

Account Number

Periodic Withdrawal Request Nonretirement

Use this form to establish, change or delete a periodic withdrawal plan on your nonretirement account held through National Financial Services LLC ("NFS"). Use one form for each account. Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information or signatures, use a copy of the relevant page.

1. Account Owner(s)

If this is a business/trust account, provide entity name here and authorized individual name(s)/signature(s) in Section 4.

First Name	Middle Name	Last Name
Additional Owner, Company, or Trust Name if applicable		

2. Withdrawal Request

Type of Request

- Check one. ☐ Establish a new periodic withdrawal plan
- Fill out ONLY sections with changes. ☐ Change an existing periodic withdrawal plan
- Skip to Section 4. ☐ Delete an existing periodic withdrawal plan

Plan ID

If you have multiple plans and are changing or deleting an existing plan, include the plan ID number. Obtain the plan ID number from your investment representative.

Frequency and Amount of Withdrawals

Note: If the first payment is prior to the plan being established or pre-note being completed, the first payment will occur on the next scheduled date in the frequency indicated.

Withdrawal Amount each period
\$

- Check one. ☐ Monthly Every month.
- ☐ Quarterly Select the month that begins the first quarter below.
- ☐ Annually Select one month below.
- ☐ Custom Select two or more months below.

You must select the payment month(s) unless you have selected "Monthly" above.

- | | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| ☐ Jan | ☐ Feb | ☐ Mar | ☐ Apr | ☐ May | ☐ Jun |
| ☐ Jul | ☐ Aug | ☐ Sep | ☐ Oct | ☐ Nov | ☐ Dec |

Provide the date of the first withdrawal (Effective Date).

Effective Date MM DD YYYY

Provide the date of the final plan withdrawal (End Date). Optional.

End Date MM DD YYYY

Funding for the Periodic Withdrawal Requested Payments will be made by liquidating from the selection.

- Check one. ☐ A. Core account ONLY Default
- ☐ B. Core account AND all your money market mutual funds and other mutual funds proportionately
- ☐ C. Money market mutual funds and/or other mutual funds in the proportions noted below:

Use whole number percentages only.

Fund Name	CUSIP or Fund Symbol	Percentage
		.0%
Fund Name	CUSIP or Fund Symbol	Percentage
		.0%
Fund Name	CUSIP or Fund Symbol	Percentage
		.0%
Total		.0%

Total Must add up to 100%.

continued on next page

☐ A. Any money market mutual fund position

☐ B. Any money market mutual fund and then other mutual fund positions

☐ Credit the proceeds of the mutual fund sales to the core account of the account indicated on this form.

☐ Account Number

If B is selected, complete options 1, 2, or 3.
If using standing instructions, check one.

☐ 1st Party Check standing instructions
*Paid to the name(s) on account and
sent to mailing address of record.*

☐ 3rd Party Check standing instructions
*Paid and/or mailed to an alternate
payee and/or address.*

[illegible]

If you have multiple standing instructions, obtain the line number from your investment representative.

☐ 2. Establish new standing instructions For 1st Party Check standing instructions, complete only the Memo and Check Stub Information, as applicable.

Payee		
Attention <i>maximum 32 characters total including "Attn:"</i>		
OR		
Care of <i>maximum 32 characters total including "C/O"</i>		
Attn:		
C/O		
Address		
City	State/Province	Zip/Postal Code

Information provided in the Memo field will print on the check but will not appear visible in the window of the envelope.

Memo <i>maximum 30 characters</i>
Check Stub Information <i>maximum 100 characters</i>

OR

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3. Payment Method *continued*

☐ 3. Alternate Instructions *Not applicable when using standing instructions.*

Avoid any account number or SSN that compromises a customer's identity.

Payee		
Attention maximum 32 characters total including "Attn:"	OR	Care of maximum 32 characters total including "C/O"
Attn:		C/O
Address		
City	State/Province	Zip/Postal Code

Electronic Funds Transfer (EFT)

Check one. ☐ Use standing instructions on file

Line Number

If you have multiple standing instructions, obtain the line number from your investment representative.

OR

☐ Establish new standing instructions

Complete this section if establishing new Standing Instructions.

Bank Standing Instructions

Bank Standing Instructions allow you to move money between your brokerage account and a bank account via EFT (processed via the Automated Clearing House, "ACH"). It may take 4–5 business days to establish EFT standing instructions and 2–3 business days after the date the withdrawal is processed for funds to reach the bank or brokerage account. **If establishing 1st Party EFT, a voided check, deposit slip, or statement must be included with this form.**

Check one. ☐ Checking ☐ Savings

Obtain the correct routing number from the bank.

Bank Routing Number	Bank Name
Bank Account Number	Payee Name(s) Exactly as on Bank Account

4. Signature(s) and Date(s) *Form cannot be processed without signature(s) and date(s).*

By signing below, you:

- Authorize and request the withdrawals to be made on your account as instructed on this form. You agree that neither this fund, nor the Broker/Dealer with whom this account is established, nor National Financial Services ("NFS") (clearing and executing agent), will be liable for any loss, liability, cost, or expense for acting upon such instructions.
- Certify that the information supplied on this form is complete and accurate.
- Understand that you will not receive an immediate transaction confirmation for each transaction and that the details of each transaction will be provided on a periodic statement sent to you no less than quarterly.

- Authorize if your account is being settled through the EFT/ACH system, you hereby authorize and request NFS to make payment of amounts representing the proceeds of securities transaction(s) entered into by you or to secure payment for the cost(s) of said securities transaction(s) by initiating credit or debit entries to your account indicated in the bank named above (Bank).
- Understand and agree that NFS cannot confirm the account registration at the receiving bank or financial institution.
- Authorize and request the Bank to accept any such credit or debit entries initiated by NFS to such account and to credit or

- debit, as requested, the same amount to such account, without responsibility for the correctness thereof or for the existence of any further authorization relating thereto.
- Indemnify NFS, and its officers, directors, employees, agents, affiliates, shareholders, successors, assigns and representatives, from any liability for acting upon the authorization provided for these instructions.
- Understand that if you have established standing instructions, they may be purged from your account if the instructions have not been used for an extended period of time.

Either the account owner(s) or authorized individual(s) of the account must sign and date below.

Print Account Owner/Authorized Individual Name First, M.I., Last	
Account Owner/Authorized Individual Signature	Date MM - DD - YYYY
SIGN	

Print Additional Account Owner/Authorized Individual Name First, M.I., Last	
Additional Account Owner/Authorized Individual Signature	Date MM - DD - YYYY
SIGN	