Clear Form

Account Number

Limited Liability Company Agreement

Use this form to authorize an account to be opened in the name of the Limited Liability Company ("the Company") with National Financial Services LLC ("NFS"), and establish, add or change those officers or individuals authorized by Resolution to transact business on the account.

Helpful to Know

- Complete all applicable sections of this form.
- The authorized individuals named on this form will have the authority to act in all capacities to trade and perform account maintenance. For more information, refer to the Resolutions.

1. Entity Account Information

Enter full entity name as evidenced by the relevant formation document (e.g., trust document, partnership agreement, corporate resolution).

** For foreign entities ONLY.*

If providing a SSN, ensure that the person who is associated with the SSN is listed on this application.

Entity Name

Taxpayer ID Number | Required ☐ SSN/ITIN ☐ EIN/TIN | Country of Organization

Type of Government-Issued ID* | ID Number*

State/Country of ID Issuance* | ID Issuance Date* | ID Expiration Date*

Check all that apply. ▶ **Entity is a(n):** ☐ Accredited Investor ☐ U.S. Registered Broker-Dealer ☐ U.S. Registered Investment Advisor ☐ U.S. Registered Investment Company

Legal Address

Cannot be a P.O. Box or Mail Drop.

Address Line 1 | Address Line 2

City | State/Province | Zip/Postal Code | Country

Mailing Address ☐ Same as Legal Address

Complete only if different from Legal Address above.

Address Line 1 | Address Line 2

City | State/Province | Zip/Postal Code | Country

2. Certification *Authorizes an account to be opened in the name of the Company with NFS.*

Provide name of President, Secretary, or other Authorized Individual. This person must also sign in Section 5.

First Name | Middle Name | Last Name

Title

I hereby certify the following:

State

A. that the Company identified above is duly organized and exists under the laws of the state of and has the power to take the action called for by the resolutions on this form.

B. that the resolutions on this form were duly adopted by the Members of said Company at a meeting held on:

Date *MM DD YYYY*

at which a quorum of said Members was present and acting throughout; that no action has been taken to rescind or amend said resolutions; and, that the same are now in full force and effect.

C. that each of the following named individuals has been duly elected (if applicable), is now legally holding the office set under his/her name, and that any one of them acting individually is authorized to establish the account in the name of the Company with National Financial Services ("NFS"). Each individual is also authorized to purchase, trade, sell (including short sales in margin accounts), assign, withdraw, transfer and/or deliver any and all stocks, bonds, options, or any other assets or securities, listed or unlisted and to establish checkwriting and other account-related services in the designated accounts.

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2. Certification *Authorizes an account to be opened in the name of the Company with NFS.* ***continued***

D. that the resolutions are not contrary to any provision in the certificate of formation and/or operating agreement of the Company, and that I have been authorized to make this certification to NFS on behalf of this Company.

E. that any information given on this account agreement is subject to verification and authorizes my Broker-Dealer and/or NFS to obtain a credit or other financial responsibility report with respect to the registered account owner as well as any individual authorized to transact business on behalf of the registered account owner. The undersigned is authorized to express the consent of such authorized individuals to obtain a report, and that such individuals have been notified of the possibility thereof. Upon written request, my Broker-Dealer will provide the name and address of the credit reporting agency used.

3. Authorized Entity *if any*

Provide information on any entity that is authorized on the account. If completing this section, you will be required to submit additional documentation. Ask your investment representative what documentation is needed.

Entity Information

Enter full entity name as evidenced by the relevant formation document (e.g., trust document, partnership agreement, corporate resolution).

** For foreign entities ONLY.*

If providing an SSN, ensure that the person who is associated with the SSN is listed on this form.

Entity/Trust Name		Date of Trust
Taxpayer ID Number	**Required** ☐ SSN/ITIN ☐ EIN/TIN	**Country of Organization**
Type of Government-Issued ID*	**ID Number***	
State/Country of ID Issuance*	**ID Issuance Date***	**ID Expiration Date***

Check all that apply. ▶ **Entity is a(n)**: ☐ Accredited Investor ☐ U.S. Registered Broker-Dealer ☐ U.S. Registered Investment Advisor ☐ U.S. Registered Investment Company

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Mailing Address ☐ Same as Legal Address

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City	**State/Province**	**Zip/Postal Code**	**Country**

4. Authorized Individual Information *continued*

First Authorized Individual ☐ Sole Officer *Check if applicable.*

Enter full name as evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card).

First Name	Middle Name	Last Name

Date of Birth *MM DD YYYY*	Email

Primary Phone	Alternate Phone
☐ Mobile	

Business Title *complete if applicable*

Taxpayer ID Number	Required	Country of Citizenship
	☐ SSN/ITIN ☐ EIN/TIN	

Type of Government-Issued ID	ID Number

State/Country of ID Issuance	ID Issuance Date	ID Expiration Date

Legal Address

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Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

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Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

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4. Authorized Individual Information *continued*

Income Source, Affiliations and Associations *Industry regulations require us to ask for this information.*

Check one and provide information.

☐ Employed ☐ Retired ☐ Not Employed

Provide Income Source if retired or not employed.

Occupation	Income Source	Employer Name

Address Line 1	Address Line 2

City	State/Province	Zip/Postal Code	Country

Check all that apply and provide information.

☐ You are an accredited investor, as defined in Rule 501(a) of the Securities Act of 1933.

☐ You are associated with a U.S. registered Broker-Dealer that is different than the Broker-Dealer that will hold this account.

☐ You are a member of the board of directors, a 10% shareholder, a policy-making officer, or someone who can direct the management policies of a publicly traded company.

☐ You are employed by or associated with the Broker-Dealer that will hold this account, as defined in Section 3(a)(18) of the Securities Exchange Act of 1934.

☐ You are associated with a U.S. Registered Investment Advisor.

☐ You are, or an immediate family/household member is, a senior foreign political figure.

☐ You are, your spouse, or any of your relatives (including parents, in-laws and/or dependents, etc.), living in your home (at the same address), is a member of the board of directors, is a 10% shareholder, or is a policy-making officer or can direct corporate management of policies of a publicly traded company (an "Affiliate"). You must provide the information below:

Company Name	CUSIP or Symbol

☐ Check this box if any of these scenarios apply to you. You are registered with or employed by a Financial Industry Regulatory Authority ("FINRA") member firm ("associated person"), you are the spouse of an associated person, you are a child who resides in the same household or is financially dependent on the associated person, you are related to an associated person who has control over your account or an associated person materially contributes financial support to you and has control over your account, or you are affiliated with or employed by FINRA, any other self-regulatory organization ("SRO") or a municipal securities dealer.

☐ Same as employer above. *If different, provide the information below.*

Company Name			
Address Line 1		**Address Line 2**	
City	**State/Province**	**Zip/Postal Code**	**Country**

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4. Authorized Individual Information *continued*

Second Authorized Individual

Enter full name as evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card).

First Name	Middle Name	Last Name

Date of Birth *MM DD YYYY*	Email

Primary Phone	Alternate Phone
☐ Mobile	

Business Title *complete if applicable*

Taxpayer ID Number	Required	Country of Citizenship
	☐ SSN/ITIN ☐ EIN/TIN	

Type of Government-Issued ID	ID Number

State/Country of ID Issuance	ID Issuance Date	ID Expiration Date

Legal Address

Cannot be a P.O. Box or Mail Drop.

Address Line 1		Address Line 2	
City	**State/Province**	**Zip/Postal Code**	**Country**

Mailing Address ☐ Same as Legal Address

Complete only if different from Legal Address above.

Address Line 1		Address Line 2	
City	**State/Province**	**Zip/Postal Code**	**Country**

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4. Authorized Individual Information *continued*

Income Source, Affiliations and Associations *Industry regulations require us to ask for this information.*

Check one and provide information.

☐ Employed ☐ Retired ☐ Not Employed

Provide Income Source if retired or not employed.

Occupation	Income Source	Employer Name

Address Line 1	Address Line 2

City	State/Province	Zip/Postal Code	Country

Check all that apply.

☐ You are an accredited investor, as defined in Rule 501(a) of the Securities Act of 1933.

☐ You are associated with a U.S. registered Broker-Dealer that is different than the Broker-Dealer that will hold this account.

☐ You are a member of the board of directors, a 10% shareholder, a policy-making officer, or someone who can direct the management policies of a publicly traded company.

☐ You are employed by or associated with the Broker-Dealer that will hold this account, as defined in Section 3(a)(18) of the Securities Exchange Act of 1934.

☐ You are associated with a U.S. Registered Investment Advisor.

Check all that apply and provide information.

☐ You are, or an immediate family/household member is, a senior foreign political figure.

☐ You are, your spouse, or any of your relatives (including parents, in-laws and/or dependents, etc.), living in your home (at the same address), is a member of the board of directors, is a 10% shareholder, or is a policy-making officer or can direct corporate management of policies of a publicly traded company (an "Affiliate"). You must provide the information below:

Company Name	CUSIP or Symbol

☐ Check this box if any of these scenarios apply to you. You are registered with or employed by a Financial Industry Regulatory Authority ("FINRA") member firm ("associated person"), you are the spouse of an associated person, you are a child who resides in the same household or is financially dependent on the associated person, you are related to an associated person who has control over your account or an associated person materially contributes financial support to you and has control over your account, or you are affiliated with or employed by FINRA, any other self-regulatory organization ("SRO") or a municipal securities dealer.

☐ Same as employer above. *If different, provide the information below.*

Company Name

Address Line 1	Address Line 2

City	State/Province	Zip/Postal Code	Country

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4. Authorized Individual Information *continued*

Third Authorized Individual

Enter full name as evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card).

First Name	Middle Name	Last Name

Date of Birth *MM DD YYYY*	Email

Primary Phone	Alternate Phone
☐ Mobile	

Business Title *complete if applicable*

Taxpayer ID Number	Required	Country of Citizenship
	☐ SSN/ITIN ☐ EIN/TIN	

Type of Government-Issued ID	ID Number

State/Country of ID Issuance	ID Issuance Date	ID Expiration Date

Legal Address

Cannot be a P.O. Box or Mail Drop.

Address Line 1		Address Line 2	
City	**State/Province**	**Zip/Postal Code**	**Country**

Mailing Address ☐ Same as Legal Address

Complete only if different from Legal Address above.

Address Line 1		Address Line 2	
City	**State/Province**	**Zip/Postal Code**	**Country**

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4. Authorized Individual Information *continued*

Income Source, Affiliations and Associations *Industry regulations require us to ask for this information.*

Check one and provide information.

☐ Employed ☐ Retired ☐ Not Employed

Provide Income Source if retired or not employed.

Occupation	Income Source	Employer Name

Address Line 1	Address Line 2

City	State/Province	Zip/Postal Code	Country

Check all that apply.

☐ You are an accredited investor, as defined in Rule 501(a) of the Securities Act of 1933.

☐ You are associated with a U.S. registered Broker-Dealer that is different than the Broker-Dealer that will hold this account.

☐ You are a member of the board of directors, a 10% shareholder, a policy-making officer, or someone who can direct the management policies of a publicly traded company.

☐ You are employed by or associated with the Broker-Dealer that will hold this account, as defined in Section 3(a)(18) of the Securities Exchange Act of 1934.

☐ You are associated with a U.S. Registered Investment Advisor.

Check all that apply and provide information.

☐ You are, or an immediate family/household member is, a senior foreign political figure.

☐ You are, your spouse, or any of your relatives (including parents, in-laws and/or dependents, etc.), living in your home (at the same address), is a member of the board of directors, is a 10% shareholder, or is a policy-making officer or can direct corporate management of policies of a publicly traded company (an "Affiliate"). You must provide the information below:

Company Name	CUSIP or Symbol

☐ Check this box if any of these scenarios apply to you. You are registered with or employed by a Financial Industry Regulatory Authority ("FINRA") member firm ("associated person"), you are the spouse of an associated person, you are a child who resides in the same household or is financially dependent on the associated person, you are related to an associated person who has control over your account or an associated person materially contributes financial support to you and has control over your account, or you are affiliated with or employed by FINRA, any other self-regulatory organization ("SRO") or a municipal securities dealer.

☐ Same as employer above. *If different, provide the information below.*

Company Name

Address Line 1	Address Line 2

City	State/Province	Zip/Postal Code	Country

5. Resolutions

Customer Identification Program Notice: To help the government fight financial crimes, Federal regulation requires your Broker-Dealer to obtain your name, date of birth, address, and a government-issued ID number before opening your account, and to verify the information. In certain circumstances, the Clearing Firm or your Broker-Dealer may obtain and verify comparable information for any person authorized to make transactions in an account. Also, Federal regulation requires your Broker-Dealer to obtain and verify the beneficial owners and control persons of legal entity customers, as applicable. Requiring the disclosure of key individuals who own or control a legal entity helps law enforcement investigate and prosecute crimes. Your account may be restricted or closed if the Clearing Firm or your Broker-Dealer cannot obtain and verify this information. The Broker-Dealer or the Clearing Firm will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if your account is restricted or closed.

Certified copy of certain resolutions adopted by the board of directors or governing body or the members whereby the establishment and maintenance of trading accounts has been authorized.

continued on next page

5. Resolutions *continued*

Resolved

First: That the individuals listed in Section 3 of this form are, and each of them hereby is, authorized on behalf of this Company to establish and maintain one or more accounts which may be margin accounts with the Broker-Dealer and National Financial Services ("NFS"). The account(s) will be used for the purpose of purchasing, investing in, or otherwise acquiring, selling (including short sales in margin accounts), possessing, transferring, exchanging, or otherwise disposing of, or turning to account of, or realizing upon, and generally dealing in and with any and all forms of securities including, but not limited to, shares, stocks, bonds, debentures, notes, scrip, participation certificates, rights to subscribe, certificates of deposit, mortgages, evidences of indebtedness, commercial paper, certificates of indebtedness and certificates of interest of any and every kind and nature whatsoever, secured or unsecured, whether represented by trust, participating and/or other certificates or otherwise.

The fullest authority at all times with respect to any such commitment or transaction, deemed by any of the officers and/or agents to be proper in connection with, is hereby conferred, including authority (without limiting the generality of the foregoing) to give written or oral instructions to the Broker-Dealer and NFS with respect to transactions.

The "authorized individuals" named in Section 3 are authorized to borrow money and securities and to borrow such money and securities from or through the Broker-Dealer and NFS and to secure repayment thereof with the property of the Company.

The authorized individuals may bind and obligate the Company to and for the carrying out of any contract, arrangement, or transaction, which is entered into by any officer and/or agent for and on behalf of the Company with or through the Broker-Dealer and NFS. The authorized individuals may pay by checks, and/or drafts drawn on the funds of the Company such sums as may be necessary in connection with any of the said accounts.

The authorized individuals may deliver securities and contracts to the Broker-Dealer and NFS and deliver securities to and deposit funds with the Broker-Dealer and NFS.

The authorized individuals may order the transfer or delivery of securities to any other person whatsoever, and/or order the transfer of record of any securities, to any name selected by any of the said officers or agents, affix the corporate seal to any documents or securities to any name selected by any of the said officers or agents and affix the corporate seal to any documents or agreements, or otherwise endorse any securities and/or contracts in order to pass title.

The authorized individuals may direct the sale or exercise any rights with respect to any securities and sign for the Company all releases, powers of attorney, trading authorizations, Margin Agreements, Options Contracts and/or other documents in connection with any such account, and agree to any terms or conditions to control any account.

The authorized individuals may direct the Broker-Dealer and NFS to surrender any securities to the proper agent or party for the purpose of effecting any exchange or conversion, or for the purpose of deposit with any protective or similar committee.

The authorized individuals may accept delivery of any securities and appoint any other person or persons to do any and all things which any of the said officers and/or agents is hereby empowered to do.

Second: That the Broker-Dealer and NFS may deal with all of the persons directly or indirectly by the foregoing resolution empowered, as though they were dealing with the Company directly.

Third: That the Secretary of the Company is hereby authorized, empowered and directed to certify, under the seal of the Company, or otherwise, to the Broker-Dealer and NFS:

A. A true copy of these resolutions.

B. Specimen signatures of each and every person by these resolutions empowered.

C. A certificate (which, if required by the Broker-Dealer and NFS, shall be supported by an opinion of the general counsel of the Company, or other counsel satisfactory to the Broker-Dealer and NFS) that the Company exists, that its charter empowers it to transact the business by these resolutions, and that no limitation has been imposed upon such powers by the by-laws or otherwise.

Fourth: That the Broker-Dealer and NFS may rely upon any certification within these resolutions, and that the Broker-Dealer and NFS receives written notice of a change in or rescission of authority (no other form of notice is acceptable), nor shall the fact that any individual previously authorized ceases to be an officer of the Company or becomes an officer under some other title, in any way affect the powers hereby conferred. The failure to supply the Broker-Dealer and NFS with written notification of changes does not invalidate any transaction if the transaction is in accordance with authority actually granted.

Fifth: That in the event of any change in the office or powers of persons empowered, the Secretary shall notify changes to the Broker-Dealer and NFS in writing. When received, the Broker-Dealer and NFS will terminate the powers of the persons previously authorized, and empower the persons taking the place of the previous persons.

Sixth: That the foregoing resolutions and the certificates furnished to the Broker-Dealer and NFS by the Secretary of the Company are made irrevocable until written notice of the revocation has been received by the Broker-Dealer and NFS.

Seventh: That the Company and its officer indemnify and hold the Broker-Dealer and NFS, their respective affiliates, and each of their respective control persons, employees, agents, and service providers, harmless from any claim, loss, expense or other liability for effecting any transactions and acting upon any instructions given by the officers or Secretary of the Company.

This certification must be signed by the President, Secretary or other authorized individual named in Section 2. The individual signing below certifies that the information provided on this form is true, accurate, and complete.

Print President/Secretary/Authorized Individual Name *Full First, Middle, Last Name*	
President/Secretary/Authorized Individual Signature	Date *MM - DD - YYYY*
SIGN X	

To Be Completed by the Correspondent

I _____, authorized individual for the Broker-Dealer, have reviewed the foregoing and hereby certify to NFS that (i) Broker-Dealer has performed the required due diligence of the account documentation pursuant to Broker-Dealer's obligation as set forth in the clearing agreement between NFS and Broker-Dealer; and (ii) nothing in this Limited Liability Company Agreement conflicts with the applicable business certification document.

Authorized Individual Signature *for Broker-Dealer*	Broker-Dealer	Date *MM - DD - YYYY*

Clear Form