

Account application

Mail to: Mercer Securities P.O. Box 9746, Providence, RI 02940-1208 For additional information: Contact a Mercer Securities representative toll free at 1-866-727-7277.

Print clearly in CAPITAL LETTERS. Mark small boxes with an X.

1. Account registration There is a \$1,000 minimum initial investment for a Mercer Securities account.

Owner's Social Security number (used in tax reporting):

SSN input boxes: [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ][ ]

Joint owner's Social Security number or Tax ID Number

SSN/TIN input boxes: [ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ][ ][ ]

If you do not provide your Social Security or tax ID number, you may be subject to IRS backup withholding of 31% on all proceeds, distributions, and redemptions.

Individual or Joint\* Account

Owner's first name [Mr. Mrs. Ms. Dr.] M.I. Last Name input fields

Country (if not U.S.) U.S. Citizen Resident Alien input fields

Joint owner's first name [Mr. Mrs. Ms. Dr.] M.I. Last Name input fields

Country (if not U.S.) U.S. Citizen Resident Alien input fields

Owner's date of birth month/day/year input fields

Joint owner's date of birth month/day/year input fields

\*Joint tenancy with right of survivorship unless you instruct otherwise.

Marital status [Single Married] input fields

Spouse's name input field

Mother's maiden name (for potential security identification) Last name input field

Custodial Account Uniform Gifts or Transfers to Minors Act (UGMA or UTMA)

Custodian's first name [Mr. Mrs. Ms. Dr.] M.I. Last Name input fields

Minor's first name M.I. Last Name input fields

Country (if not U.S.) U.S. Citizen Resident Alien input fields

Minor's Social Security or Tax ID number (used in tax reporting): input boxes

Custodian's Social Security number or Tax ID Number input boxes

Minor's date of birth month/day/year input fields

Custodian's date of birth month/day/year input fields



**Trust and/or Estate**

Name(s) or Trustee(s)

M.I. Last Name

Co-trustee(s)

M.I. Last Name

as trustee(s) of

Name of trust agreement

for the benefit of

Name of trust beneficiary

M.I. Last Name

You must attach a copy of the trust agreement or call 1-866-727-7277 to request a Trustee Certification of Investment Powers form.

**Corporation of Other Entity**

Tax Identification Number

Name of corporation or other entity

The named entity is EXEMPT from reporting any backup withholding as defined by IRS sections 1.6049-4 and 3406(b).

Type of entity

Corporations or other entities must submit an original or certified resolution authorizing the person(s) signing to act on behalf of the organization. Trust Corporations and other entities will be required to submit additional documentation to establish an account. Please contact Mercer Securities at 1-866-727-7277.

## 2. Address

Permanent Street address (Must be a U.S. address; we cannot establish accounts with a foreign address.)

Mailing address (if different from above)

City

State

Zip code

Daytime phone

Evening phone

E-mail address

Fax number

Joint owner's permanent address (If different from above)

Mailing address (if different from above)

City

State

Zip code



### 3. Financial information/personal profile

We are required by regulatory agencies to request the information in Section 3 and 4. This information will be kept confidential.

(Please check off one box in Section A-G.)

- |  |  |  |  |                                     |                                    |                                 |
|--|--|--|--|-------------------------------------|------------------------------------|---------------------------------|
| <b>A. Annual Income from All Sources</b>     | <b>B. Investment Objective</b>                   | <b>C. Estimated Net Worth</b><br>(excluding residence) | <b>D. Estimated Liquid Net Worth</b>         | <b>E. Federal Tax Bracket</b>       | <b>F. Investment Knowledge</b>     | <b>G. Risk Tolerance</b>        |
| <input type="checkbox"/> Under \$25,000      | <input type="checkbox"/> Preservation of Capital | <input type="checkbox"/> Under \$30,000                | <input type="checkbox"/> Under \$15,000      | <input type="checkbox"/> 0-15.0%    | <input type="checkbox"/> Extensive | <input type="checkbox"/> High   |
| <input type="checkbox"/> \$25,001-\$50,000   | <input type="checkbox"/> Income                  | <input type="checkbox"/> \$30,001-\$50,000             | <input type="checkbox"/> \$15,001-\$50,000   | <input type="checkbox"/> 15.1-32.0% | <input type="checkbox"/> Moderate  | <input type="checkbox"/> Medium |
| <input type="checkbox"/> \$50,001-\$100,000  | <input type="checkbox"/> Growth & Income         | <input type="checkbox"/> \$50,001-\$100,000            | <input type="checkbox"/> \$50,001-\$100,000  | <input type="checkbox"/> 32.1-50.0% | <input type="checkbox"/> Limited   | <input type="checkbox"/> Low    |
| <input type="checkbox"/> \$100,001-\$250,000 | <input type="checkbox"/> Growth                  | <input type="checkbox"/> \$100,001-\$500,000           | <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> 50.1%+     | <input type="checkbox"/> None      |                                 |
| <input type="checkbox"/> Over \$250,000      | <input type="checkbox"/> Aggressive Growth       | <input type="checkbox"/> Over \$500,000                | <input type="checkbox"/> Over \$500,000      |                                     |                                    |                                 |

### 4. Employment

**OWNER'S EMPLOYER**

Please check one:  Employed     Self-employed     Retired     Unemployed     Student     Homemaker

Company name

Street or P.O. Box

City

State

Zip code

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Occupation/title

Check here if your employer requires a duplicate statement. A statement will be mailed to the above address.

**JOINT OWNER'S EMPLOYER**

Please check one:  Employed     Self-employed     Retired     Unemployed     Student     Homemaker

Company name

Street or P.O. Box

City

State

Zip code

 - 

Occupation/title

Check here if your employer requires a duplicate statement. A statement will be mailed to the above address.



## 5. Associations

### STOCK EXCHANGE OR NASD AFFILIATION

Are you as owner or an immediate family member employed by, or affiliated with, a member firm of a stock exchange or the NASD\*?  Yes  No

| <i>Company name</i>  | <i>Position</i> | <i>Affiliation</i> |
|----------------------|-----------------|--------------------|
| <input type="text"/> |                 |                    |

Are you as owner of this account, a director, a 10% shareholder, or a policy making executive of a publicly traded company?  Yes  No

| <i>Company name/stock symbol</i> | <i>Position</i> | <i>Affiliation</i> |
|----------------------------------|-----------------|--------------------|
| <input type="text"/>             |                 |                    |

**\*PLEASE NOTE:** If you or an immediate family member are employed by, or affiliated with, a member firm of an exchange or the NASD, including MMC Securities Corp., list company, position, and affiliation. If you are affiliated with an NASD member, a self-regulatory organization, or a stock exchange, you must include a letter of account approval from your compliance officer. Notification of your intent to open an account will be sent to your employer in accordance with current regulations.

### MILITARY AFFILIATION

Are you or anyone with an interest in the account either:

- 1) a senior military, governmental, or political official in a non-U.S. country, or
- 2) closely associated with an immediate family member of such an official?  Yes  No

If yes, please identify the name of the official, office held, and country:

## 6. Investment method Please check all that apply.

The minimum initial investment requirement is \$1,000. Please indicate the source(s) you will use to invest. Except for transfers of securities in kind, money will be invested into a Money Market fund. After that account is established, you will be able to execute orders for securities.

- By check note: Checks must be payable to "Pershing LLC".**

We do not accept the following items: certified/cashier's checks under \$10,000; foreign checks; money orders; third-party checks; traveler's checks; checks drawn against credit lines; checks made payable to Mercer; or cash.

\$  ,  .  Source of funds

- By transfer from non-Mercer accounts.**

Please complete the Mercer Securities Transfer Form to transfer assets from outside brokerage accounts.

- Systematic Investment Plan.**

Please include a Mercer Securities Systematic Investment Plan (SIP) application. (Must meet initial \$1,000 minimum)

- By depositing stock certificates.**

Call Mercer at (866) 727-7277 for further instructions before returning this application

## 7. Optional services

### PORTFOLIO EVALUATOR SERVICE OPTION

- Yes, for my brokerage account, I would like the Portfolio Evaluator Service, which offers complete support for tax lot accounting, including cost-basis and year-to-date realized gains and losses on account statements, for \$24 per year (waived for accounts over \$100,000). The tax-lot accounting will be calculated on a first in, first out (FIFO) basis.

For more information or other options, please call a Mercer Securities Representative at (866) 727-7277.

### DIVIDEND REINVEST SERVICE OPTION

- Yes, I would like Mercer Securities to reinvest all eligible equities and closed-end mutual funds in my brokerage account.

For more information on this program, please refer to the Account Agreement and Dividend Reinvestment Disclosure Document.



## 8. Signature **PLEASE NOTE:** If you alter this agreement, Mercer will not establish this account.

By signing this form, I certify that:

- I acknowledge that I have read and agree to be bound by the terms of the Account Agreement. If I do not understand any provision therein, I will notify Mercer. I have the authority and legal capacity to open this account, am of legal age in my state, and believe each investment is suitable for me.
- I acknowledge that I am responsible for determining the nature, potential value, and suitability for me of any particular security, transaction, or investment strategy and that Mercer does not give investment, legal or tax advice regarding particular investments, including advice involving suitability of, and investment strategies for, particular investments.
- I authorize, as appropriate, Mercer and its affiliates and agents to act on any instructions believed to be genuine for any service authorized on this form. Mercer uses reasonable procedures designed to verify the authenticity of the shareholder. If these procedures are followed, Mercer will not be liable for any loss that may result from acting on unauthorized instructions.
- I authorize Mercer Securities to act upon instructions received by telephone from me or any person claiming to act as me who can provide Mercer with my identifying information. I understand that redemptions of up to \$100,000 will be sent only to me at an address that has been on record with Mercer for at least 7 business days.
- I agree to indemnify and hold harmless Mercer Securities which may be involved in transactions authorized by telephone against any claim, loss, expense, or damage, including reasonable fees of investigation and counsel, in connection with any telephone withdrawal effected on my account.
- I understand that Mercer Securities and Pershing LLC, Mercer's clearing firm, without prior notification reserve the right to reject any transaction.
- I understand that anyone who I have authorized through a Full Trading Authorization form, and who I supply with the required account information, can make telephone/online exchanges or telephone redemptions on my behalf and that redemption checks will be sent only to the owner and the address shown in Section 2.
- I understand that online/telephone exchange services will automatically be activated upon the establishment of my money market sweep account as disclosed in the Account Agreement.
- I understand that my mutual fund investments will be made pursuant to the current prospectus available.
- I understand that Pershing LLC will automatically hold all my securities purchased, transferred, or deposited. If I would prefer to have my account handled otherwise, I will provide written instructions. A nominal fee will be charged to have security certificates registered and shipped to me.
- I acknowledge that dividends on my money market sweep fund will be automatically reinvested.
- I understand that if I am transferring equity positions into this account that currently have dividends automatically reinvested, that service will not carry over to my Mercer Securities account. I will have to contact Mercer Securities once my account transfer is received to reinstate this service.
- I understand that in order to help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. When you open an account, we will ask for name, residential address, date of birth, social security or tax identification number, and other information that will allow us to identify you. This information may be shared with Third Parties for the purpose of verification, subject to the terms of Mercer's Privacy Policy. We may also ask you to provide a copy of your driver's license or other identifying documents. If Mercer Securities cannot verify your identity this account may not be opened. In the event the account is opened, pending information from you, but Mercer Securities is unable to verify your identity, the securities in this account will be liquidated at the current market value (standard representative assisted commissions and applicable fees will apply). The account will then be closed and the assets will be distributed to you.

### TAX IDENTIFICATION NUMBER (TIN) CERTIFICATION

This section is not to be used by nonresident aliens and foreign entities.

**TAXPAYER CERTIFICATION:** Under penalties of perjury, I certify that:

- (1) the number shown on this form in Section III is my correct Social Security Number or Taxpayer Identification Number (or I am waiting for a number to be issued to me);
- (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; and

You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For accounts exempt from backup withholding (if you are unsure, ask us for a complete set of IRS instructions), write the words "Exempt Payee" here: \_\_\_\_\_

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).



05001MSACTAPP

**PREDISPUTE ARBITRATION**

This agreement contains a predispute arbitration clause. By signing an arbitration agreement the parties agree as follows:

1. ALL PARTIES TO THIS AGREEMENT ARE GIVING UP THE RIGHT TO SUE EACH OTHER IN COURT, INCLUDING THE RIGHT TO A TRIAL BY JURY, EXCEPT AS PROVIDED BY THE RULES OF THE ARBITRATION FORUM IN WHICH A CLAIM IS FILED.
2. ARBITRATION AWARDS ARE GENERALLY FINAL AND BINDING; A PARTY’S ABILITY TO HAVE A COURT REVERSE OR MODIFY AN ARBITRATION AWARD IS VERY LIMITED.
3. THE ABILITY OF THE PARTIES TO OBTAIN DOCUMENTS, WITNESS STATEMENTS, AND OTHER DISCOVERY IS GENERALLY MORE LIMITED IN ARBITRATION THAN IN COURT PROCEEDINGS.
4. THE ARBITRATORS DO NOT HAVE TO EXPLAIN THE REASON(S) FOR THEIR AWARD.
5. THE PANEL OF ARBITRATORS WILL TYPICALLY INCLUDE A MINORITY OF ARBITRATORS WHO WERE OR ARE AFFILIATED WITH THE SECURITIES INDUSTRY.
6. THE RULES OF SOME ARBITRATION FORUMS MAY IMPOSE TIME LIMITS FOR BRINGING A CLAIM IN ARBITRATION. IN SOME CASES, A CLAIM THAT IS INELIGIBLE FOR ARBITRATION MAY BE BROUGHT IN COURT.
7. THE RULES OF THE ARBITRATION FORUM IN WHICH THE CLAIM IS FILED, AND ANY AMENDMENTS THERETO, SHALL BE INCORPORATED INTO THIS AGREEMENT.

I agree to settle by arbitration any controversy between myself and Mercer, its parent, or affiliates, and/or any such officers, directors, employees, agents, or Pershing concerning the Account Agreements, my Account, or Account transactions, or in any way arising from my brokerage relationship with Mercer whether entered into prior to, on, or subsequent to this date. Such arbitration will be conducted before and according to the arbitration rules of the New York Stock Exchange (NYSE) or the National Association of Securities Dealers, Inc. (NASD), unless the choice of another arbitration forum is required by applicable state law.

No person shall bring a putative or certified class action to arbitration, nor seek to enforce any predispute arbitration agreement against any person who has initiated in court a putative class action, or who is a member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative class action until: (i) the class certification is denied; or (ii) the class is decertified; or (iii) the customer is excluded from the class by the court. Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this agreement except to the extent stated herein.

Mercer or I may initiate arbitration by serving or mailing a written notice. If I do not designate the arbitration forum in my notice, or respond in writing within five days after receipt of your notice, I authorize you to designate the arbitration forum on my behalf. Judgment on any arbitration award may be entered in any court having jurisdiction, and I submit myself and my personal representative(s) to the jurisdiction of such court.

Owner’s signature (exactly as name appears in Section 2)

Date month/day/year

 /  / 

Joint owner’s signature (exactly as name appears in Section 2)

Date month/day/year

 /  / 

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**Mercer Securities use only**

Principal Signature (For Mercer use only)

Date month/day/year

 /  / 

**CIP/OFAC Review**  
(For Mercer use only)

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