



## 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> _____
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### 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									
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**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.

