

## ASSOCIATED PERSON FORM

|  |                |  |   |
|--|----------------|--|---|
| Account Number   |                | Account Title  |   |
| <b>Associated Person's Information</b>   |                |  |   |
| Name   |                | Social Security Number   |   |
| Permanent Street Address (Cannot be a P.O. Box)  |                | City   | State      Zip  |
| Mailing Address (If different from permanent address)  |                | City   | State      Zip  |
| Birth Date (mm/dd/yyyy)  | Gender         | Married <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Home Phone   | Business Phone | Other Phone  | Fax      E-mail Address                                 |
| Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-resident Alien (Non-Resident Alien must submit a W-8 form with this application)   |                |  |   |
| Government ID: Type:   |                | ID#  | Expiration Date      Country or Providence of Residence |
| <b>Employment Information</b>  |                |  |   |
| Employer   |                | Nature of Business   | Yrs. Employed      Occupation                           |
| Business Address   |                | City   | State      Zip Code                                     |
| Are you or a member of your household affiliated with or employed by a member of, or employed directly by a stock exchange or the National Association of Securities Dealers? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |  |   |
| Are you or a member of your household licensed by the National Association of Securities Dealers or a Registered Investment Advisor and using the license or registration in a professional sales, trading or customer service capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                |  |   |
| Are you or a member of your household a director, 10% shareholder or policy making officer of a publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                |  |   |
| If you answered "Yes" to any of the questions above please provide more information on the affiliation (e.g. affiliated company name, nature of affiliation, etc.)   |                |  |   |
| Are you or any member of your immediate family a senior foreign political figure? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |  |   |
| <b>W-9 Certification: Under penalties of perjury, I (we) certify that the taxpayer identification number shown above on this form is my correct taxpayer identification number. Unless, otherwise indicated, I (we) certify that I (we) am not subject to backup withholding and I (we) am a U.S. Person (including a U.S. resident alien). Check the box if you are subject to backup withholding under the provisions of the Internal Revenue Service code.   <input type="checkbox"/></b> |                |  |   |
| Associated Person's Signature  |                | Date   |   |
| <b>Associated Person's Information</b>   |                |  |   |
| Name   |                | Social Security Number   |   |
| Permanent Street Address (Cannot be a P.O. Box)  |                | City   | State      Zip  |
| Mailing Address (If different from permanent address)  |                | City   | State      Zip  |
| Birth Date (mm/dd/yyyy)  | Gender         | Married <input type="checkbox"/> Yes <input type="checkbox"/> No |   |
| Home Phone   | Business Phone | Other Phone  | Fax      E-mail Address                                 |
| Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-resident Alien (Non-Resident Alien must submit a W-8 form with this application)   |                |  |   |
| Government ID: Type:   |                | ID#  | Expiration Date      Country or Providence of Residence |
| <b>Employment Information</b>  |                |  |   |
| Employer   |                | Nature of Business   | Yrs. Employed      Occupation                           |
| Business Address   |                | City   | State      Zip Code                                     |
| Are you or a member of your household affiliated with or employed by a member of, or employed directly by a stock exchange or the National Association of Securities Dealers? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |  |   |
| Are you or a member of your household licensed by the National Association of Securities Dealers or a Registered Investment Advisor and using the license or registration in a professional sales, trading or customer service capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                |  |   |
| Are you or a member of your household a director, 10% shareholder or policy making officer of a publicly traded company? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                |  |   |
| If you answered "Yes" to any of the questions above please provide more information on the affiliation (e.g. affiliated company name, nature of affiliation, etc.)   |                |  |   |
| Are you or any member of your immediate family a senior foreign political figure? <input type="checkbox"/> Yes <input type="checkbox"/> No   |                |  |   |
| <b>W-9 Certification: Under penalties of perjury, I (we) certify that the taxpayer identification number shown above on this form is my correct taxpayer identification number. Unless, otherwise indicated, I (we) certify that I (we) am not subject to backup withholding and I (we) am a U.S. Person (including a U.S. resident alien). Check the box if you are subject to backup withholding under the provisions of the Internal Revenue Service code.   <input type="checkbox"/></b> |                |  |   |
| Associated Person's Signature  |                | Date   |   |