

Account Application Advisory - Retirement

A2

Account Number
Rep ID

Financial advisor instructions: To be used for all LPL Advisory retirement accounts held at the individual account level. For more detailed information on the appropriate paperwork requirements for all registration types, please consult the appropriate account opening checklist located in the resource center. For existing accounts, this form should only be used for adding or removing account holders or to change the registration.

Please fax the completed form to New Accounts at (858) 202-8325.

ATTENTION: Any alterations must be initialed by all account holders.

Section I: Account Information

1. Account Type (choose only one)

Account updates required by LPL Operations

Each account holder must receive, read and understand the contents of the applicable Account Packet referenced below based on the account type selected. This separate packet contains the Account Agreement and any Program Brochures that detail the relationship between you, your Advisor, LPL Financial ("LPL") and other related parties as applicable to your account.

- SWM Brokerage (Account Packet - SWM)
- SWM Brokerage II (Account Packet - SWM)
- Manager Access Select (Account Packet - MAS)
- Manager Access Network (Account Packet - MAN)
- Optimum Market Portfolios Advisory (Account Packet - OMP)
- Model Wealth Portfolios (Account Packet - MWP)
- Personal Wealth Portfolios (Account Packet - PWP)

2 Registration Type (choose only one)

- Traditional IRA
 - Rollover IRA
 - Roth IRA
 - SEP IRA
 - SAR-SEP IRA
 - SIMPLE IRA
 - Beneficiary IRA
 - Beneficiary Roth IRA
 - Beneficiary SIMPLE IRA
 - Beneficiary 403(b)(7)
 - 403(b)(7) Non-ERISA*
 - 403(b)(7) ERISA*
 - 457 Plan
 - Money Purchase Pension Plan
 - 401(k) Plan
 - Profit Sharing Plan
 - Defined Benefit Plan
 - Other Retirement Type:
- Name of Decedent (required for Beneficiary accounts)

*403(b)(7) plans may or may not be subject to ERISA depending on how the plan operates. Please consult the employer to determine if the plan is subject to ERISA.

Is this account or plan subject to ERISA? Yes No

Is this account for a Government Entity? Yes No

Is your account holder considered an "institutional account" based on one or more of the following definitions per FINRA Rule 4512(c): Yes No

1. A bank, savings and loan association, insurance company or registered investment company;
2. An investment adviser registered either with the SEC under Section 203 of the Investment Advisers Act or with a state securities commission (or any agency or office performing like functions); or
3. Any other person (whether a natural person, corporation, partnership, trust or otherwise) with total assets of at least \$50 million.

3. Registration Information

Individual or Participant Social Security Number

Account Registration

Mailing Address

Home Phone

Mobile Phone

Fill in your current residency status: (choose only one)

- U.S. Citizen Resident Alien Non-Resident Alien

Country Of Citizenship or Legal Establishment

Group Plan Name or Employer (if applicable)

Group Plan, Trust or Estate Tax ID (if applicable)

Date Plan Established (if applicable)

Business Phone

Fax Number



Section II: Investment Objective and Risk Tolerance

1. Select the investment objective that most accurately reflects the goals for this account (choose only one)

The investment objectives are overall objectives for the entire account and may be inconsistent with a particular holding at any time. Please note that achievement of the stated investment objectives is a long-term goal for the account. These choices are listed in order from what is considered to be conservative to highest risk. There is no guarantee that the investment objective will be achieved.

- A. Income with Capital Preservation. Designed as a longer term accumulation account, this is considered generally the most conservative investment objective. Emphasis is placed on generation of current income with minimal risk of capital loss. Lowering the risk generally means lowering the potential income and overall return.
- B. Income with Moderate Growth. Emphasis is placed on generation of current income with a secondary focus on moderate capital growth.
- C. Growth with Income. Emphasis is placed on modest capital growth with some focus on generation of current income.
- D. Growth. Emphasis is placed on achieving high long-term growth and capital appreciation. There is little focus on generation of current income.
- E. Aggressive Growth. Emphasis is placed on aggressive growth and maximum capital appreciation. No focus on generation of current income. This objective has a very high level of risk and is for investors with a longer time horizon.

ATTENTION: If you select an objective and cross it out to choose another, the change must be initialed by all account holders.

Section III: Account Holder Information

If you are an institutional trustee or a financial organization serving as trustee of a Group Plan, the identification sections are optional. For additional account holders, complete the Supplemental Account Application (F1C).

1. Primary Information

Primary Account Holder/Participant/Minor/Trustee <input style="width: 100%;" type="text"/>			Occupation (former if retired or unemployed) <input style="width: 100%;" type="text"/>		ID Type (Ex: Driver's License, Passport, etc.) <input style="width: 100%;" type="text"/>
Social Security Number <input style="width: 150px;" type="text"/>	Date of Birth <input style="width: 100px;" type="text"/>	No. of Dependents <input style="width: 100px;" type="text"/>	Industry (former if retired) <input style="width: 100%;" type="text"/>		ID Place of Issuance <input style="width: 100%;" type="text"/>
Residence Address (no P. O. Boxes) <input type="checkbox"/> Same as mailing address <input style="width: 100%;" type="text"/>			Employer Name <input type="checkbox"/> Mark here if retired or unemployed <input style="width: 100%;" type="text"/>		ID Number <input style="width: 100%;" type="text"/>
Country of Citizenship <input style="width: 100%;" type="text"/>			Employment Address (no P.O. boxes) <input style="width: 100%;" type="text"/>		ID Issuance Date <input style="width: 100px;" type="text"/> ID Expiration Date <input style="width: 100px;" type="text"/>
Home Phone <input style="width: 150px;" type="text"/>	Mobile Phone <input style="width: 150px;" type="text"/>	Business Phone <input style="width: 150px;" type="text"/>		ID verified? <input type="radio"/> Yes <input type="radio"/> No	
Fax Number <input style="width: 150px;" type="text"/>					

Is this account for the benefit of a Politically Exposed Person (PEP)*? Yes No

If yes, define PEP position:

*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.

The trusted contact person is intended to be a resource for LPL in administering your accounts, protecting your assets, and responding to possible financial exploitation (refer to account packet/agreement for more details). Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

I decline to provide a trusted contact person at this time.

Trusted Contact Name <input style="width: 100%;" type="text"/>	Trusted Contact Email <input style="width: 100%;" type="text"/>
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Trusted Contact Address

Trusted Contact Primary Phone <input style="width: 150px;" type="text"/>	Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other) <input style="width: 150px;" type="text"/>
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Section III: Account Holder Information (continued)**1. Primary Information (continued)**

- Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA Relationship to Account Holder of Person Associated with Firm or FINRA Name of Associated Firm (if FINRA, list FINRA)

Address of Person Associated with Firm or FINRA Corporate Compliance Mailing Address of Firm

- Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months. Name of Corporation(s)

2. Secondary Information

Parent/Guardian/Fiduciary/Trustee/Co-Trustee Occupation (former if retired or unemployed) ID Type (Ex: Driver's License, Passport, etc.)

Social Security Number Date of Birth No. of Dependents Industry (former if retired) ID Place of Issuance

Residence Address (no P. O. Boxes) Same as mailing address Employer Name Mark here if retired or unemployed ID Number

Employment Address (no P.O. boxes) ID Issuance Date ID Expiration Date

Country of Citizenship ID verified? Yes No

Home Phone Mobile Phone Business Phone Fax Number

Is this account for the benefit of a Politically Exposed Person (PEP)*? Yes No

If yes, define PEP position:

*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.

The trusted contact person is intended to be a resource for LPL in administering your accounts, protecting your assets, and responding to possible financial exploitation (refer to account packet/agreement for more details). Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

- I decline to provide a trusted contact person at this time.

Trusted Contact Name Trusted Contact Email

Trusted Contact Address

Trusted Contact Primary Phone Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other)



Section III: Account Holder Information (continued)**2. Secondary Information**

- Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA Relationship to Account Holder of Person Associated with Firm or FINRA Name of Associated Firm (if FINRA, list FINRA)

Address of Person Associated with Firm or FINRA Corporate Compliance Mailing Address of Firm

- Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months. Name of Corporation(s)

Section IV: Financial Information and Experience**1. Enter the letter that corresponds to the correct range:**

Annual income? Net worth? (exclusive of primary residence) Liquid net worth?* Approximate account value?**

A. \$1 - \$24,999 B. \$25,000 - \$49,999 C. \$50,000 - \$99,999 D. \$100,000 - \$249,999 E. \$250,000 - \$499,999
F. \$500,000 - \$749,999 G. \$750,000 - \$999,999 H. \$1,000,000 - \$49,999,999

Specify the exact Source of Account Holder Wealth and Income (e.g. Inheritance, employment salary, sale of real estate, etc.)

Federal income tax bracket? (%)

Investment Experience (total number of years):

Indicate the number of years of experience for each investment type:

Annuities Mutual Funds Partnerships Margin Stocks Bonds Options

Other (please specify):

What are your assets/investments (includes positions held outside and by LPL in this and other accounts)? Please indicate percentage of assets exclusive of primary home (must equal 100%). Do not provide percentages in fractions or decimals.

Real Estate _____% Mutual Funds _____% Checking / Savings _____% Annuities _____%

Insurance _____% Equities _____% Alternative Investments _____% Bonds _____%

Other _____% If Other, please explain

*Liquid net worth is exclusive of real estate; only include assets that can be liquidated within 30 days.

**Account minimums apply; see the applicable Account Packet for details or ask your financial advisor.

2. Investment Time Horizon and Liquidity Needs

What is your investment time horizon for this account? 1-3 years 3-5 years 5-10 years More than 10 years

Do you have liquidity needs from the funds in this account? Yes No

If yes, when do you need these funds? 0-3 years More than 3 years

If yes, specify the approximate dollar amount for the time range indicated above \$ _____

Section V: Advisory Account Information**1. Advisor Information**

Advisor Firm Name Firm ID Business Address

Authorized Person Name Business Phone



Section V: Advisory Account Information (continued)

2. Annual Account Fee Information

One of the following fee instruction areas is required to be completed. If left blank, or the Tiered Account Fee Authorization Form is not received, then the application will be rejected.

For SWM, SWM II, OMP-R, MAS, and/or PWP-R only:

Note: Tiered Account Fees are not available for PWP-R

Total Account Fee

(%) OR Check here if account will be set up for Tiered Account Fee* OR Custom Billing** Schedules

* The Form F521 (Tiered Account Fee (TAF) Authorization) is required to be submitted with this application. TAF set up for eligible accounts must be completed prior to Form F521 submission.

**The Form F482 (Advisory Fee Payment Authorization) is only available for SWM or SWM II; the completed Form F482 is required to be submitted with this application. Your firm must be preapproved for Custom Billing Schedules prior to submitting the F482 form.

For MWP only:

Account Fee = Advisor Fee: (%) + Strategist Fee* (if applicable) + LPL Program Fee*

* Please refer to the Account Agreement for a description of the Strategist Fee and the LPL Program Fee.

* Please note that Tiered Account Fees are not available for MWP.

For MAN only:

Manager Access Network (MAN) Account Fee Breakdown

My Advisor's fee at the annual fee rate of _____%

Portfolio Manager's fee at the annual rate of _____%

LPL's fee at the annual rate of _____%*

For a total annual rate of _____%

* For information about LPL's fee, see the Account Packet - MAN.

3. Client Authorization

Trading Authorization: By signing this application, I authorize LPL to execute trades or update investment instructions in this account at the direction of the Advisor named above or for MAS - SMA Platform and MAN accounts, the portfolio manager named in Section VI.

Disbursement Authorization: By signing this application, I authorize LPL to disburse assets from this account for investment purposes or to me personally at the direction of the advisor named above pursuant to the terms of the applicable Account Agreement.

Fee Payment Authorization: By signing this application, I authorize LPL to automatically deduct my account fee at the annual rate detailed above and pay the advisory fee to the advisor named above.

Account Information: By signing this application, I authorize LPL to send information regarding my account, including trade confirmations and account statements, to the Advisor named above or for MAS - SMA Platform and MAN accounts, the portfolio manager named in Section VI.

4. Commissions on Trades from Accounts Outside of LPL (Optional)

Financial Advisor(s): mark here if you wish to apply a fee credit to the assets (cash or securities) being deposited into this account where a commission was earned by you within the past two years. Please provide trade details below to apply a fee credit:

Purchase Date	Purchase Amount	Investment Name	Fund Class	CUSIP/Symbol	Commission
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>



Section V: Advisory Account Information (continued)

5. Specific Securities Restrictions

- Mark here if you wish to restrict specific securities, categories, groups or sectors from your account (for PWP and MAS accounts only). In order to facilitate these restrictions, please provide restriction details below.*

Please provide the symbol (common stock) or the category, sector or group name or code.
Restrictions do not apply to mutual funds.

Financial advisor should refer to the Resource Center for detailed information on the restriction options available for PWP accounts.

*Certain restrictions may require further review with LPL and your financial advisor (attach additional pages if necessary).

6. Proxies / Corporate Actions (For SWM, SWM II)

- I designate Advisor to receive all proxy voting materials and materials related to corporate actions and authorize LPL to accept instructions from Advisor as to the voting of proxies and the taking of corporate actions. Advisor has discretion over my account with respect to proxy voting and corporate actions pursuant to a separate written advisory agreement.
- I wish to be sent all proxy voting materials related to corporate actions. I will be responsible for decisions related to proxy voting and the taking of corporate actions. This selection will be the default and change will need an updated form.

Section VI: Portfolio Manager Account Information

1. Complete This Section for Manager Access Select Accounts Only

Account Type (choose either SMA Platform or Model Delivery Platform):

- SMA Platform (SMA Portfolio Manager indicated below has discretionary authority)

SMA Portfolio Manager Name

Asset Class*

Investment Style*

Did the SMA Portfolio Manager indicated above previously manage the assets in this account? Yes No

Accepted by SMA Portfolio Manager / Authorized Person Signature

Accepted by SMA Portfolio Manager / Authorized Person Name (print)

Date (required)

- Model Delivery Platform (LPL has discretionary authority)

Model Advisor Name

Asset Class*

Investment Style*

*Financial advisor should refer to the Participation List on the Resource Center for detailed information on each SMA Portfolio Manager and Model Advisor, their available asset classes and investment styles.

2. Complete This Section for Manager Access Network Accounts Only

Portfolio Manager Name

Asset Class*

Investment Style*

Did the Portfolio Manager indicated above previously manage the assets in this account? Yes No

Accepted by Portfolio Manager / Authorized Person Signature

Accepted by Portfolio Manager / Authorized Person Name (print)

Date (required)

*Financial advisor should refer to the Participation List on the Resource Center for detailed information on each Portfolio Manager, their available asset classes and investment styles.



Section VII: Custodian Information (For all IRA, Roth IRA, SIMPLE IRA and 403(b)(7) participant accounts only)

1. Retirement Account Custodian

Unless an Outside Custodian is designated and marked below, all IRA, Roth IRA, SIMPLE IRA and 403(b)(7) participant accounts (Section I) will default to PTC as custodian. Each account holder must receive, read and understand the contents of the applicable Custodial Agreement referenced below based on the registration type selected in Section I.2.

- Custodial Agreement PTC - IRA: For Traditional IRA, Traditional Rollover IRA, Beneficiary IRA, SEP IRA and SAR-SEP IRA accounts.
- Custodial Agreement PTC - Roth IRA: For Roth IRA and Beneficiary Roth IRA accounts.
- Custodial Agreement PTC - SIMPLE IRA: For SIMPLE IRA and Beneficiary SIMPLE IRA accounts.
- Custodial Agreement PTC - 403(b)(7): For 403(b)(7) ERISA, 403(b)(7) Non-ERISA and Beneficiary 403(b)(7) accounts.

Mark here for Outside Custodian (account holder to complete and submit custodian's adoption agreement) Skip Section VII.2

2. Beneficiary Designation (this section only applies to accounts with PTC as custodian):

Marital Status: Single Married

I hereby designate the following individual(s) or entity(ies) as my primary and/or contingent beneficiary(ies) unless otherwise directed in writing by the account holder and properly filed with the custodian. If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, or the percentages do not total 100%, the beneficiaries will be deemed to own equal share of the unspecified percentages in the account. If more than one contingent beneficiary is designated and no distribution percentages are indicated, or the percentages do not total 100%, the beneficiaries will be deemed to own equal share of the unspecified percentages in the account. If this is a Guardian account, the account will automatically pass to the minor's estate. Once the minor has reached the age of majority for the state of residence, he or she may then designate a beneficiary(ies).

LPL generally will divide all securities and cash in my account proportionately among the designated beneficiaries based on the allocations indicated herein; provided that LPL will seek to maintain fixed income minimum denomination in lot sizes sufficient to meet any minimum trading requirements (per issuers' requirements). In the event that any securities remain after such proportionate division of assets and the market value of each such remaining security is less than or equal to \$50.00, LPL will distribute such remaining shares/bonds to the first primary beneficiary listed herein. In the event that any securities remain after such proportionate division of assets and the market value of each such security is greater than \$50.00, LPL will use reasonable efforts to liquidate such remaining shares/bonds and divide the proceeds proportionately among the beneficiaries based on the allocations indicated herein. Notwithstanding the foregoing, LPL will use reasonable efforts to liquidate all remaining fixed income securities and divide the proceeds proportionately among the beneficiaries based on the allocations indicated herein.

In the event that a designated beneficiary dies, you may select whether distributions will be made to other remaining beneficiaries or to your beneficiary's heirs.

- *Pro Rata (Default Rule) -- Unless Per Stirpes is indicated below, the following Pro Rata rule will be in place at my death. If any primary beneficiary(ies) dies before me, his or her interest shall terminate completely, and the percentage share of any remaining primary beneficiary (ies) shall be increased equally. If no primary beneficiary survives me, the contingent beneficiary(ies) shall acquire the designated share of my account. If no primary or contingent beneficiaries survive me, my spouse will be deemed my beneficiary. If there is no surviving spouse at the time of my death, my estate will be deemed my beneficiary. If I live in a state with community property statutes or the account is a 403(b)(7) subject to Title 1 of ERISA and do not designate my spouse as the sole primary beneficiary, I certify that my spouse has consented to such designation.*
- *Per Stirpes -- If any primary beneficiary dies before me, my estate will need to identify the heirs who are to receive that primary beneficiary's share of my TOD assets. If no primary beneficiary with the per stirpes designation survives me, that beneficiary's share shall be paid to the living descendants of such beneficiary, subject to state law. The percentage share of the remaining primary beneficiaries will remain the same.*

Primary / Contingent	Pro Rata / Per Stirpes	Name	Relationship	SSN	Date of Birth	%
<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>					
<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>					
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Section VIII: Acknowledgment and Execution (continued)

- 1. Delivery Preferences** If you have provided your email address in this application, you may elect to receive documents from LPL electronically.

Email

- Yes, I want to receive documents from LPL electronically (including account statements, trade confirmations and performance reports). I acknowledge that I need to (i) maintain an active email account to receive notifications from LPL when documents are available and (ii) login to Account View and accept its terms and conditions of use before I am able to view the documents electronically.
- No, I do not want to receive documents from LPL electronically. Please send me paper copies of all communications related to my account. This is the default selection if "Yes" is not selected above.

You may revoke your election to receive electronic documents or request paper copies of electronic documents at any time by logging into Account View or contacting your Financial Advisor.

- 2. Suppression of Confirmations (for PWP, MWP, MAS, and MAN accounts only):**

By initialing below, I hereby elect not to receive immediate trade confirmations from LPL for each transaction in the account. Information from the confirmation will be reported on my brokerage account statement.

 Initials Initials Initials Initials

- 3. Name Differences/One and the Same Information** (not to be used in lieu of court documentation for legal name changes)

List any name differences that you are known by or commonly use in the space provided. By listing the names below and signing Section VIII, you are authorizing LPL to accept transactions and follow instructions under all names listed.

- 4. Acknowledgment**

I acknowledge by signing below that I have received, read, understand and agree to the terms of this Account Application and the applicable Account Agreement (included in the Account Packet specified in Section I). Additionally I certify the following:

- All of the information provided in this Account Application is true, correct, and complete and I agree to notify LPL of any changes to the information.
- For MAS, MWP, OMP and PWP accounts, I have received the Advisory Program Brochure included as part of the applicable Account Packet.
- I understand that LPL will supply my name to issuers of any securities held in my account so that I may receive important information regarding those securities, unless I notify LPL in writing not to do so.
- I acknowledge that proceeds from liquefied home equity on my primary residence will not be used to fund this account.
- I understand and acknowledge that I have granted discretionary authority in the Account Agreement to trade securities in my account to LPL in the case of OMP, PWP, MWP and Manager Access Select - Model Delivery Platform accounts, and to the SMA Portfolio Manager in the case of Manager Access Select - SMA Platform accounts.
- I have discussed with my financial advisor the investment objective selected for the account in Section II of this Application, and for MWP, PWP, OMP and Manager Access Select - Model Delivery Platform accounts, the model portfolios to be selected for my account.
- I understand that investing through an advisory account involves investment risk, including the risk of loss. I am prepared to bear the risks associated with my investments.
- This account is governed by and I acknowledge receipt of the predispute arbitration clause that is located in the last numbered section of the Account Agreement (included in the Account Packet specified in Section I), which is incorporated by reference into this Account Application.
- I authorize LPL to contact my trusted contact person listed above. I understand that providing this information is optional and I may withdraw it at any time.

For accounts with PTC as Custodian, I acknowledge that I have received, read, understand and agree to the terms of the applicable Custodial Agreement and I certify that I am eligible to establish the type of account referenced above. I release the Custodian, LPL Financial LLC and their affiliates, from all liability and agree to indemnify the same from any and all losses, damages or cost for acting in good faith in accordance with the account privileges selected herein. In no event shall the indemnified parties be liable for consequential damages.

Additionally, For accounts with PTC as Custodian I certify the following:

- If I make a rollover contribution, I certify that I understand the rules and conditions of the deposit and that I am eligible to make the deposit under the Internal Revenue Code.
- If this is a SEP IRA, I certify that I have received, read and accept my employer's plan document (5305-SEP or SEP prototype).
- If this is a SAR-SEP, I certify that I have received, read and accept my employer's plan document (5305A-SEP or SEP prototype), I have verified that my employer's plan was established in a year beginning before 1997 and I have entered into a SAR-SEP Elective Deferral Agreement with my employer.
- If this is a SIMPLE IRA, I certify that I have received, read and accept the summary description and notice (Form 5304-SIMPLE) from my employer relating to my employer's SIMPLE IRA Plan and I have entered into a SIMPLE Elective Deferral Agreement with my employer.
- If this is a 403(b)(7), I have verified with my employer that it is an educational organization described in Code Section 170(b)(1)(A)(ii) or a tax-exempt organization described in Code Section 501(c)(3) of the Internal Revenue code and neither the Custodian, LPL nor any of their affiliates have any responsibility for any applicable contribution or distribution limitations under Internal Revenue Code 403(b), and I am establishing the account under my employer's 403(b)(7) plan and in connection, have entered into an elective deferral arrangement with my employer.
- If this is a 403(b)(7), I designate LPL as the brokerage firm to invest assets and agree to invest all assets solely in regulated investment companies.



Section VIII: Acknowledgment and Execution (continued)

5. Important Information about IRA Rollovers from Employer Sponsored Retirement Plans

If you are planning to fund this IRA account with a rollover from an employer sponsored retirement plan, like a 401(k) plan, it is important for you to fully understand the following:

- If terminating from your employer, you have options with respect to the assets in your plan, including that you can:
 - o Remain invested in the plan (subject to certain minimum assets)
 - o Transfer your plan assets to a plan of a new employer
 - o Transfer your assets to an IRA with a financial institution
 - o Receive a cash distribution (which may be fully taxable)
- There are pros and cons of each of the options, which are described in the IRA Custodial Agreement you received in connection with opening this account
- If you decide to transfer assets out of the plan and into an IRA, you understand that:
 - o Those assets will no longer be subject to the protections of ERISA or other applicable pension laws
 - o There will no longer be a responsible plan fiduciary making decisions about the investments
 - o Depending on the investments and services you select for your IRA, you may pay more in fees, commissions and other costs than if the assets remained in your plan
- By signing this Account Application, you acknowledge that:
 - o You reviewed and understand the above information regarding rollovers, and the information regarding rollovers contained in the documents and agreements required to open this Account, including the IRA Custodial Agreement
 - o You have discussed with your Financial Advisor the pros and cons of funding an IRA with a rollover
 - o The decision to transfer assets from a plan to fund an IRA has been or will be made by you based on a full understanding of the options available to you

6. Plan Trustee or Plan Fiduciary Acknowledgment

- If this account is for a participant that is part of a group Retirement Plan, the trustee or plan fiduciary must sign below and include the information in Section III-2 - Secondary Information in addition to the participant.
- If the Plan is a 401k, Profit Sharing, Money Purchase or Defined Benefit, you are signing as a plan trustee.
- If the Plan is an ERISA 403(b) or 457, you are signing as a plan fiduciary.

Under penalties of perjury, I hereby certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I attest I am exempt from FATCA Reporting. (However, if you provide an IRS W-8 form, it will supersede this statement and you may be subject to FATCA Reporting.) (Cross out (2) if subject to backup withholding.) The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

Account Holder / Plan Trustee / Fiduciary Signature	Account Holder / Plan Trustee / Fiduciary Name (print)	Date (required)
Account Holder / Plan Trustee / Fiduciary Signature	Account Holder / Plan Trustee / Fiduciary Name (print)	Date (required)
Account Holder / Plan Trustee / Fiduciary Signature	Account Holder / Plan Trustee / Fiduciary Name (print)	Date (required)
Account Holder / Plan Trustee / Fiduciary Signature	Account Holder / Plan Trustee / Fiduciary Name (print)	Date (required)



Section VIII: Acknowledgment and Execution (continued)

7. Advisor Use Only

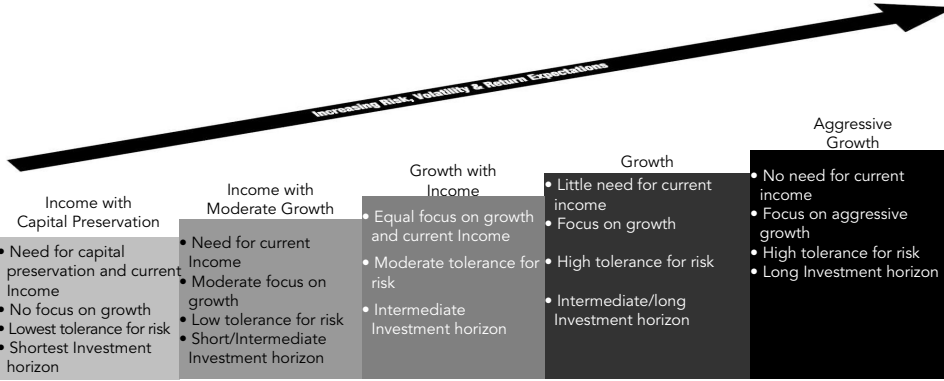
I have reviewed this document for completeness, accuracy, suitability, and proper disclosures. If this account was opened online and the automated check against the OFAC list of specially designated nationals (SDNs) resulted in a match to the account holder's name, I have confirmed that the account holder is not the same person listed by OFAC. If this account is opened by the home office, I have checked the list of SDNs and either the account holder's name does not appear or, if the account holder's name is the same as the name of a SDN, the account holder is not the person listed by OFAC. I have also provided the account holder with the CIP disclosure either in writing or verbally. For MAS, MAN, MWP, OMP and PWP accounts, I acknowledge and accept that I am a party to the applicable Account Agreement. I have determined that any liquidation of previously purchased investments to deposit assets into this account is suitable for the account holder and have disclosed to the account holder all costs incurred by the account holder to liquidate such investments.

Financial Advisor / Authorized Person Signature

Financial Advisor / Authorized Person Name (print)

Rep ID

Date (required)



Historical Trade-Off Between Risk, Volatility & Investment Return:

This chart illustrates five investment objectives. Match your investment needs with the characteristics listed below each investment objective to determine which objective most accurately represents your situation.

