerance and liquidity needs.

You are responsible for monitoring the total amount of all deposits you have at each Program Bank for purposes of calculating your FDIC insurance coverage. Activity with respect to your funds in The Program, including The Program Banks in which your funds are invested and the interest rate paid to you, will appear on your periodic brokerage account statement. If your total funds on deposit at any individual Program Bank exceed the maximum deposit insurance limit, the FDIC will not insure your funds in excess of the limit.

### **Interest**

The Program Banks will pay interest on funds in The Program at a variable rate established periodically by The Firm based on prevailing market, economic and other business conditions. The Firm may change the interest rate at our discretion without notice to you. The Firm may establish a schedule of rates to be applied to accounts based on, among other things, the total value of household assets in your Brokerage accounts. The asset tiers and interest rates may be changed by The Firm from time-to-time. Current interest rate information is available by contacting your Brokerage Firm.

Interest on funds in The Program will accrue from the day funds are deposited by us into The Program up to, but not including, the day of withdrawal. The Program Banks will use the daily-balance method to calculate the interest on your account. This method applies a daily periodic rate to the principal in the account each day. Interest will be compounded monthly and will be credited to your account on or about the 25th day of each month (or preceding business day if the 25th day is not a business day). You will receive a 1099-INT form from The Firm indicating the amount of interest paid to you.

### **Fees**

No direct fees will be assessed to you or deducted from your brokerage account with respect to The Program. We may, without notice, refuse any deposit, close any account or impose a fee, if your actions become administratively burdensome.

## **COR Insured Deposit Program — Summary of Terms and Conditions**

### **Program Compensation**

No direct fees will be assessed to you or deducted from your specified rate of return. Instead fees are collected from The Program Banks. The fee of the intermediary bank (currently Deutsche Bank Trust Company America “DBTCA”) will be collected from The Program Banks in the form of fees collected in addition to interest paid on The Program. The Firm will receive a fee from DBTCA that varies depending on the balance in your account, the service plan you may be on and other factors. Although the actual fees are subject to change and vary depending on the tier and other factors (please see our website at [www.corclearing.com](http://www.corclearing.com), for the applicable rate structure), this fee currently is expected to range from .5% to 6.0%. This fee is subject to change and we may waive all or part of this fee. Other than applicable fees imposed by us on a brokerage account, there will be no charge, fee or commission imposed on your account with respect to The Program.

### **Eligibility**

The Program is available to individuals, certain non-profit organizations and to certain fiduciaries and trusts, provided that the beneficiaries are individuals or otherwise eligible. Accounts in the name of business entities including corporations, limited liability companies and partnerships are also eligible for The Program. Excluded are all plans subject to the Employee Retirement Income Security Act of 1974, as amended. Please contact your Brokerage Firm if you are unsure if your account(s) are eligible.

### **Deposits**

Because The Program is your default sweep option for cash balances in your eligible account, unless you elect out of The Program you will have cash balances in your eligible account(s) automatically deposited in Deposit Accounts at The Program Banks. These Deposit Accounts will receive FDIC coverage up to The Program’s maximum deposit insurance limit. There is no minimum initial deposit. Funds will be deposited into a Deposit Account under the following circumstances: (i) in the case of available cash balances resulting from the proceeds of securities sales, on the settlement date of the securities sale; and (ii) in the case of available cash balances resulting from non-trade-related credits (e.g., the receipt of dividend or interest payments or a deposit in the brokerage account), on the business day after receipt into your brokerage account of the non-trade-related credit. Funds deposited into a Deposit Account will begin earning interest from the day that they are received by The Program Bank. Your deposit will be in book entry form and, therefore, you will not receive a passbook or a certificate. Your uninvested cash balances will be deposited into a Settlement Account at Deutsche Bank Trust Company Americas (DBTCA), which will allocate your deposits to any eligible Program Bank according to an order of priority established from time to time. Once your funds in a Deposit Account at any of the individual Program Banks reach 95% of the applicable FDIC, any additional funds will be deposited at another.

Program Bank. You may exclude any Program Bank from being able to receive your uninvested cash balance at any time. For example, you may want to exclude any Program Bank at which you maintain balances (e.g. Certificates of Deposit, checking account deposits) which, when added to amounts in the Deposit Account, might exceed the maximum deposit insurance limits. This exclusion may be accomplished at the time of your initial deposit into The Program, or at any other time by contacting your Brokerage Firm and may impact the overall FDIC coverage available to you through The Program. The list of Program Banks participating in The Program is attached. This list will be updated from time to time and the updated list will be available from your Brokerage Firm or by visiting [www.corclearing.com](http://www.corclearing.com). In addition, The Program Banks in which your Program balances were invested will be listed on your periodic account statement.

Program Banks may be added or removed from The Program. It is your responsibility to monitor your Program deposits with each Program Bank in order for you to determine the extent of insurance coverage available to you.

Deposit Accounts are established on an omnibus basis at each Program Bank, with records of ownership in a manner consistent with FDIC rules governing “pass through” deposit insurance. DBTCA and its service provider are finders assisting in locating and negotiating deposit arrangements with Program Banks. A different settlement bank, finder or service provider may be selected or the role in The Program of the settlement bank’s service provider or finder in The Program may be eliminated altogether.

### **Withdrawals**

All withdrawals necessary to satisfy debits in your brokerage accounts will be made by us as your agent. A debit will be created, for example, when you purchase securities or request withdrawal of funds from your brokerage account, when you write a check, or use other withdrawal methods (such as through an ACH). Checks written on your brokerage account are not drawn directly against the amounts deposited for you at any of The Program Banks, but the money is transferred back from The Program Banks to our Intermediary Bank and then to us, and then used to satisfy your debit through The Program. Withdrawals may not be made directly from The Program Banks, except through The Firm acting as your agent.

The funds necessary to satisfy debits in your securities account will be drawn from your account in the following order: (i) free credit balances in your brokerage account (if any); (ii) balances in your money fund (if any); and (iii) amounts in The Program Account.

### **Electronic Funds Transfers**

The only items processed through The Program are deposits from the brokerage account to The Program Banks, transfers among The Program Banks, and transfers back to the brokerage account from The Program Banks.

The Program does not allow electronic funds transfers, ATM access, check-writing, deposit, point-of-sale terminal access, pre-authorized payments to third parties, access by credit or debit card or ACH transfers directly from The Program Bank Deposit Accounts.

### **Program Deposit Account Error Resolution Notice**

Please contact your Brokerage Firm as soon as possible, if you think The Program Deposit Account portion of your statement is wrong or if you need more information about a transfer listed on the statement. Your Brokerage Firm must hear from you no later than fifteen (15) days after the date of the statement on which the problem or error first appeared. In making that contact you must:

- (1) Provide your name and account number (if any)
- (2) Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information
- (3) Provide the dollar amount of the suspected error

If you provide this information orally, you may be required to send your complaint or question in writing within fifteen (15) business days.

It will be determined whether an error occurred within fifteen (15) business days after hearing from you and any error will be promptly corrected. If more time is needed, however, it may take up to forty-five (45) days to investigate your complaint or question. In such case, it will be requested that The Program Bank credit your Program Deposit Account within fifteen (15) business days for the amount you think is in error, so that you will have the use of the money during the time it takes to complete the investigation. If you are asked to put your complaint or question in writing and your Brokerage Firm does not receive it within fifteen (15) business days, The Program Bank may not credit your Program deposit account.

For errors involving new Program Deposit Accounts, it may take up to ninety (90) days to investigate your complaint or question. For new Program Deposit Accounts, The Program Bank may take up to twenty (20) business days to credit your Program Deposit Account for the amount you think is in error.

Your Brokerage Firm will contact you with the results within three (3) business days after investigation is completed. If it is determined that there was no error, a written explanation will be provided. You may ask for copies of the documents used in the investigation.

## ***COR Insured Deposit Program — Summary of Terms and Conditions***

---

### **Account Information**

Activity with respect to your funds in The Program, including The Program Banks in which your funds are invested and the interest rate paid to you, will appear on your periodic brokerage account statement. For each statement period, your brokerage account statement will reflect: (i) all deposits to and withdrawals from your Program account; (ii) the opening and closing balances of your Program account; (iii) interest earned on your Program account balances; and (iv) the detail of balances held in your Program account at each Program Bank.

### **Summary of Certain Relationships**

All Program Banks in The Program are depository institutions duly chartered under the laws of the United States or a State thereof, the deposits of which are insured by the FDIC. Your Brokerage Firm and The Firm are broker-dealers registered with the U.S. Securities and Exchange Commission ("SEC") and the Financial Industry Regulatory Authority ("FINRA"). Your Brokerage Firm and The Firm are not banks. Deposit Accounts are held by the respective Program Banks.

Pursuant to the clearing agreement between Your Brokerage Firm and The Firm and acting on the instructions of your Brokerage Firm, The Firm will act as exclusive custodian and agent with respect to all transactions related to The Program. The Deposit Accounts established for The Program will be evidenced by a book entry on the account records of each such Program Bank. The Firm and its agents will maintain records of your interest in each Deposit Account. No evidence of ownership, such as a passbook or certificate, will be issued to you.

All questions regarding your funds in each Deposit Account should be directed to your Brokerage Firm and not The Program Banks. No Program Bank will accept any instructions concerning your deposits in a Program Bank through The Program unless such instructions are transmitted by The Firm or an authorized agent on its behalf.

The Firm will assume the responsibility and the risk of loss for any funds transfers of yours that have theretofore been delivered by you to your Brokerage Firm until such time as the funds have been received in the Deposit Account (the "Settlement Account") maintained at a designated bank (the Settlement Bank, which shall be DBTCA, unless another bank is designated by us for the purpose of transmitting funds from The Program Banks through the Settlement Bank to your Brokerage Firm, and from your Brokerage Firm through the Settlement Bank to the accounts at The Program Banks.

Withdrawals will be deemed paid by a particular Program Bank when such funds are transmitted by such Program Bank to the Settlement Account and such Program Bank will be released from all liability for such withdrawn funds once The Program Bank delivers those funds to the Settlement Account. The Program Banks are not responsible for the actions of DBTCA or for the actions of your Brokerage Firm or The Firm, with respect to The Program or otherwise. Each Program Bank deposit account is an obligation of The Program Bank and is not directly or indirectly an obligation of The Firm. Program Banks are selected by The Firm in conjunction with its service providers. This document includes a list of The Program Banks. The list of Program Banks is subject to change at any time by its service providers. You can obtain publicly available financial information concerning any or all of The Program Banks at [www.FDIC.gov](http://www.FDIC.gov) or by contacting the FDIC Public Information Center by mail at 801 17th Street, N.W. Room 100, Washington DC 20434 or by phone at 800-276-6003.

The Firm does not guarantee in any way the financial condition of any Program Bank or the accuracy of any publicly available financial information concerning a Program Bank. You may exclude deposits of any Program Bank from inclusion in your brokerage account by contacting your Brokerage Firm. By your continued use of The Program, you agree to the terms provided herein.

### **Waiver of Confidentiality**

You expressly give consent for federal or state regulators to access your customer account information for audit and review purposes.

### **Changes to the Program**

Your Brokerage Firm or The Firm may modify or cancel The Program at any time, which may result in changing the sweep option for your account. If we make any change, there is no guarantee that such change will provide an equal or greater rate of return to you on your uninvested cash balances during any given period, and the rate of return may be lower. You will receive advance notice of any change that results in changing the sweep option for your account. Unless you object within the time period specified, we will transfer the balances from your prior sweep into any new sweep.

### **Relationships and Your Privacy**

Although your Brokerage Firm, The Firm, and The Program Banks may share certain information about you and your accounts, information shared with Program Banks will be handled in accordance with the Privacy Policies of The Firm and your Brokerage Firm.

### **Inactive Accounts**

The Firm may be required by law to turn over (escheat) funds in your Program Deposit accounts to a state, typically your state of residence, based on account inactivity for a certain time period established by applicable state law. If funds are remitted to the state, you may file a claim with the state to recover the funds within the time periods established by state law.

### **Transferability**

Your Program Bank deposit accounts may not be transferred by you to another owner except by a change in ownership of your brokerage account. A transfer that occurs due to death, incompetence, marriage, divorce, attachment or otherwise by operation of law, shall not be binding until sufficient documentation has been received.

### **Closing of Account**

If you close or The Firm closes your brokerage account, your associated Program Bank deposit accounts will also be closed and the funds in your Program Bank deposit accounts will be distributed out through your brokerage account.

### **Right of Set-Off**

Under the terms of your brokerage account customer agreement, funds in your Program Bank deposit accounts may be charged or set-off against indebtedness or obligations you have. For further information on such indebtedness or obligations, please review your brokerage agreement.

## FENIX SECURITIES, LLC DISCLOSURES

### PRIVACY NOTICE

We are providing you this information as required by Regulation S-P adopted by the Securities and Exchange Commission. Fenix Securities, LLC is committed to protecting confidentiality of the information furnished to us by our clients. We collect nonpublic personal information about you from the following sources: information we receive from you on applications or other forms or through our Web Site and information we receive from a consumer reporting agency.

### OUR USE OF INFORMATION ABOUT YOU

Fenix Securities, LLC does not share your non-public personal information with any unaffiliated third parties with whom we have no contractual business relationships, unless:

- You give us written permission
- It is vital to completing a transaction for your account
- It is required by to protect against fraud or comply with a subpoena or other court order.

We do not sell information about you to outside unaffiliated companies. Fenix Securities, LLC has policies that restrict access to non-public personal information about you to those employees who have need for that information to provide investment alternatives or services to you, or to employees who assist those who provide investment alternatives or services to you. We maintain physical, electronic and procedural safeguards to protect your non-public personal information.

### MARGIN DISCLOSURE STATEMENT

We are furnishing this document to you to provide some basic facts about purchasing securities on margin, and to alert you to the risks involved with trading securities in a margin account. Before trading stocks in a margin account, you should carefully review the margin agreement provided by your broker. Consult your broker regarding any questions or concerns you may have with your margin accounts.

When you purchase securities, you may pay for the securities in full or you may borrow part of the purchase price from your brokerage firm. If you choose to borrow funds from your firm, you will open a margin account with the firm. The securities purchased are the firms collateral for the loan to you. If the securities in your account decline in value, so does the value of the collateral supporting your loan, and as a result, the firm can take action, such as issue a margin call and/or sell securities in your account, in order to maintain the required equity in the account. It is important that you fully understand the risks involved in trading securities on margin. These risks include the following:

- You can lose more funds than you deposit in the margin account. A decline in the value of securities that are purchased on margin may require you to provide additional funds to the firm that has made the loan to avoid the forced sale of those securities or other securities in your account.
- The firm can force the sale of securities in your account. If the equity in your account falls below the maintenance margin requirements under the law, or the firms higher house requirements, the firm can sell the securities in your account to cover the margin deficiency. You also will be responsible for any shortfall in the account after such a sale.
- The firm can sell your securities without contacting you. Some investors mistakenly believe that a firm must contact them for a margin call to be valid, and that the firm cannot liquidate securities in their accounts to meet the call unless the firm has contacted them first. This is not the case. Most firms will attempt to notify their customers of margin calls, but they are not required to do so. However, even if a firm has contacted a customer and provided a specific date by which the customer can meet a margin call, the firm can still take necessary steps to protect its financial interest, including immediately selling the securities without notice to the customer.
- You are not entitled to choose which security in your margin account is liquidated or sold to meet a margin call. Because the securities are collateral for the margin loan, the firm has the right to decide which security to sell in order to protect its interests.
- The firm can increase its house maintenance margin requirement at any time and is not required to provide you advance written notice. These changes in firm policy often take effect immediately and may result in the issuance of a maintenance margin call. Your failure to satisfy the call may cause the member to liquidate or sell securities in your account.
- You are not entitled to an extension of time on a margin call. While an extension of time to meet margin requirements may be available to customers under certain conditions, a customer does not have a right to the extension.

### TRADING RISK DISCLOSURE STATEMENT RULE 2270 FINRA

You should consider the following points before engaging in a day-trading strategy. For purposes of this notice, a "day-trading strategy" means an overall trading strategy characterized by the regular transmission by a customer of intra-day orders to effect both purchase and sale transactions in the same security or securities. Day trading can be extremely risky. Day trading generally is not appropriate for someone of limited resources and limited investment or trading experience and low risk tolerance. You should be prepared to lose all of the funds that you use for day trading. In particular, you should not fund day-trading activities with retirement savings, student loans, second mortgages, emergency funds, funds set aside for purposes such as education or home ownership, or funds required to meet your living expenses. Further, certain evidence indicates that an investment of less than \$50,000 will significantly impair the ability of a day trader to make a profit. Of course, an investment of \$50,000 or more will in no way guarantee success. Be cautious of claims of large profits from day trading. You should be wary of advertisements or other statements that emphasize the potential for large profits in day trading. Day trading can also lead to large and immediate financial losses.

Day trading requires knowledge of securities markets. Day trading requires in-depth knowledge of the securities markets and trading techniques and strategies. In attempting to profit through day trading, you must compete with professional, licensed traders employed by securities firms. You should have appropriate experience before engaging in day trading.

Day trading requires knowledge of a firm's operations. You should be familiar with a securities firm's business practices, including the operation of the firm's order execution systems and procedures. Under certain market conditions, you may find it difficult or impossible to liquidate a position quickly at a reasonable price. This can occur, for example, when the market for a stock suddenly drops, or if trading is halted due to recent news events or unusual trading activity. The more volatile a stock is, the greater the likelihood that problems may be encountered in executing a transaction. In addition to normal market risks, you may experience losses due to system failures.

Day trading will generate substantial commissions, even if the per trade cost is low. Day trading involves aggressive trading, and generally you will pay commissions on each trade. The total daily commissions that you pay on your trades will add to your losses or significantly reduce your earnings. For instance, assuming that a trade costs \$16 and an average of 29 transactions are conducted per day, an investor would need to generate an annual profit of \$111,360 just to cover commission expenses.

Day trading on margin or short selling may result in losses beyond your initial investment. When you day trade with funds borrowed from a firm or someone else, you can lose more than the funds you originally placed at risk.

A decline in the value of the securities that are purchased may require you to provide additional funds to the firm to avoid the forced sale of those securities or other securities in your account. Short selling as part of your daytrading strategy also may lead to extraordinary losses, because you may have to purchase a stock at a very high price in order to cover a short position. Potential Registration Requirements. Persons providing investment advice for others or managing securities accounts for others may need to register as either an "Investment Advisor" under the Investment Advisors Act of 1940 or as a "Broker" or "Dealer" under the Securities Exchange Act of 1934. Such activities may also trigger state registration requirements.

### MARKET VOLATILITY AND TRADING PLATFORMS NOTICE

All trades are executed through Fenix Securities, LLC, Member of the FINRA and SIPC. System response, trade executions and account access may be affected by market conditions, system performance, quote delays and other factors. The risk of loss in electronic trading can be substantial. You should therefore consider whether such trading is suitable for you in light of your financial resources. Money Market Funds are not FDIC Insured. Read our Risk Disclosures.

**AFTER-HOURS TRADING:** There is no assurance that trades will be executed after the market closes

### EXTENDED HOURS TRADING RISK DISCLOSURE

**Risk of Lower Liquidity.** Liquidity refers to the ability of market participants to buy and sell securities. Generally, the more orders that are available in a market, the greater the liquidity. Liquidity is important because with greater liquidity it is easier for investors to buy or sell securities, and as a result, investors are more likely to pay or receive a competitive price for securities purchased or sold. There may be lower liquidity in extended hours trading as compared to regular market hours. As a result, your order may only be partially executed, or not at all.

**Risk of Higher Volatility.** Volatility refers to the changes in price that securities undergo when trading. Generally, the higher the volatility of a security, the greater its price swings. There may be greater volatility in extended hours trading than in regular market hours. As a result, your order may only be partially executed, or not at all, or you may receive an inferior price in extended hours trading than you would during regular market hours.

**Risk of Changing Prices.** The prices of securities traded in extended hours trading may not reflect the prices either at the end of regular market hours, or upon the opening the next morning. As a result, you may receive an inferior price in extended hours trading than you would during regular market hours.

**Risk of Unlinked Markets.** Depending on the extended hours trading system or the time of day, the prices displayed on a particular extended hours trading system may not reflect the prices in other concurrently operating extended hours trading systems dealing in the same securities. Accordingly, you may receive an inferior price in one extended hours trading system than you would in another extended hours trading system.

**Risk of News Announcements.** Normally, issuers make news announcements that may affect the price of their securities after regular market hours. Similarly, important financial information is frequently announced outside of regular market hours. In extended hours trading, these announcements may occur during trading, and if combined with lower liquidity and higher volatility, may cause an exaggerated and unsustainable effect on the price of a security.

**Risk of Wider Spreads.** The spread refers to the difference in price between what you can buy a security for and what you can sell it for. Lower liquidity and higher volatility in extended hours trading may result in wider than normal spreads for a particular security.

**LOSS OF PRINCIPAL:** Beware of the risk of trading. Trading stocks and other investments are subject to fluctuations in value and possibly entire loss of principle.

**SIPC NOTICE:** All accounts are SIPC Protected for \$500,000 Securities, including \$250,000 claims for Cash. The above coverage does not protect against loss of the market value of securities. For Details please see [www.sipc.org](http://www.sipc.org)

### RISK DISCLOSURE STATEMENT

Clients must be familiar with the following responsibilities and must agree to follow all regulatory and exchange rules:

#### ACCOUNT REVIEW

It is always the client's responsibility to review their account daily, through COR Clearing, LLC (the clearing firm) at their website [www.corclearing.com/](http://www.corclearing.com/) and compare the information shown there versus the information displayed on the trading software. If there is any discrepancy of any kind, including but not limited to; current equity, buying power, or positions the client must contact Fenix Securities, LLC prior to acting on any information that does not match. Also if you ever believe for any reason that anything is incorrect in your account, please make sure you always contact us before acting. If a client acts before contacting us to verify the validity of their account information or fails to review their account on a daily basis, any issues that arise as a result of not reviewing their information or contacting our firm in a timely manner will be solely the client's responsibility.

It is also the clients responsibility to review all their open orders daily, especially if you are placing GTC (good tillcancelled) orders. If you believe you had an order that for some reason is not showing on your software or have any other issue or problem with any order, you will need to contact us immediately. You will be responsible for this daily review of your open orders. Any issues caused by the failure to do this review and to contact us in a timely manner to resolve any discrepancies will be solely the client's responsibility.

#### STOCK SPLITS & SYMBOL CHANGES & OPTIONS

It is the client's responsibility to notify Fenix Securities, LLC if they hold any stock that has either a forward or reverse stock split and/or if any stock they own has a symbol change of any kind. The client will also need to contact us if you are holding an option that has expired or changed symbols. The trading software will NOT automatically adjust for these changes. The client will need to contact us and we will manually adjust their trading software to reflect these changes.

#### LENDING RULE DISCLOSURE

The Securities and Exchange Commission requires specific disclosure be made to a public customer at the time a margin account is established. These items summarize the required SEC disclosures:

- 1) An annual rate of interest is charged on the net debit balance in a margin account.
- 2) The applicable interest rate is based upon (but not equal to) the prevailing broker call money rate.
- 3) Adjustment and allowance in the percentage rate are frequently made depending upon the size of the debit balance and the activity in the account.
- 4) As the call money rate changes, so will the interest rate charge, without notice to the customer.
- 5) Interest is computed by taking the average daily balance, multiplying it by a rate over 100 and by the number of days the debit balance existed and dividing it by 360.
- 6) The customer must keep the prior period statement in order to compute the interest.
- 7) The firm has a lien on all securities in the account for any debit balance present in the account.
- 8) If the market value of the securities decline, the firm can request additional funds or collateral from the client. If not received, the firm can exercise its lien to sell securities in the account.

#### EQUITY REQUIREMENT

The amount of equity required to open and maintain a pattern day-trading account is \$25,000. If your equity drops below this amount you must deposit additional funds to get your equity back up to \$25,000. If you do not maintain the minimum equity, your account may be allowed to become a regular margin account with buying power determined by the clearing firm and limited to 3 day-trades in a five day period. Position held overnight does not count as day-trades.

#### IMPORTANT NOTICE

The procedures and rules listed on this page are for informational purposes and may be subject to change, which may not be reflected on this page, or may be updated without notice. This is only a partial list of trader's responsibilities.

Traders need to understand that they have far more responsibilities than are or can be listed here. If you have any questions about any of your responsibilities, please contact us.

*I have read and understand the Fenix Securities's Risk Disclosure and agree to its terms.*

Client Name \_\_\_\_\_

Account Number \_\_\_\_\_

Date \_\_\_\_\_

X

Client Signature

## FOREIGN ACCOUNT DUE DILIGENCE QUESTIONNAIRE

FOREIGN ACCOUNT INFORMATION		
1	Type of Account:	<input type="checkbox"/> Individual <input type="checkbox"/> Joint <input type="checkbox"/> Corporate
2	Name of Account:	
3	Is this account a foreign financial institutions such as a: (1) a foreign bank; (2) a foreign branch of a U.S. bank; (3) a business organized under a foreign law that, if it were located in the United States, would be a securities broker-dealer, futures commission merchant, introducing broker in commodities, or a mutual fund; and (4) a money transmitter or currency exchanger organized under foreign law.	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes" please complete the Foreign Financial Institution Enhanced Due Diligence Questionnaire.</i> _____ _____ _____
4	Is this account maintained for a current or former Politically Exposed Person or Foreign Public Official?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If "Yes" please provide the name of that official and the official's immediate family members (including former spouses) and the related foreign political organization.</i>
	Official and immediate Family Members:	_____
	Foreign Political Organization:	
5	Who referred you to COR Clearing?	
6	What is your relationship to the person that referred you to COR Clearing and how long have you known him/her?	

INITIAL TRANSACTION FOR FOREIGN ACCOUNT		
7	Type of Deposit (Securities, Cash, ACAT, DTC):	
8	Value of Initial Deposit:	

CORPORATE FOREIGN ACCOUNTS		
9	Name of Corporate account:	
10	What type of business does corporation conduct?	
11	Geographic location of corporation's business market:	
12	Name and title of Officer #1 that has authority to transact business with the corporate account:	
13	Name and title of Officer #2 that has authority to transact business with the corporate account:	

INDIVIDUAL/JOINT FOREIGN ACCOUNTS		
14	Name of Primary Account Holder	
15	Name of Employer:	
16	Self Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	What type of work do you do?	
18	Do you own any businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	What are your sources of income?	
20	Do you have any other brokerage accounts?  Identify any other broker accounts with name and account number:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____

## FOREIGN ACCOUNT DUE DILIGENCE QUESTIONNAIRE

INDIVIDUAL/JOINT FOREIGN ACCOUNTS		
21	Name of Secondary Account Holder	
22	Name of Employer:	
23	Self Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	What type of work do you do?	
25	Do you own any businesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26	What are your sources of income?	
27	Do you have any other brokerage accounts? Identify any other broker accounts with name and account number:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____

GENERAL INFORMATION FOR ALL FOREIGN ACCOUNTS		
28	Can you speak/read/write English?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
29	If "No," please respond to the following:	
	a. What is the name of the individual assisting you with completing this questionnaire?	
	b. What is your relationship with the individual assisting you with completing this questionnaire?	
	c. How long have you known the person who is assisting you with completing this questionnaire?	
30	What is your Phone Number?:	
31	What is your Email address?:	
32	Physical Address for this Account:	
33	Address of Officer or individual account holder:	
34	Mailing address for this Account:	
35	If mailing address for account is different from the Physical address for the account, please explain why mail should be sent to mailing address:	

Signature:	
<div style="border: 1px solid black; height: 60px; margin-bottom: 5px;"></div> <p style="text-align: center;"><b>X</b></p> <p>(Signature)</p> <div style="border: 1px solid black; height: 60px; margin-bottom: 5px;"></div> <p style="text-align: center;"><b>X</b></p> <p>(Signature if joint)</p>	<p>Applicant Print Name: _____ Date: _____</p> <p>Applicant Print Name: _____ Date: _____ (if joint)</p> <p>Broker Signature/Date: _____</p> <p>Print Name: _____</p>

## LIMITED TRADING AUTHORIZATION

Account Number: \_\_\_\_\_

This form must be completed in its entirety and must be signed by all account owners and the Authorized Agent. If multiple agents are to be authorized, submit a separate form for each Authorized Agent.

### STEP 1: ACCOUNT INFORMATION

<b>Account Title</b> <i>(Title of the Account to which this agreement applies)</i>
--

### STEP 2: LEVEL OF AUTHORIZATION

Limited Trading Authorization for Purchase and Sale of Securities Only

### STEP 3: AUTHORIZED AGENT

<b>Full Legal Name (First, Middle Initial, Last)</b>		<b>Relationship to Account Owner(s)</b>	
<b>Date of Birth (MM-DD-YYYY)</b>		<b>Social Security Number (SSN)</b>	
<b>Primary Phone Number</b>			
<b>Home Address (No PO Boxes or mail drop)</b>			
<b>City</b>		<b>State</b>	
<b>ZIP Code</b>			
<b>Please Specify if You Are</b>			
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student			
<b>Employer Name</b>		<b>Occupation/Type of Business</b>	
<b>Employer Street Address</b>			
<b>City</b>		<b>State</b>	
<b>ZIP Code</b>			
<b>Industry and Other Affiliations</b>			
<i>Are you, your spouse, or any other immediate family members, including parents, in-laws, siblings or dependents:</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Employed by or associated with the securities industry (for example, a sole proprietor, partner, officer, director, branch manager, registered representative or other associated person of a broker-dealer firm) or a financial services regulator?</b>			
IF CHECKED YES, OBTAIN AND ATTACH THE COMPLIANCE OFFICER'S LETTER OF APPROVAL			
If yes, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this Application).			
<input type="checkbox"/> Broker-Dealer or Municipal Securities Dealer <input type="checkbox"/> Investment Advisor <input type="checkbox"/> FINRA or other Self-Regulatory Organization <input type="checkbox"/> State or Federal Securities Regulator			
Name of Entity(ies): .....			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>An officer, director or 10% (or more) shareholder in a publicly -owned company?</b>			
Name of company and symbol: .....			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>A senior military, governmental or political official in a non -US country?</b>			
Name of country: .....			

## LIMITED TRADING AUTHORIZATION

<b>Account Number:</b>																
------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### STEP 4: AUTHORIZATION AND INDEMNIFICATION

The Account Owner(s) listed below hereby authorizes and appoints the Authorized Agent(s) below as the Account Owner's or Owners' agent and attorney-in-fact for the purchase and sale of securities and other financial instruments in cash and/or on margin in the Account Owner's or Owners' name or number on the account(s) carried by COR Clearing LLC ("COR") (the "Account"). The Authorized Agent may act on behalf of and without notice to the Account Owner(s) to buy, sell, sell short, and to otherwise trade stocks, bonds, mutual funds, options, and/or any other securities, financial contracts, or financial instruments. This authorization does not allow the Authorized Agent to instruct the Introducing Broker Dealer ("IBD") to make any changes to the Account, such as address of record, suitability information, or to upgrade the Account to trade on margin or to trade options. The instructions or actions of the Authorized Agent have the same force and effect as those of the Account Owner(s) with respect to the above-referenced transactions, and the IBD and/or COR is authorized to follow such instructions or actions as if directly instructed by the Account Owner(s). The Authorized Agent represents it is familiar with the Account Owner(s) investment objectives, financial situation, and needs, and will invest in a manner consistent with these objectives. The Customer Agreement included in the Account Agreement (including arbitration of disputes), and any other agreement between the IBD and/or COR and the Account Owner(s), shall apply equally to the Authorized Agent.

If Full Trading Authorization is chosen, this authority includes the right to request delivery of securities or monies from the account in the Account Owner's or Owners' name(s).

If this is a fiduciary account, the Account Owner(s) affirms that this grant of trading authority has been conferred consistent with his/her fiduciary duties and powers.

The Account Owner(s) understands all such transactions conducted by the Authorized Agent are at the Account Owner's or Owners' own risk. The Account Owner(s) hereby ratifies and confirms any and all transactions made at any time by the Authorized Agent for the Account. Accordingly, the Account Owner(s) agrees to indemnify and hold harmless the IBD and COR from any and all losses arising from or related to this Agreement, and the Account Owner(s) agrees to promptly pay on demand any debit balance due to COR on the Account. The IBD and COR assume no responsibility for trade monitoring or reviewing any investment activity or decision of the Authorized Agent in the Account Owner(s) account. This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which the IBD or COR may have under any other agreement with the Account Owner(s) or Authorized Agent. This authorization and indemnification shall benefit the IBD and COR, and any successor firms irrespective of any changes at any time in the personnel thereof, and their assigns.

This Agreement supersedes any prior agreements that the Account Owner(s) may have executed with regard to the Account. This Agreement shall remain in full force until revoked by the Account Owner(s) by providing written notice to the IBD. The Account Owner(s) shall be liable for transactions initiated prior to the IBD's receipt of such written revocation.

The Authorized Agent agrees to immediately notify the IBD in writing if the Authorized Agent, or members of his/her household, are either (a) currently employed or licensed by a member of a stock exchange or the Financial Industry Regulatory Authority (FINRA), or registered as an investment advisor and using the license in a professional sales, trading, or customer service capacity, or (b) a director, 10% shareholder, or policy-making officer of a company which trades publicly on a stock exchange.

### STEP 5: TRADING AUTHORIZATION

By our signatures below, the Account Owner(s) and Authorized Agent agree to the provisions within this Agreement in their entirety, and attest that this authorization supersedes any prior trading authorization the Account Owner(s) may have executed with regard to the Account. Furthermore, Account Owner(s) and Authorized Agent acknowledge that the IBD and COR may refuse to approve, or remove, the Authorized Agent from acting as the Account Owner(s) agent on this, or any other account.

**All Account Owners and Authorized Agent must sign.**

ACCOUNT OWNER(S)		
<b>Account Owner Signature</b>  ✕	<b>Print Name</b>	<b>Date</b>
<b>Account Co-Owner Signature</b>  ✕	<b>Print Name</b>	<b>Date</b>
AUTHORIZED AGENT		
<b>Authorized Agent's Signature</b>  ✕	<b>Print Name</b>	<b>Date</b>
<b>Original signature required: electronic signatures and/or signature fonts are not authorized.</b>		
<b>Broker Signature</b>  ✕	<b>Print Name</b>	<b>Date</b>
<b>General Principal Signature</b>  ✕	<b>Print Name</b>	<b>Date</b>



## CONSENT TO ELECTRONIC DELIVERY OF DOCUMENTS

COR Clearing, LLC (“COR”) is an electronic-based broker-dealer providing self-directed brokerage services. By agreeing to electronic delivery the undersigned (“Customer”) is giving its informed consent to electronic delivery of all Account Communications (as defined below), other than those Customer has specifically requested be delivered in paper form. Electronic instructions must be sent to such electronic addresses and/or using such systems as COR may specify. On receipt of electronic instructions, an acknowledgment of the instruction will be provided. COR shall be deemed not to have received any order sent by Customer electronically where COR has not acknowledged the instruction. “Account Communications” mean all current and future Account statements, trade confirmations, notices, disclosures, regulatory communications (including prospectuses, proxy solicitations and privacy notices) and other information, documents, data and records regarding the COR Account(s) and the Service (including amendments to the Customer Agreement and other agreements between Customer and COR) delivered or provided to Customer by COR, the issuers of the Securities and/or Other Property in which Customer invests and other parties.

**Revocation of Consent.** Customer may revoke or restrict consent to electronic delivery of Account Communications anytime, subject to the terms of this Agreement, by notifying COR in writing or by phone of its intention to do so. Customer also has the right to request paper delivery of any Account Communication that the law requires COR to provide in paper form. It is understood that if Customer revokes or restricts consent to electronic delivery of Account Communications or requests paper delivery, COR, at its discretion, may charge a reasonable service fee for the delivery of Account Communications that would otherwise be delivered electronically. Neither the revocation or restriction of consent, or the request for paper delivery, nor COR’s delivery of paper copies of Account Communications will affect the legal effectiveness or validity of any electronic communication provided while the consent was in effect.

**Electronic Delivery System.** Customer agrees that the primary method of COR’s communication will be by posting information on servers accessible through the COR Website. Customer agrees to check the COR Web site regularly for up-to-date information to avoid missing time-sensitive information and to notify COR immediately by telephone if unable to access the COR Website. Furthermore, Customer consents to be considered informed and up-to-date concerning all postings on the COR Website.

Customer can download and save or print the Account Communications received via electronic delivery for internal record keeping. Customer will have access through the COR Web site to confirmations, account statements and information affecting positions and money balances for at least the current year. Customer will have access to specific underlying trade data for at least two months. Customer may obtain copies of earlier documents on request.

Customer acknowledges that the Internet is not a secure network and that communications transmitted over the Internet may be accessed by unauthorized or unintended third parties. E-mail notifications sent by COR will not contain sensitive or confidential customer information, including account numbers and the identity of the security purchased. Due to security risks, Customer will not send any sensitive information, such as account numbers or Passwords, in an unencrypted e-mail. Customer agrees to promptly and carefully review all Account Communications as and when delivered and to notify COR by telephone prior to the opening of the New York Stock Exchange on the business day immediately succeeding the posting if customer objects, questions, or disputes the accuracy of any trade related posting, or failure by COR to make such a trade related posting. Customer agrees to notify COR by telephone within two (2) business days if customer objects, questions, or disputes the accuracy of any non-trade related posting, or failure by COR to make such a non-trade related posting. COR is entitled to treat all postings as accurate, complete, and conclusive unless Customer objects within the above specified time periods.

**Duration of Consent.** This consent will be effective immediately and will remain in effect unless and until either Customer or COR revokes it. Customer understands that it may take up to three (3) days to process a revocation of consent to electronic delivery, and Customer may receive electronic notifications in the interim.

**Costs.** Potential costs associated with electronic delivery of Account Communications include charges from Internet access providers and telephone companies, and such charges are borne by Customer. COR does not charge additional online access fees for receiving electronic delivery of Account Communications.

**Consent and Representations.** Customer hereby agrees to have carefully read the above information regarding informed consent and fully understands the implications thereof. Customer hereby agrees to the conditions outlined above concerning electronic delivery of Account Communications. Customer also agrees to maintain a valid e-mail address and to continue to have access to the Internet. If Customer’s e-mail address changes, Customer agrees to immediately notify COR of the new e-mail address.

\_\_\_\_\_  
(Signature)

Print Name: \_\_\_\_\_

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

\_\_\_\_\_  
(Signature, if joint)

Print Name: \_\_\_\_\_

(Second Party, If Joint Account)

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

**AUTHORIZATION TO DEDUCT FEES FOR ACCT-RELATED SERVICES AND DATA FEED FEES**

I hereby authorize Fenix Securities, LLC to deduct applicable monthly data feed fees and fees for related Services, client log in fees and anual debit fees from my broker account.

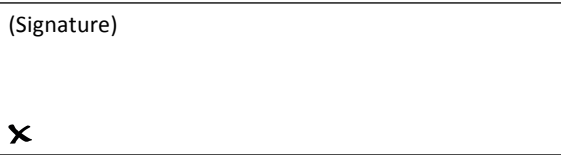
I hereby authorize Fenix Securities, LLC to deduct applicable monthly data feed fees and fees for related Services; conversion ADR's fees, DTC/Euroclear fees, cancel and re-bill fees, client log in fees, and annual fees from my brokerage account.

This authorization shall remain in full force until I notify Fenix Securities, LLC in writing at least 10 days prior of requested month of suspension or termination.

I hereby acknowledge that such deductions pursuant to this authorization may affect my day trading buying power and extended margin capabilities.

BY SIGNING BELOW, THE UNDERSIGNED AGREES TO THE FORGOING PROVISIONS

**For use by Individuals, including Joint account:**

(Signature)  
  


Print Name

\_\_\_\_\_

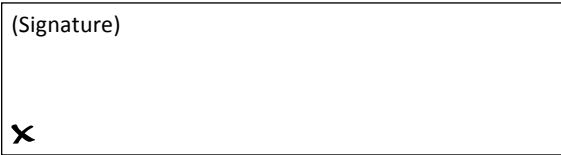
Title

\_\_\_\_\_

Date

\_\_\_\_\_

**For use by Corporations:**

(Signature)  
  


Print Name

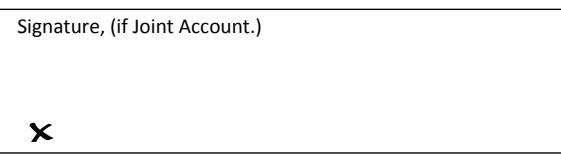
\_\_\_\_\_

Title

\_\_\_\_\_

Date

\_\_\_\_\_

Signature, (if Joint Account.)  
  


Print Name

\_\_\_\_\_

Title

\_\_\_\_\_

Date

\_\_\_\_\_

### ACCOUNT TRANSFER FORM (ACAT)

<b>Account Number:</b>																
------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

This form is used to transfer an account between brokerage firms. Sections 1 through 3 are required. A complete copy of your most recent statement from the Delivering account must accompany this form (dated within 60 days) for the transfer to be processed. Submit this completed form to your Introducing Broker Dealer. (Detailed instructions provided on page 3).

**SECTION 1: Account information**

The registration and SSN of both accounts must match. SSN or Tax ID

RECEIVING Account Information
Clearing Number: <b>DTCC – 0052</b> <b>OCC - 0052</b>
Account Number:
Account Title:
Account Type: <input type="checkbox"/> Individual <input type="checkbox"/> Corporate/Business <input type="checkbox"/> Joint
Receiving Firm Name: COR CLEARING LLC
Receiving Firm Address: 1200 Landmark Center Ste. 800
Receiving Firm City, State, ZIP: Omaha NE 68102-1916
Receiving Firm PH #: 402-384-6100

DELIVERING Account Information
Clearing Number:
Account Number:
Account Title:
Account Type: <input type="checkbox"/> Individual <input type="checkbox"/> Corporate/Business <input type="checkbox"/> Joint
Delivering Firm Name:
Delivering Firm Address:
Delivering Firm City, State, ZIP:
Delivering Firm PH #:

**SECTION 2: Transfer instructions** - Complete only one of the following sections (A, B, C, D, or E)

The registration and SSN of both accounts must match.

<b>A. Brokerage account transfer</b> <input type="checkbox"/> FULL ACCOUNT TRANSFER      OR <input type="checkbox"/> PARTIAL ACCOUNT TRANSFER (list assets below, attach additional signed pages if needed)							
	Description	Symbol/CUSIP	Share Quantity		Description	Symbol/CUSIP	Share Quantity
1.				5.			
2.				6.			
3.				7.			
4.				8.			
<b>B. Mutual fund company transfer in kind / liquidations</b> - You must indicate transfer or liquidation for each fund (money market funds must be liquidated and transferred as cash). - For Transfers In Kind, please mark a dividend/capital gain option (if no selection is made, the default will be reinvest). - Attach additional signed pages if needed							
Fund Name/Share Class	Fund Account Number	Symbol	Quantity	Mutual Funds Only			
			indicate # or all	Liquidate	In kind	Reinvest	Pay in cash
<b>C. Bank or credit union transfer – for retirement accounts only</b> <input type="checkbox"/> Transfer all Cash \$ <input type="checkbox"/> Liquidate CD immediately and transfer cash (penalties may apply) <input type="checkbox"/> Transfer Partial Cash \$ <input type="checkbox"/> Liquidate CD at maturity and transfer cash. Maturity Date							
<b>D. Annuity liquidation</b> <input type="checkbox"/> Full Liquidation (Surrender Charges may apply) <input type="checkbox"/> Partial Liquidation \$							
<b>E. Transfer agent</b> <input type="checkbox"/> Transfer all of my WHOLE shares and liquidate any fractional shares <input type="checkbox"/> Transfer only PART of the assets listed below							
DESCRIPTION		SYMBOL/CUSIP	SHARE AMOUNT				

# ACCOUNT TRANSFER FORM (ACAT)

<b>Account Number:</b>					-					
------------------------	--	--	--	--	---	--	--	--	--	--

## SECTION 3: Account holder authorization

To Delivering Firm: Unless otherwise indicated above, please transfer all assets in my account to COR Clearing, LLC ("COR"). 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 New York Stock Exchange Rule 412 or similar rule of FINRA or other designated examining authority. Unless otherwise indicated above, I authorize you to liquidate any nontransferable proprietary money market funds assets that are part of my account, and transfer the resulting credit balance to the successor custodian. I understand that you will contact me with respect to the disposition of any other assets that are part of my account that are nontransferable or which cannot be held at COR. 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 in 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 all credit/debit cards and/or unused checks issued to me in connection with my securities account. I understand that by transferring my mutual funds to COR, all future correspondence concerning my mutual fund positions must be directed to COR. Furthermore, I acknowledge that while my fund positions are being held in street name with COR, I will not be able to have direct communication with the fund company concerning my account. Therefore, I authorize you to release any information relevant to this transfer to COR.

For Retirement Accounts: If this transfer is for a qualified retirement account, I have amended the applicable plan so that it names COR as successor custodian. Alternatively, if this transfer is for an Individual Retirement Account ("IRA"), I have adopted an IRA plan so that it names the successor custodian. If I am transferring an IRA and the IRA type indicated on my statement is different from the IRA I maintain at COR (e.g., Traditional IRA vs. Rollover IRA), I hereby authorize COR to commingle my IRA assets.

Fees: If the assets I am transferring are considered nonstandard assets at COR, I understand that I will be charged set-up and maintenance fees. I understand that fractional shares of stock are nontransferable, and I agree that any fractional shares will be liquidated by the delivering firm upon the transfer of the whole shares. The delivering firm may or may not charge a fee for this liquidation. I understand that the delivering firm may or may not assess account fees for the transfer and/or termination of my account with them.

Mutual Fund Dividends and Capital Gains: I understand that my delivering broker may provide COR with mutual fund dividends and capital gains distribution instructions for each mutual fund position so that COR may implement these instructions. In the event that the instructions are not provided by the delivering broker or the dividend and/or capital gains distribution option requested is not available at COR, the instructions will default to reinvest (unless reinvestment is not available, in which case dividends and capital gains will be paid in cash and subject to any applicable taxes).

SIGNATURES – All account holders must sign below		
Account Holder Signature x	Print Name	Date
Account Holder Signature x	Print Name	Date

Broker Signature x	Broker Name / Rep ID	Date
-----------------------	----------------------	------

MEDALLION SIGNATURE GUARANTEE (for office use only)

MEDALLION SIGNATURE GUARANTEE (for office use only)

## SECTION 4: Successor custodian letter of acceptance – for iras and qualified plans (office use only)

To the prior trustee or custodian: please be advised that COR CLEARING LLC will accept the account described herein as successor custodian.

Authorized Firm Representative x	Print Name	Date
-------------------------------------	------------	------

## SECTION 5: Letter of authorization – account registration differences – Complete only if applicable

Required: If the account name and/or title you are transferring does not match your account title on the receiving account. I/we hereby authorize the transfer of my/our account being held at the firm listed on page 1 of this form and registered as:

\_\_\_\_\_

Account title as it appears on your most recent statement

Delivering Account Owner Signatures: All parties on the delivering account must sign below.

Account Holder Signature x	Account Holder Signature x
Account Holder Signature x	Account Holder Signature x

## SECTION 6: One and the same letter - Complete only if applicable

I, \_\_\_\_\_ (please print name), am One and the Same as \_\_\_\_\_ (please print name) as shown on the delivering firm account.  
Please sign BOTH Ways

Account Holder Signature x	Account Holder Signature x
-------------------------------	-------------------------------

## ACCOUNT TRANSFER FORM (ACAT)

<b>Account Number:</b>									
------------------------	--	--	--	--	--	--	--	--	--

### GUIDANCE FOR COMPLETING THE ACCOUNT TRANSFER FORM

**NOTE:** If you are requesting a transfer from a Qualified Retirement plan, please contact your plan administrator, as this form may not be required. If you are transferring between two COR Clearing accounts, please use the LOA for Internal Transfer. This form may not be used to transfer from a checking or savings account from a bank/credit union. For IRAs and Beneficiary IRAs where the original owner was 70 ½ years or older at death, please attach a copy of your end of year statement to enable us to calculate the required minimum distribution for the account.

#### SECTION 1: Account information

The account title and the Tax ID for both the account being transferred and your COR Clearing account should match.

#### SECTION 2: Transfer instructions - Only complete one part of this section.

##### A. Brokerage Account Transfer

- a. Only whole shares may be transferred.
- b. For Partial Transfers, list descriptions of assets and share quantities.
- c. Proprietary Mutual Funds and all no-load Money Market funds cannot be transferred in-kind and must be liquidated.

##### B. Mutual Fund Company Transfer

- a. List the Name, account number, symbol and quantity.
- b. COR Clearing will transfer shares in-kind. This section pertains only to shares of Mutual Funds held directly with the fund company. For brokerage accounts containing mutual funds and/or stocks complete the Brokerage Account section 2A above

##### C. Bank or Credit Union Transfer- For Retirement Accounts ONLY

- a. Transfer Cash only.
- b. Original signatures are usually required. Please mail the original form to complete the transfer request.
- c. For any investment that has a renewal deadline, maturity date, surrender charge period/window, or the like, paperwork must be received in good order three (3) weeks prior to the firm deadline to allow for proper processing times.

##### D. Annuity Liquidation

- a. Select only one. If partial is selected, amount for partial must be included. Contact the insurance company to determine whether surrender forms are required before submitting the transfer form. Attach surrender form if applicable.

##### E. Transfer Agent

- a. This section is specifically for transfers from a Transfer Agent via the Direct Registration System or DRS. DRS transfers must be between like- titled accounts. Please provide the most recent copy of your delivering account statement dated within 90 days.
- b. All shares MUST be held in book-entry form at the Transfer Agent prior to initiating the transfer.

#### SECTION 3: Account holder authorization

All account holders (clients or trustees) as indicated by the account registration must sign this section. Medallion Signature Guarantee is required as a protection against fraud on non-ACAT eligible transfers.

The best source of a Medallion Signature Guarantee is a brokerage firm, bank, credit union or savings and loan association with which you do business. Guarantor firms may, but frequently do not, charge a fee for their services.

#### SECTION 4: Successor custodian letter of acceptance – For iras and qualified plans Office use only.

#### SECTION 5: Letter of authorization – Account registration differences

This section only applies to situations where there is a common beneficial owner between both accounts. COR Clearing does not accept requests to transfer between third parties. Completion of this section does not guarantee processing. It is not applicable to transfers requested in Section 2.E. (requests to transfer from a Transfer Agent).

#### SECTION 6: One and the same letter

Completing this section does not guarantee processing and you may be required to update your account registration at the delivering firm. If you are transferring an account, and the name(s) at COR Clearing do not exactly match but are still for one and the same person, please complete this section. This section should be used if your name has changed due to one or more of the following: Marriage, Divorce, Name Spelling Error, or any type of Name Change including Jr. or Sr. If there is a difference in the last name, you must supply legal documentation sufficient to establish matching identity, for example, a state-issued driver's license, passport, or government ID.

### FREQUENTLY ASKED QUESTIONS ON TRANSFERS

#### How long will the transfer take?

Full brokerage account transfers are sent via ACATS (Automated Customer Account Transfer Service) and take approximately 7 – 10 business days. Any residual balances that remain with the delivering brokerage firm after your transfer is completed should follow in 7 – 10 additional business days. Transfers that are not eligible to be entered on the ACATS system take at least 4 weeks to be completed upon receipt of all necessary paperwork.

#### Will there be any transfer fees?

Upon receiving your transfer request, your previous institution may charge a fee that they will transfer to your COR account as a debit and you are responsible for any fees transferred. COR may charge you a fee for some foreign securities.

#### How do I transfer my Mutual Funds?

Fill out Step 2, Section C of the form. There are some mutual fund companies with whom COR has not established an agreement to hold a particular mutual fund. You will have to contact the prior firm to have these funds liquidated. Some financial firms issue their own (proprietary) mutual funds and these mutual funds cannot be transferred to COR. You may, at your choosing, contact the prior firm and liquidate these funds. There may be charges, expenses, and tax implications associated with liquidation. You should review the fund's prospectus for more information or contact an accountant or tax professional.

#### How do I transfer Limited Partnerships and Alternative Investments?

COR can only transfer exchange traded LPs and COR-approved non-exchange traded LPs. Please contact your introducing broker dealer for a list of approved companies.

#### How do I transfer an Annuity?

Fill out Step 2, Section E of the form. We can only request liquidation for qualified accounts. Contact your existing insurer to see if they will need any additional documentation such as the original annuity contract. Also, please be aware that there may be a surrender charge involved with liquidating the annuity.

#### What is a Transfer in Kind?

Transfer of securities as is. Assets will be transferred to a new or existing COR brokerage account for the benefit of the client.

# ACCOUNT TRANSFER FORM (ACAT)

**FOR DELIVERING ORGANIZATION'S USE ONLY**

Account Number:

--	--	--	--	--	--	--	--	--	--	--	--

<b>Receiving Firm Information</b>	COR Clearing, LLC Mail to: Attn: ACAT Dept 1200 Landmark Center, Ste 800 Omaha, NE 68102-1916
<b>Contact Information</b>	General Inquiries: 402-384-6100 Mutual Funds: 402-384-2047 ACAT Inquiries: 402-384-2050 All Others: 402-384-2050
<b>Delivery Instructions</b> <i>*All deliveries MUST include the client name and COR account number</i>	
<b>DTCC Eligible Securities</b>	DTCC #0052 FBO Client's Name and COR Account Number
<b>DTCC Envelope System deliveries to:</b>	NSCC 0052 FBO Client's Name and COR Account Number
<b>Foreign Securities deliveries to:</b>	Merrill Lynch Custody Services A/C 64U80052 FBO Client's Name and COR Account Number
<b>Euroclear Instructions</b>	Euroclear #78894 <i>Notification is required for all trade settlement or free deliveries. Please send an e-mail to Foreign@CORClearing.com or call 402-384-6110</i>
<b>Option Free Deliveries to</b>	OCC COR Clearing #0052 <i>For account transfers please call 402-384-2050 to coordinate delivery</i>
<b>Liquidation Checks for:</b> Retirement Accounts ONLY	<i>Make check payable to and mail to:</i> COR Clearing, LLC FBO Client's Name and COR Account Number 1200 Landmark Center, Suite 800 Omaha, NE 68102
<b>Mutual Fund deliveries for Network Eligible</b>	COR Clearing Tax ID # 77-0616239 FBO Bin # (Client number) 1200 Landmark Center, Suite 800 Omaha NE 68102 <i>Questions call Mutual Fund Department: 1-402-384-2047</i>
<b>Book Entry Government deliveries to:</b> Bills, Notes, Bonds, Strips, FNMA GNMA, FHLMC etc. GSCC Comparison Only: 9686	ABA 021000018 BMO Harris Bank NA/1040/1013029446 FBO Client's Name and COR Account Number
<b>Limited Partnership DPP or REIT deliveries:</b> <i>General Partnership, Master Limited Partnership, Direct Participation Programs, and Real Estate Investment Trusts, where the asset is book entry at the agent.</i>	Register IRAs to: COR CLEARING Custodian Tax ID # 77-0616239 FBO Client's Name and COR Account Number Mail to: 1200 Landmark Center, Suite 800 Omaha, NE 68102
<b>Physical Security Deposits</b>	Mail to: COR Clearing, LLC 1200 Landmark Center, Suite 800 Omaha, NE 68102
<b>Money Wire Instructions</b>	BMO Harris Bank 111 West Monroe Street Chicago, IL 60690 ABA #071000288 Swift: HATRUS44 Account Name – COR Clearing Acct # 3174109 FBO Client's Name and COR Account Number
<b>Prime Broker ID</b> <i>Please send Prime Broker inquiries to prime@corclearing.com</i>	Institution # 94321 Agent ID # 94321
<b>DVP Trade ID</b> <i>Please send DVP inquiries to newdvp@corclearing.com</i>	Institution # 89751 Agent ID # 89751

## VISA/CHECK APPLICATION

### COR CASH PLUS ACCOUNT

Account Number: 141000

### COR INTERNAL USE ONLY

Bank No 418	Sys: 5436	Prin: 2800
Agent:	922 Mailing <input type="checkbox"/> YES <input type="checkbox"/> NO	Fund: 001

This form is used to add the COR Cash Plus Account (CCPA) feature to your existing brokerage account. The CCPA includes VISA Debit card and checkwriting privileges for qualified account holders. The initial fee for the application and annual fees will apply. Please see your Introducing Broker Dealer for eligibility and fee schedule.

### ACCOUNT INFORMATION - REQUIRED

<b>Account Title</b> (Name of this account)		
<b>Type of account</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Joint Account <input type="checkbox"/> Trust <input type="checkbox"/> Corporate/LCC/Partnership/etc.	Complete Steps 1 and 2 bellow Complete Steps 1 and 3 bellow

### STEP 1: Product Information

Participation in the CCPA includes both a VISA Debit Card and Checkwriting. The First checks will be sent to the address of record.

<b>CCPA VISA Debit Card/Checkwriting</b>
Please indicate the number of VISA Debit Cards requested (1 – 4 allowed) _____

### STEP 2: Applicant Information (Individual & Joint Only)

The following named person(s) are currently authorized signatories of the Account named herein with full power to effect deposits of withdrawals to or from the Account.

<b>Account Name</b> - Must match brokerage Account Title					
<b>Mailing Address</b>				<b>City</b>	
<b>State</b>	<b>ZIP Code/Postal Code</b>	<b>Country</b>	<b>Primary Phone Number</b>		
<b>Card Holder Information</b>					
	Print Name/Title (21 character limit) <sup>1</sup>	SSN	Mother's Maiden Name <sup>2</sup>	Date of Birth	Signature/Date
1					x
2					x
3					x
4					x

<sup>1</sup>The name that will appear on the VISA card shall not exceed 21 characters in total. Spaces and punctuation will be included in the character count. <sup>2</sup>Mother's Maiden Name/Security Code – must be a word 4 to 12 alpha characters in length. **Your response will be used for verification purposes whenever you contact UMB Bank, n.a.**

By signing above, you affirm that all information provided on this form is correct and complete. You further affirm you have the authority to open and use this account. You authorize COR Clearing, LLC ("COR"), the Introducing Brokerage Firm ("Broker"), and UMB Bank, n.a. or its name affiliates (collectively, the "Bank") to gather and exchange information. Each account holder agrees to the terms of the CCPA Agreement, which includes the Checkwriting Services Terms and Conditions, Electronic Fund Act Disclosure, and Visa Debit Card Application Agreement printed below.

## VISA/CHECK APPLICATION

**COR CASH PLUS ACCOUNT**

Account Number: 141000

### STEP 3: Applicant Information (Business Accounts)

The following named person(s) are currently officers/trustees/general partners/other authorized signatories of the Entity named herein, and any of them is/are currently authorized under the applicable governing document to act with full power to effect deposits or withdrawals to or from the Account for the Entity.

<b>Account Name</b> - Must match brokerage Account Title					
<b>Entity name printed on card</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			Tax Id Number		
<b>Mailing Address</b>				<b>City</b>	
<b>State</b>	<b>ZIP Code/Postal Code</b>	<b>Country</b>		<b>Primary Phone Number</b>	
<b>Card Holder Information</b>					
	<b>Print Name/Title (21 character limit)<sup>1</sup></b>	<b>SSN</b>	<b>Mothers's Maiden Name<sup>2</sup></b>	<b>Date of Birth</b>	<b>Signature/Date</b>
1					x
2					x
3					x
4					x

<sup>1</sup>The name that will appear on the VISA card shall not exceed 21 characters in total. Spaces and punctuation will be included in the character count. <sup>2</sup>Mother's Maiden Name/Security Code – must be a word 4 to 12 alpha characters in length. **Your response will be used for verification purposes whenever you contact UMB Bank, n.a.**

By signing above, you affirm that all information provided on this form is correct and complete. You further affirm you have the authority to open and use this account. You authorize COR Clearing, LLC ("COR"), the Introducing Brokerage Firm ("Broker"), and UMB Bank, n.a. or its bank affiliates (collectively, the "Bank") to gather and exchange information. Each account holder agrees to the terms of the CCPA Agreement, which includes the Checkwriting Services Terms and Conditions, Electronic Fund Act Disclosure, and the Visa Debit Card Application Agreement printed below.

<b>General Principal Signature</b>  x	<b>Print Name</b> _____	<b>Date</b> _____
---	----------------------------	----------------------

### CCPA AGREEMENT

#### Checkwriting Services Terms and Conditions

**Checkwriting Authorization.** If you have requested Checkwriting privileges for your brokerage account ("Account"), your Broker and COR must first approve your application. By requesting the checkwriting privilege, you authorize COR and the Bank to honor and pay checks drawn on your Account. You appoint the Bank as your agent for the purposes of this CCPA Agreement. The Bank is authorized upon presentation of checks to transmit such checks or payment information derived from such checks to withdraw funds in the Account in an amount sufficient to pay such checks and to effect their payment. You also agree that Bank may honor electronic payments to and from the Account as authorized by you, when such payments are processed in accordance with law and the applicable payment systems rules. By requesting the checkwriting privilege, you authorize COR and the Bank to withdraw funds in the Account to pay a check or other such electronic debit. Withdrawal of funds is always subject to the acceptance of the Bank, COR or vendors. Both COR and the Bank may refuse any withdrawal that you attempt on checks or other forms not approved by COR and the Bank or by any method we do not specifically permit. COR and the Bank reserve the right to terminate your checkwriting privileges in their sole discretion at any time. COR may amend the CCPA Agreement terms and conditions at any time. Upon receipt of notification, relevant amendments will be binding on you and the Account. Further, it is agreed that payments made from the Account under this CCPA Agreement are governed by the laws, including the Uniform Commercial Code, as enacted in the State of Missouri, as amended from time to time.

**Sufficient Funds.** By requesting the checkwriting privilege, you agree that you will not write checks or authorize other electronic debits on your Account in amounts exceeding the amounts of funds in the Account and available for payment at the time the check is presented. If the value of your Account after the withdrawal is less than the amount of the check or debit, the check or debit will be returned unpaid and marked to indicate insufficient funds, and a returned item fee will be charged against your Account.



Account Number: 141000									
------------------------	--	--	--	--	--	--	--	--	--

**Authorized signers.** Your signature(s) as represented on this application will serve as a signature card to participation in our checkwriting services. In providing such signature(s), you represent and warrant that each signature set forth is a genuine representation of each respective signer. Only one signature will be required to authorize each check.

**UGMA/UTMA account.** By signing this form, I certify that any funds redeemed will be used for the benefit of the minor. Indemnification. By requesting the checkwriting privilege, you agree to indemnify and hold harmless COR, its agents, vendors, and affiliates, the Bank, and any of their affiliates, directors, officers, employees and agents, from and against any loss, claim or liability that arises in connection with the processing, clearing, payment or dishonor of any check written or other electronic debit authorized by the authorized signer(s) or reasonably believed to have been written or made by the authorized signers. In the event COR, its agents, vendors, and affiliates, or the Bank is deemed liable for any unauthorized payment or any failure to honor a stop payment order that has been properly given, such liability shall not exceed the face amount of the check or other payment improperly made.

**Account statements.** By requesting the checkwriting privilege, you agree to examine your account statements promptly when received and to notify your Broker promptly, and at most within thirty (30) days of receipt of a statement, of any checks charged against the Account that you did not write and of any other errors, omissions, alterations, forgeries or other fraudulent occurrences. Failure to notify your Broker within that time will preclude any claim against COR, its agents, vendors, and affiliates, the Bank and any of their affiliates, directors, officers, employees and agents by reason of any unauthorized or missing signature, alteration or error of any kind.

**Copies of cancelled checks.** Copies of checks that have been paid against your account will not be returned to you. At your Broker's request, COR shall provide copies of checks paid against the Account or other Account documentation, provided such checks or documents are available under the Bank's record retention policies. A processing fee will apply.

**Loss of checks.** By requesting the checkwriting privilege, you agree to notify your Broker promptly, within 24 hours, of the loss or theft of any of your checks or your checkbook. You agree further, to report a theft of your checks or checkbooks promptly to the police, to obtain a copy of the police report resulting from your report and to provide a copy of such police report to your Broker and/or COR upon request.

**Stop Payments.** To request a stop payment, contact your Broker. You must provide the following information: Checkwriting number; amount; Check number; name of party to be paid; date; and your name and address. Stop payment orders are valid for six months from the date submitted to the Bank, unless you renew the order for an additional 6 months. A request to reverse a stop payment order must be directed to your Broker. Stop payment orders are subject to the current charge for that service.

**Cooperation in event of fraud.** By requesting the checkwriting privilege you agree that, in the event of any fraudulent occurrence in your Account, including, but not limited to, the writing of forged checks against your Account, the altering of checks written against your Account, or the forging of endorsements on checks written against your Account, you will report such fraudulent occurrence promptly to the police, obtain a copy of the police report resulting from your report and provide a copy of such police report to your Broker and/or COR upon request. Further, you will cooperate with the police, your Broker and/or COR, our agents, vendors, and affiliates of the Bank, and any of its agents in any investigation of such fraudulent occurrence, and you will complete and swear required affidavits promptly, accurately and thoroughly. You understand that, if you fail to do any of these things, you may encounter delays in regaining access to assets in your Account.

**COR Clearing, LLC Contact Information:**

COR Clearing, LLC  
1200 Landmark Center, Suite 800  
Omaha, NE 68102-1916  
or call (866) 774-0218

**ELECTRONIC FUND TRANSFER ACT DISCLOSURES**

Automated Clearing House ("ACH") debit entries will be accepted for Accounts that have elected the checkwriting redemption privilege. An example of an ACH debit is a transaction in which you have given your insurance company or health club the right to withdraw your monthly payment from your Account. Sometimes, you may give a merchant from whom you wish to purchase goods the right to convert your check to an ACH debit. You may also authorize a third party to initiate an individual payment in a specific amount from your Account by providing your account information and authorization to such third party via the Internet or telephone. The important information and disclosures set forth below apply to such electronic fund transfers and the Accounts to which they are made.

**Use of account numbers.** Upon receipt of an ACH debit entry referencing your account number, you authorize us to withdraw funds from your Account to pay the entry to the third party originating the debit. You agree that we will make the payment on the basis of the account number that you provide to your merchant and will not compare this account number with the name on the Account. Neither COR nor the Bank or any other person or system handling the transaction is required to determine if there is a discrepancy between the name and the account number shown on the transfer instructions.

**Sufficiency of account balance.** The payment of any ACH debit entry will be subject to sufficient funds being available in the designated Account; we will not be able to honor an ACH debit entry if sufficient funds are not available. You agree not to initiate or authorize any ACH debit entry transaction on your account in amounts exceeding the balances in your Account. COR and the Bank may refuse to honor ACH debit entry transactions whenever the right of redemption or withdrawal has been suspended or postponed, or whenever the Account is otherwise impaired. Your Account statement will show ACH debit entries to your Account; you will not receive any other separate notice. (Merchants are permitted to convert your checks into ACH debits only with your prior consent.)

**Preauthorized transfers originated by third parties.** You may authorize payment of a specific amount to be made from your Account directly by COR and the Bank to third parties on a continuing periodic basis. To arrange for this service, you should contact the person or company you will be paying. Any preauthorized transfers will be subject to sufficient Account balances being available in the designated Account. A preauthorized transfer will continue to be made from the Account in the same amount and frequency as initially established until you terminate the preauthorized transfer instructions with the person or company whom you have been paying. If regular preauthorized payments may vary in amount, the person or company you are going to pay should tell you ten (10) days before each payment will be made and how much the payment will be. If you wish to terminate the periodic preauthorized transfers, you should do so with the person or company to whom you have been making payment.

<b>Account Number: 141000</b>					-				
-------------------------------	--	--	--	--	---	--	--	--	--

**In case of errors or questions about your transactions.** Call your Broker if you think your statement is wrong or shows an improper transfer or if you need more information about a transfer listed on the statement. Normal business days are Monday through Friday except holidays. Your Broker must hear from you no later than sixty (60) days after the problem or error first appeared. Failure to notify within sixty (60) days after the posting date of the transaction, may result in additional fund being lost. When reporting the error, you must provide the following information: your name, and Account number, description of the error or the transfer you are unsure about, and the dollar amount of the suspected error. Your Broker will require that you send your complaint or questions in writing within ten (10) business days. If it is determined an error occurred, corrective action will be taken. If more time is required, however, it may take up to 90 days to investigate your complaint or question. Requests that are provisionally credited to your Account will be determined within ten (10) business days for the amount you think is in error so that you will have the use of the money during the time it takes COR and the Bank to complete the investigation. If you fail to submit your complaint or questions in writing within the ten (10) business days your Account may not be credited or provisional credit previously applied will be removed. You will receive the results within three (3) business days after the investigation is completed. If there was no error you will receive a written explanation. You may ask for copies of documents that were used in the investigation.

**Liability.** In the event we do not complete a transfer from your Account on time or in the correct amount according to our agreement with you, COR or the Bank may be liable for your losses or damages. COR and the Bank will not be liable to you if (i) there are not sufficient funds available in your Account, (ii) circumstances beyond our control (such as fire or flood or malfunction of equipment) prevent the transfer, (iii) you or another shareholder or customer have supplied a merchant with incorrect Account information, or (iv) a merchant has incorrectly formulated an ACH debit entry. In any case, our liability shall not exceed the amount of the transfer in question. Neither COR nor the Bank will be liable in any instances involving negligence or willful misconduct on the part of any parties involved in the relevant transaction.

**Disclosures of information to third parties.** COR and the Bank will disclose information to third parties about your Account or the transfers you make: (1) where it is necessary for completing the transfers, (2) in order to verify the existence or condition of your Account for a third party such as a credit bureau or a merchant, (3) in order to comply with government agencies or court orders, (4) in accordance with our privacy policy, or (5) if you have given us written permission.

**Fees and charges.** Fees for services may apply to the Account. A three percent (3%) International Transaction Assessment fee will be applied to each Transaction occurring in a country outside the United States or U.S. Territories. Please contact your Broker for more information.

**Governing law.** You acknowledge and agree that ACH debit entry transactions are governed by the rules of the National Automated Clearing Association ("NACHA") Operating Rules and any local ACH operating rules then in effect, and, if your account was opened primarily for personal, family or household purposes, by Regulation E of the Federal Consumer Financial Protection Bureau. The acceptance and processing of ACH debit entry transactions is established solely for your convenience, and both COR and the Bank reserve the right to suspend, terminate or modify your ability to withdraw funds from your Account by ACH debit entry transactions at any time.

**VISA DEBIT CARD APPLICATION AGREEMENT**

Each person signing the application for a Visa Debit Card (a "Card") above (an "Applicant") hereby applies to UMB Bank n.a. (the "Bank") for a card as set forth above.

If this request is approved by Bank and a Card is issued, each applicant understands that the Card(s) will be mailed to Applicant accompanied by an agreement (the "Cardholder Agreement") setting forth the terms and conditions governing the Card. Applicant understands and agrees that the Card and use of the Card will be governed by the Cardholder Agreement, as amended by the Bank from time to time.

Applicant understands and agrees that Bank may provide information about the Card and Applicant's use of a card to the company shown on this application, the applicable fund and other service providers, in order to process card transactions or otherwise provide card services.

IF THE ACCOUNT FROM WHICH DEBITS ARE TO BE MADE IS A JOINT ACCOUNT, ALL PERSONS NAMED ON THE ACCOUNT MUST SIGN THIS APPLICATION.

*Note: COR and the Bank comply with section 326 of the USA Patriot Act. This law requires us to verify certain information about you while processing your application.*

# OPTION ACCOUNT AGREEMENT

<b>ACCOUNT INFORMATION REQUIRED</b>	Account Number: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
-------------------------------------	---

Account Title (Name of this account)
--------------------------------------

Client Name	Broker Rep Code
-------------	-----------------

## ACCOUNT INVESTMENT PROFILE

Annual Income \$ _____	Net Worth: (Excluding Residence) \$ _____	Liquid Net Worth \$ _____	Risk Tolerance	Tax Bracket
<input type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$25,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$200,000 <input type="checkbox"/> \$200,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million <input type="checkbox"/> Over \$1 million	<input type="checkbox"/> Under \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million <input type="checkbox"/> \$1,000,001 - \$3 million <input type="checkbox"/> Over \$3 million	<input type="checkbox"/> Under \$25,000 <input type="checkbox"/> \$25,001 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$200,000 <input type="checkbox"/> \$200,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million <input type="checkbox"/> \$1,000,001 - \$3 million <input type="checkbox"/> Over \$3 million	<input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> Aggressive <input type="checkbox"/> Speculative	<input type="checkbox"/> 0% <input type="checkbox"/> 10% <input type="checkbox"/> 12% <input type="checkbox"/> 22% <input type="checkbox"/> 24% <input type="checkbox"/> 32% <input type="checkbox"/> 35% <input type="checkbox"/> 37%
Estimated Value of Investments	Liquidity Needs	Time Horizon	Annual Expenses	Special Expenses
<input type="checkbox"/> under \$10,000 <input type="checkbox"/> under \$24,000 <input type="checkbox"/> up to \$50,000 <input type="checkbox"/> up to \$200,000 <input type="checkbox"/> under \$500,000 <input type="checkbox"/> over \$500,000	<input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 – 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> 10 – 15 years <input type="checkbox"/> Over 15 years <input type="checkbox"/> Not applicable	<input type="checkbox"/> Undefined <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 – 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> 10 – 15 years <input type="checkbox"/> Over 15 years	<input type="checkbox"/> \$50,000 and under <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$250,000 <input type="checkbox"/> \$250,001 - \$500,000 <input type="checkbox"/> Over \$500,000 <b>Investment Knowledge</b> <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input type="checkbox"/> \$50,000 and under <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$250,000 <input type="checkbox"/> \$250,001 - \$500,000 <input type="checkbox"/> Over \$500,000 Timeframe <input type="checkbox"/> Within 2 years <input type="checkbox"/> 3 – 5 years <input type="checkbox"/> 6 – 10 years

Investment Objective	
<input type="checkbox"/> <b>Current Income (A)</b> Preservation of capital with a primary consideration on current income <input type="checkbox"/> <b>Balanced (F)</b> A balance between capital appreciation and current income with the primary consideration being current income <input type="checkbox"/> <b>Growth &amp; Income (G)</b> A balance between capital appreciation and current income with the primary consideration being capital appreciation	<input type="checkbox"/> <b>Growth (H)</b> Capital appreciation through quality equity investment and little or no income <input type="checkbox"/> <b>Maximum Growth (I)</b> Maximum capital appreciation with higher risk and little to no income. <input type="checkbox"/> <b>Speculation (J)</b> Maximum total return potential, involving a higher degree of risk through investment in a broad spectrum of securities.

Investment Experience						
Investment	Years of Experience			Transactions per year		
Mutual Funds/Exchange Traded Funds	<input type="checkbox"/> 0	<input type="checkbox"/> 1 - 5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0 - 5	<input type="checkbox"/> 6 - 15	<input type="checkbox"/> Over 15
Individual Stocks	<input type="checkbox"/> 0	<input type="checkbox"/> 1 - 5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0 - 5	<input type="checkbox"/> 6 - 15	<input type="checkbox"/> Over 15
Bonds	<input type="checkbox"/> 0	<input type="checkbox"/> 1 - 5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0 - 5	<input type="checkbox"/> 6 - 15	<input type="checkbox"/> Over 15
Options	<input type="checkbox"/> 0	<input type="checkbox"/> 1 - 5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0 - 5	<input type="checkbox"/> 6 - 15	<input type="checkbox"/> Over 15
Securities Futures	<input type="checkbox"/> 0	<input type="checkbox"/> 1 - 5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0 - 5	<input type="checkbox"/> 6 - 15	<input type="checkbox"/> Over 15
Annuities	<input type="checkbox"/> 0	<input type="checkbox"/> 1 - 5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0 - 5	<input type="checkbox"/> 6 - 15	<input type="checkbox"/> Over 15
Alternative (structured products, hedge funds, etc.)	<input type="checkbox"/> 0	<input type="checkbox"/> 1 - 5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0 - 5	<input type="checkbox"/> 6 - 15	<input type="checkbox"/> Over 15
Margin	<input type="checkbox"/> 0	<input type="checkbox"/> 1 - 5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0 - 5	<input type="checkbox"/> 6 - 15	<input type="checkbox"/> Over 15

**Select requested Risk Level** - Note: Some levels may require margin approval or be restricted in certain account types. For more information concerning the description of the strategies corresponding to each Risk Level, please consult the booklet entitled "Characteristics and Risks of Standardized Options" issued by the Options Clearing Corporation ("OCC").

<input type="checkbox"/> Level 1: Writing Covered Calls <input type="checkbox"/> Level 2: Writing Covered Calls /Buying Puts & Calls <input type="checkbox"/> Level 3: Writing Covered Calls /Buying Puts & Calls/Combinations (Spreads) <input type="checkbox"/> Level 4: Writing Covered Calls /Buying Puts & Calls/Combinations (Spreads)/Writing Covered & Uncovered Equity Puts <input type="checkbox"/> Level 5: Writing Covered & Uncovered Equity Calls /Buying Puts & Calls/Combinations (Spreads)/Writing Covered & Uncovered Equity Puts <input type="checkbox"/> Level 6: Writing Covered & Uncovered Equity Calls /Buying Puts & Calls/Combinations (Spreads)/Writing Covered & Uncovered Equity Puts/ <input type="checkbox"/> Writing Uncovered Index Options
--

# OPTION ACCOUNT AGREEMENT

Account Number: \_\_\_\_\_

**SIGNATURES:**

I hereby request that my broker ("My Broker") and COR Clearing LLC ("COR") amend the account in the name(s) listed as account owner(s) on this OPTION application and to that purpose endorse this account as an OPTION ACCOUNT.

By signing below, I acknowledge that I have received, read, understand and agree to be bound by the terms & conditions as set forth in the MAIN Customer Agreement as currently in effect and as amended from time to time. I represent that I am of required legal age to enter into this Agreement. I understand and acknowledge that COR does not provide investment, tax, legal, accounting, financial or other advice.

Please Note: COR and/or My Broker will verify information provided on this form through a third-party provider in accordance with the USA Patriot Act.

**I UNDERSTAND THAT THIS ACCOUNT IS GOVERNED BY A PRE-DISPUTE ARBITRATION AGREEMENT, WHICH IS SET FORTH IN SECTION 28 OF PAGE 3 OF THE MAIN CUSTOMER AGREEMENT. I ACKNOWLEDGE THAT I HAVE RECEIVED AND READ THE PRE-DISPUTE ARBITRATION AGREEMENT.**

By signing below, I acknowledge that I have received, read and understand the Option Account Agreement and acknowledge having received and read the booklet entitled "Characteristics and Risks of Standardized Options" issued by the Options Clearing Corporation ("OCC").

**SIGNATURES – ALL ACCOUNT HOLDERS, ALONG WITH AN AUTHORIZED FIRM REPRESENTATIVE, MUST SIGN BELOW**

Account Holder Signature X	Print Name: _____	Date: _____
Account Holder Signature X	Print Name: _____	Date: _____
Broker Signature X	Print Name: _____	Date: _____
Crop Signature X	Print Name: _____	Date: _____

**FOR BROKER USE ONLY**

Approved Risk Level  Level 1  Level 2  Level 3  Level 4  Level 5  Level 6

Option Disclosure Document Sent Date (MM/DD/YYYY) \_\_\_\_\_

**UNDERSTANDING THE RISKS OF TRADING OPTIONS:**

Options trading has a high degree of risk and is not appropriate for all investors. Please read the following documents and agreements carefully prior to opening an options trading account: Option Agreement; Customer Account Agreement; Characteristics and Risks of Standardized Options

This **OPTION AGREEMENT** is attached to and part of the Agreement ("Agreement") between your broker and the undersigned ("I", "My" & "Me"). In consideration of COR Clearing's, LLC ("COR") acceptance of My account ("Account") under the Option Agreement, I agree to the following supplemental terms and provisions: **ACKNOWLEDGMENT.** I acknowledge that I have received and read the booklet entitled "Characteristics and Risks of Standardized Options" issued by the Options Clearing Corporation ("OCC"), and I am familiar with and understand the risks, duties and responsibilities associated with options trading. I further acknowledge that any options trading activity engaged in pursuant to this Option Agreement will be governed by the rules and regulations of the Securities and Exchange Commission ("SEC"), the Financial Industry Regulatory Authority ("FINRA"), the OCC and the several exchanges. I further agree not to take any action, either alone or in concert with others, to violate the position or exercise limits that the exchanges or marketplaces may establish from time to time as set forth in the booklet, "Characteristics and Risks of Standardized Options."

**PURCHASER OF OPTIONS:** In the event that I purchase any option position, I agree:

1. to pay a commission upon the opening of an option position and to pay a second commission upon the exercise or closing of that option position;
2. to be solely responsible for providing notice to My broker of My intention to exercise the right of purchase or sale no later than 3 p.m. Central Time on the business day preceding the date of expiration of such option, and that My broker is not obligated to exercise an option on My behalf, but may do so;

**WRITER OF OPTIONS:** In the event that I write any option position, I agree:

1. to pay a commission upon the opening of an option position and to pay a second commission upon the assignment or closing of that option position;
2. to deliver the securities subject to a call option written by me at such time COR determines and, in the event that I do not deliver the underlying securities, I authorize COR to act as My agent to purchase replacement securities at the then-current market price in order that delivery to the exercising holder of My call option is effectuated;
3. to make funds available to purchase securities subject to a put option written by me at such time COR determines and, in the event that I do not make the funds available, I authorize COR to act as My agent to make funds available in order that delivery to the exercising holder of My put option is effectuated;
4. in the event it becomes necessary to allocate between two (or more) persons who have written an option position, COR shall have sole discretion to determine which writer actually shall receive notice of such assignment, and that I am bound by this "random selection" system of assignment.

**SPECIAL STATEMENT FOR UNCOVERED OPTIONS WRITERS:**

There are special risks associated with uncovered options writing which expose the investor to potentially significant loss. Therefore, this type of strategy may not be suitable for all Public Customers approved for options transactions.

1. The potential loss of uncovered call writing is unlimited. The writer of an uncovered call is in an extremely risky position, and may incur large losses if the value of the underlying instrument increases above the exercise price.
2. As with writing uncovered calls, the risk of writing uncovered put options is substantial. The writer of an uncovered put option bears a risk of loss if the value of the underlying instrument declines below the exercise price. Such loss could be substantial if there is a significant decline in the value of the underlying instrument.
3. Uncovered options writing is thus suitable only for the knowledgeable investor who understands the risks, has the financial capacity and willingness to incur potentially substantial losses, and has sufficient liquid assets to meet applicable margin requirements. In this regard, if the value of the underlying instrument moves against an uncovered writer's options position, the investor's broker may request significant additional margin payments. If an investor does not make such margin payments, the broker may liquidate stock or options positions in the investor's account with little or no prior notice in accordance with the investor's margin agreement.
4. For combination writing, where the investor writes both a put and a call on the same underlying instrument, the potential risks are unlimited.
5. If a secondary market in options were to become unavailable, investors could not engage in closing transactions, and an options writer would remain obligated until expiration or assignment.
6. The writer of an American-style option is subject to being assigned an exercise at any time after he has written the option until the option expires. By contrast, the writer of a European-style option is subject to exercise assignment only during the exercise period.

**NOTE:** It is expected that you will read the booklet entitled CHARACTERISTICS AND RISKS OF STANDARDIZED OPTIONS available from your broker. In particular, your attention is directed to the chapter entitled Risks of Buying and Writing Options. This statement is not intended to enumerate all of the risks entailed in writing uncovered options.

**Remedies.** In the event I fail to satisfy any cash or collateral call, COR may, in its discretion and without notice to Me, take any steps necessary to protect COR's position, including and without limitation, (i) buying and/or selling short, or short exempt, for My account and at My risk, all or any portion of the shares or instruments represented by options endorsed by COR for My account, and (ii) engaging in any other lawful transaction reasonably calculated to protect COR's position.

## TRUSTED CONTACT PERSON

Account Number:							-						
-----------------	--	--	--	--	--	--	---	--	--	--	--	--	--

Account Holder(s) may use this optional form to add or change a trusted contact person ("TCP") for their brokerage account(s) held at COR Clearing, LLC. Adding a TCP provides your Introducing Broker Dealer with a resource to contact on your behalf if questions or concerns arise about your health or welfare due to potential diminished capacity, financial exploitation or abuse, endangerment, and/or possible neglect of the account holder.

This form authorizes your Introducing Broker Dealer to contact the TCP and:

- Provide the TCP with information about you or your account(s), but does not provide the TCP with the ability to transact on your account(s).
- Inquire about your current contact information or health status.
- Inquire if another person or entity has legal authority to act on your behalf (e.g. legal guardian or conservator, executor, trustee, or holder of a power of attorney).

Instructions for completing this form:

- The designated TCP must be at least 18 years old.
- Consider choosing someone with whom you are comfortable discussing your health, relationships, loved ones, work, and finances. You may also want to consider selecting someone who isn't currently involved in your financial life, such as a beneficiary or power of attorney.
- The TCP must be someone other than an account holder and cannot be your Investment Advisor and/or your Introducing Broker Dealer.
- Designating a TCP is optional; you do not need to designate a separate TCP for each brokerage account, but you may indicate several accounts over which you are the account holder or joint account holder, trustee, or agent for which you want to designate a TCP.
- Only you, as the account holder can add, update, or remove a TCP on your account(s).
- The most recent Trusted Contact Person form replaces any TCP designations previously submitted.

### STEP 1: ACCOUNT INFORMATION - REQUIRED

Account Holder	Social Security Number or Taxpayer ID Number
----------------	--

### STEP 2: ACCOUNT INCLUDED

Account Number	Account Number	Account Number
Account Number	Account Number	Account Number

### STEP 3: TRUSTED CONTACT PERSON

First Name	Last Name	Relationship to Account Holder		
Address		Address		
City	State	Zip Code	Foreign ZIP	Country
Phone Number	E-mail address			

### STEP 4: SIGNATURE AND DATE

By signing below, you:

- Authorize your Introducing Broker Dealer to communicate with the TCP and disclose information about the designated account(s) to address possible financial exploitation or confirm specifics about your current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney, or as otherwise permitted.
- Understand that this does not authorize the TCP to separately access or transact on your account(s).
- Understand that the process of designating a TCP is optional and you may withdraw the designation at any time by notifying your Introducing Broker Dealer in writing.
- Understand that you may change the TCP at any time by completing a new form.
- Certify that all the information provided is correct, accurate, and complete.

I decline to designate a TCP at this time

SIGNATURES		
Account Holder Signature x	Print Name	Date