For Branch Use Only

BRANCH PREFIX | PSP ACCOUNT NO. | MPP ACCOUNT NO.

RR | RR2 | AGENCY

Is Holder an Employee of your B/D? ☐ No ☐ Yes

C

PREMIERE SELECT RETIREMENT PLAN ACCOUNT APPLICATION

Important Information: To help the government fight the funding of terrorism and money-laundering activities, Federal law and contractual obligations to National Financial Services LLC ("NFS") require that your Broker/Dealer verify your identity by obtaining your name, date of birth, address, and a government-issued identification number before opening your account. In certain circumstances, your Broker/Dealer may obtain and verify this information with respect to any person(s) authorized to effect transactions in an account. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is also required. Your account may be restricted and/or closed if your Broker/Dealer cannot verify this information. Neither your Broker/Dealer nor NFS will be responsible for any losses or damages (including, but not limited to, lost opportunities) resulting from any failure to provide this information, or from any restriction placed upon, or closing of, your account.

▸ All items marked with this symbol are required. Applications that are missing required information will not be processed.

1. GENERAL INFORMATION: ACCOUNT HOLDER

Personal Information

▸ FULL LEGAL NAME *first, middle, last* ▸ DATE OF BIRTH *mm/dd/yyyy*

DAY PHONE EVENING PHONE

E-MAIL

☐ Single/Divorced/Widowed ☐ Married No. of Dependents: ___________

▸ COUNTRY OF CITIZENSHIP

▸ ☐ SOCIAL SECURITY NO. ☐ TAXPAYER ID NO. ▸ COUNTRY OF TAX RESIDENCE

▸ TYPE OF GOVERNMENT-ISSUED ID ▸ ID NUMBER

▸ STATE/COUNTRY OF ID ISSUANCE ID ISSUANCE DATE ▸ ID EXPIRATION DATE

▸ Legal Address *No P.O. boxes*

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE/PROVINCE ZIP/POSTAL CODE

COUNTRY

▸ Mailing Address ☐ *Same as Legal Address*

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE/PROVINCE ZIP/POSTAL CODE

COUNTRY

2. EMPLOYER INFORMATION

▸ **Type of Plan** (check one): ☐ Profit Sharing Plan ☐ Money Purchase Plan ☐ Paired Plan (Both)

▸ EMPLOYER NAME *(i.e., Name of Company)*

▸ CONTACT PERSON'S NAME

▸ ADDRESS LINE 1

▸ ADDRESS LINE 2

▸ CITY STATE/PROVINCE ZIP

▸ COUNTRY

▸ EMPLOYER TAX IDENTIFICATION NO.

▸ Is this a new account for an existing Premiere Select Retirement Plan?

☐ Yes ☐ No If No, please attach the appropriate Adoption Agreement(s).

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PSP ACCOUNT NO. MPP ACCOUNT NO.

3. AFFILIATION INFORMATION

▸ ☐ **I am** ☐ **I am not** a senior foreign political figure, or a family member or close relative of a senior foreign political figure.

▸ ☐ Check this box if you are a control person or affiliate or an immediate family/household member of a control person or affiliate of a publicly traded company under SEC Rule 144 (this would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors).

COMPANY NAME COMPANY SYMBOL/CUSIP

▸ ☐ Check this box if you are affiliated with, or employed by, a stock exchange, or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer. *If yes, provide name of entity:*

☐ *Same as My Employer.*

AFFILIATED ENTITY NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE ZIP COUNTRY

4. SUITABILITY

Financial Profile

▸ Annual Income
From all sources
- ☐ Under $25,000
- ☐ $25,000 - $50,000
- ☐ $50,001 - $100,000
- ☐ Over $100,000

$______

▸ Estimated Net Worth
Excluding primary residence
- ☐ Under $50,000
- ☐ $50,000 - $100,000
- ☐ $100,001 - $500,000
- ☐ Over $500,000

$______

▸ Investable/Liquid Assets
Including cash and securities
- ☐ Under $50,000
- ☐ $50,000 - $100,000
- ☐ $100,001 - $500,000
- ☐ Over $500,000

$______

▸ Federal Tax Bracket
- ☐ 15% or below
- ☐ 25% to 27.5%
- ☐ 27.5% or above

Account Funding Source
- ☐ Asset appreciation
- ☐ Business revenue
- ☐ Inheritance
- ☐ Legal/insurance settlement
- ☐ Sale of assets
- ☐ Savings from earnings
- ☐ Other: ______

Investment Profile

▸ Investment Objectives Rank your investment objectives for this account in order of importance (1 being the highest). Review the attached Customer Agreement for important information on investment objectives.

___ Preservation of capital
___ Income
___ Capital appreciation
___ Speculation
___ Trading profits

▸ Risk Tolerance
- ☐ Conservative
- ☐ Moderate
- ☐ Aggressive
- ☐ Combination: ______

▸ Investment Time Horizon
- ☐ Short (0-5 years)
- ☐ Intermediate (6-10 years)
- ☐ Long (over 10 years)
- ☐ Combination: ______

▸ General Investment Knowledge ☐ Limited ☐ Good ☐ Extensive

▸ Investment Product Knowledge

Please enter the account holder's level of knowledge in each of the following:

	None	Limited	Good	Extensive
Stocks	☐	☐	☐	☐
Bonds	☐	☐	☐	☐
Mutual Funds	☐	☐	☐	☐
Options	☐	☐	☐	☐
Variable Contracts	☐	☐	☐	☐
Limited Partnerships	☐	☐	☐	☐

5. ACCOUNT CHARACTERISTICS

Dividend, Interest, Capital Gains

Choose one.* **I agree to the terms and conditions governing the Equity Dividend Reinvestment Service provided in the attached Customer Agreement.**

☐ Reinvest all mutual fund dividends and capital gains; pay all eligible stock dividends in cash and credit the core account investment vehicle.

☐ Reinvest all mutual fund dividends and capital gains; reinvest all eligible stock dividends.*

☐ Pay all mutual fund dividends and capital gains in cash; pay all eligible stock dividends in cash; credit the core account investment vehicle.

☐ Pay all mutual fund dividends and capital gains in cash and credit the core account investment vehicle; reinvest all eligible stock dividends.*

Core Account Investment Vehicle

Consult your Broker/Dealer for a list of available investment vehicles. Please ensure you have read the applicable prospectus or disclosure document before making a decision on the appropriate core account investment vehicle. Indicating no choice will be considered your authorization for your Broker/Dealer to establish their default investment vehicle as your core account investment vehicle.

INVESTMENT VEHICLE NAME

INVESTMENT VEHICLE SYMBOL

Options Agreement

☐ **I would like to purchase options for my Premiere Select Retirement Plan account.** I understand an approved Options Application is required prior to trading. Please note that Premiere Select Retirement Plan accounts are only eligible for certain types of options trading. For more information, please consult with your investment representative.

PSP ACCOUNT NO. MPP ACCOUNT NO.

6. BENEFICIARY DESIGNATION

Attach additional sheet if necessary, which must include your name, account number, your signature, and must be dated.

Share percentages must total 100% for primary and 100% for contingent.
Use percentages only, not dollar amounts.

- If you designate anyone other than your spouse as primary beneficiary, spousal consent may be necessary.
- If you wish to designate your estate as your beneficiary, please indicate "Estate" in the Primary Beneficiaries section.
- If beneficiary is a trust, provide trust name, names of all trustees, and date trust was established.
- If your account contains community property and you do not designate your spouse as your primary beneficiary for at least 50% of the value of your account, you may want to consult with your attorney or tax advisor to determine the impact of community property laws on your beneficiary designations.
- To change your beneficiary designation in the future, you must complete a Premiere Select Retirement Plan Beneficiary Designation Form, which can be obtained from your investment representative.

PRIMARY Beneficiaries

NAME OF BENEFICIARY ☐ Spouse ☐ Non-Spouse ☐ Trust ☐ Entity

☐ SOCIAL SECURITY NO. ☐ TAXPAYER ID NO. DATE OF BIRTH/TRUST *mm/dd/yyyy*

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAMES OF TRUSTEES *if applicable*

NAME OF BENEFICIARY ☐ Spouse ☐ Non-Spouse ☐ Trust ☐ Entity

☐ SOCIAL SECURITY NO. ☐ TAXPAYER ID NO. DATE OF BIRTH/TRUST *mm/dd/yyyy*

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAMES OF TRUSTEES *if applicable*

NAME OF BENEFICIARY ☐ Spouse ☐ Non-Spouse ☐ Trust ☐ Entity

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COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAMES OF TRUSTEES *if applicable*

NAME OF BENEFICIARY ☐ Spouse ☐ Non-Spouse ☐ Trust ☐ Entity

☐ SOCIAL SECURITY NO. ☐ TAXPAYER ID NO. DATE OF BIRTH/TRUST *mm/dd/yyyy*

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAMES OF TRUSTEES *if applicable*

CONTINGENT Beneficiaries

NAME OF BENEFICIARY ☐ Spouse ☐ Non-Spouse ☐ Trust ☐ Entity

☐ SOCIAL SECURITY NO. ☐ TAXPAYER ID NO. DATE OF BIRTH/TRUST *mm/dd/yyyy*

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAMES OF TRUSTEES *if applicable*

NAME OF BENEFICIARY ☐ Spouse ☐ Non-Spouse ☐ Trust ☐ Entity

☐ SOCIAL SECURITY NO. ☐ TAXPAYER ID NO. DATE OF BIRTH/TRUST *mm/dd/yyyy*

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAMES OF TRUSTEES *if applicable*

NAME OF BENEFICIARY ☐ Spouse ☐ Non-Spouse ☐ Trust ☐ Entity

☐ SOCIAL SECURITY NO. ☐ TAXPAYER ID NO. DATE OF BIRTH/TRUST *mm/dd/yyyy*

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAMES OF TRUSTEES *if applicable*

NAME OF BENEFICIARY ☐ Spouse ☐ Non-Spouse ☐ Trust ☐ Entity

☐ SOCIAL SECURITY NO. ☐ TAXPAYER ID NO. DATE OF BIRTH/TRUST *mm/dd/yyyy*

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAMES OF TRUSTEES *if applicable*

NAME OF BENEFICIARY ☐ Spouse ☐ Non-Spouse ☐ Trust ☐ Entity

☐ SOCIAL SECURITY NO. ☐ TAXPAYER ID NO. DATE OF BIRTH/TRUST *mm/dd/yyyy*

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAMES OF TRUSTEES *if applicable*

If more than one person is named and no share percentages are indicated, payment shall be made to my primary beneficiary(ies) who survive me in equal shares. If a percentage is indicated and a primary beneficiary(ies) does not survive me, the percentage of that beneficiary's(ies') designated share shall be divided equally among the surviving primary beneficiary(ies). If there is no primary beneficiary living at the time of my death, I hereby specify that the balance is to be distributed to my contingent beneficiary(ies) listed above. I understand that payment to my contingent beneficiaries will be made according to the rules of succession described for primary beneficiary(ies).

PSP ACCOUNT NO. MPP ACCOUNT NO.

7. SIGNATURES

I hereby request to establish a Premiere Select Retirement Plan account to be maintained for my benefit under my employer's Premiere Select Retirement Plan, for which Fidelity Management Trust Company ("FMTC") serves as Trustee, and National Financial Services LLC ("NFS") acts as the sole carrying Broker/Dealer to perform administrative services, and I designate ________________________ as my Broker/Dealer. I understand that my Premiere Select Retirement Plan account will be subject to the fees more fully described in the attached Customer Agreement. I hereby represent that all such fees are reasonable in light of the services that are being provided to me, and I authorize NFS to collect such fees from my account. I understand that upon issuer's request, in accordance with applicable rules and regulations, my Broker/Dealer will disclose my name to issuers of securities if securities are held in my account so that I can receive important information unless I do not consent to disclosure, and I will notify my Broker/Dealer if I do not consent (you may not be able to object to this disclosure for certain securities issued by investment companies that are registered under the Investment Company Act of 1940 or as required by applicable law). I certify that I am at least 18 years of age and of full legal age in the state in which I reside.I understand that telephone calls to my Broker/Dealer and NFS may be monitored or recorded, and I consent to such monitoring or recording. I certify under penalties of perjury that: (1) I am a U.S. person, including a U.S. resident alien, and (2) the Taxpayer Identification number or Social Security number provided is correct, or I am waiting for one to be issued to me. I represent that I have received and read the Customer Agreement and the Premiere Select Retirement Plan and Trust Document governing this account and agree to be bound by such agreements and documents as are currently in effect and as may be amended from time to time. These Agreements shall be construed, administered, and enforced according to the laws of the Commonwealth of Massachusetts, except as superseded by federal law or statute.

If I am a U.S. person (which includes U.S. resident aliens), I hereby certify under the penalties of perjury that the taxpayer identification number I have provided is correct. If, after I open my account, my status changes to a non-U.S. person, I understand I am required to notify the Trustee of such change and that I should also submit an IRS Form W-8. If I am not a U.S. person, I am submitting the applicable IRS Form W-8 with this application (or separately sending it) to certify my foreign status and, if applicable, to claim tax treaty benefits.

I understand this account is governed by a Pre-Dispute Arbitration Agreement, which appears in Section 38 on the last page of the Customer Agreement. I acknowledge receipt of the Pre-Dispute Arbitration clause.

Signature and Date are required.

X

SIGNATURE OF PREMIERE SELECT RETIREMENT PLAN PARTICIPANT DATE *mm/dd/yyyy*

By signing below, the Plan Administrator hereby authorizes the establishment of an account for the benefit of the Participant identified in Section 1 above under the Premiere Select Retirement Plan adopted by the Employer indicated in Section 2 above.

X

SIGNATURE OF PLAN ADMINISTRATOR/AUTHORIZED INDIVIDUAL DATE *mm/dd/yyyy*

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REGISTERED REP.NO./NAME	SIGNATURE	DATE *mm/dd/yyyy*
REGISTERED REP.NO./NAME	SIGNATURE	DATE *mm/dd/yyyy*
REGISTERED REP.NO./NAME	SIGNATURE	DATE *mm/dd/yyyy*
REGISTERED REP.NO./NAME	SIGNATURE	DATE *mm/dd/yyyy*
PRINCIPAL NAME	SIGNATURE	DATE *mm/dd/yyyy*

The above-named firm hereby accepts its appointment as agent of the Premiere Select Retirement Plan participant named above to execute investment directions and for other such purposes, upon the earlier of delivery of an instruction, direction or inquiry, or receipt of compensation with respect to the above-referenced account, or upon a firm signature.

Clear Form