

BROKERAGE ACCESS OR BROKERAGE PORTFOLIO®

CHECKWRITING AND/OR DEBIT CARD DELEGATION FORM

Use this form to delegate checkwriting and/or debit card authority on your Brokerage Access or Brokerage Portfolio® Asset Management Account ("Asset Management Account") to a third party. Debit Card or Checkwriting privileges must be established on the brokerage account referenced above prior to submitting this form.

NOTE: This form may only be used for the following registrations: Individual and Joint.

This delegation permits the named individual who is granted checkwriting and/or debit card authority by PFPC Trust Company, a Subdivision of PNC Bank, to disburse any and all funds from the account listed herein without prior notice to the account owners ("You").

National Financial Services, LLC ("NFS") will provide a monthly statement of all checkwriting and debit card activity on this account. As consideration for granting the checkwriting and/or debit card authority to the Agent designated below, you agree to conduct a prompt review of such activity on your monthly or quarterly statements. In the event of any discrepancy or error, it is your responsibility to notify your Broker/Dealer immediately. You further agree to indemnify and hold NFS and/or its affiliates harmless for any dispute or claim arising from this delegation as set forth below and in the applicable Brokerage Access or Brokerage Portfolio Customer Agreement.

This form may be used only on a Brokerage Access or Brokerage Portfolio® Asset Management Account ("Asset Management Account").

Before signing this document, you should be aware of the following:

- This document gives another individual ("Agent") the power to withdraw money from the designated brokerage account;
- This document shall remain effective until written notice of revocation is received by both your Broker/Dealer and NFS;
- By signing this form, you acknowledge and agree to all of the terms contained herein.
- To send and receive EFT transactions, your bank must be a member of the Automated Clearing House (ACH) system.

If you have any questions about this document, consult with your attorney.

1. CUSTOMER INFORMATION

BROKERAGE ACCOUNT HOLDER(S)

Authorized Services: Checkwriting VISA Debit/ATM Card

To National Financial Services LLC:

In consideration of NFS granting checkwriting and/or debit card authority to the agent designated below, I/We represent and agree as follows:

- 1 This document gives another individual ("Agent") the power to withdraw money from the above designated brokerage account.
- 2 Such disbursements are subject only to the same limitations as those which apply to the Account Holder(s), are not further restricted as to amount or recipient, and may be made to the Agent personally.
- 3 That NFS has no duty to and will not supervise or monitor any acts of the Agent on the Account.
- 4 I/We agree to conduct a prompt review of checkwriting and/or debit card activity on my monthly or quarterly statements. In the event of any discrepancy or error, I/We understand that it is my responsibility to notify my Broker/Dealer within ten days.
- 5 I/We agree to indemnify and hold NFS harmless for any dispute or claim arising from this delegation as set forth below and in the applicable Brokerage Access or Brokerage Portfolio Customer Agreement.
- 6 This document shall remain in full force and effect until a written notice of revocation is received by both my Broker/Dealer and NFS.
- 7 That the checkwriting and/or debit card brokerage account established at PNC Bank on behalf of the brokerage account identified above shall be governed by the rules of the bank and applicable state and federal laws. I/We understand that the brokerage account may be charged a nominal fee for check reorders and the brokerage account will be charged customary fees for events or services such as stop payment requests, dishonored checks, copies of checks, or excessive checkwriting activity. I/We also understand that checks will be dishonored if the Collected Balance in the Account is insufficient to honor a check in full, and NFS, my Broker/Dealer and PNC Bank are not liable to the owner(s) for any consequences of such dishonor. I/We understand that the terms and conditions of account agreements applicable to this account will govern all checkwriting orders, ACH and debit card transactions, and checkwriting transactions effected.
- 8 This Agent designation shall be a continuing one until specifically revoked in writing or by law and shall not be affected by the subsequent disability or incapacity of the owner(s).

2. AGENT INFORMATION

NAME OF INDIVIDUAL DESIGNATED AS AGENT WITH CHECKWRITING AND/OR DEBIT CARD AUTHORITY

Over the brokerage account identified above

NAME OF ACCOUNT HOLDER(S)

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

DATE OF BIRTH mm/dd/yyyy

TYPE OF GOVERNMENT-ISSUED ID ID NUMBER

EVENING PHONE

DAYTIME PHONE

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

COUNTRIES OF CITIZENSHIP

Legal Address

Mailing Address Same as Legal Address

ADDRESS (Cannot be a Post Office Box)

ADDRESS (Cannot be a Post Office Box)

CITY STATE/PROVINCE ZIP/POSTAL CODE

CITY STATE/PROVINCE ZIP/POSTAL CODE

COUNTRY

COUNTRY

All Account Holders Must Sign

By signing this form, I certify that I have read, understood and agree to all the terms, conditions, and disclosures set forth above.

_____ SIGNATURE OF ACCOUNT HOLDER	_____ DATE
_____ SIGNATURE OF ACCOUNT HOLDER	_____ DATE
_____ SIGNATURE OF ACCOUNT HOLDER	_____ DATE

3. AGENT AFFIDAVIT AND INDEMNIFICATION

To NFS: I, the above named Agent, represent and agree as follows:

- 1 The account owner delegated checkwriting and/or debit card authority to me as the Agent for the account listed on this form (the "Account"). I agree to notify NFS within ten days in the event that I am no longer acting in the capacity as Agent for the Account; and
- 2 I agree not to exercise my authority under this document if I know or have reason to know that the agency has been partially or completely revoked, terminated or suspended or is no longer valid for any reason, including, without limitation, revocation by the account owner(s) or by operation of law or otherwise; and
- 3 I agree to be bound by all terms and conditions set forth in any agreements relating to the Account, including the pre-dispute arbitration agreement that governs the Account; and
- 4 The authorization will remain in full force and effect until such time as written notification of termination or significant alteration is received at NFS.

For the purpose of inducing NFS to act upon my instructions, I do fully indemnify and hold harmless NFS and all related affiliates, control persons, officers, directors, successors, assigns and employees from and against all losses, liabilities, claims and costs (including reasonable attorneys' fees) resulting from transactions made in accordance with my instructions.

To help the government fight the funding of terrorism and money-laundering activities, Federal law requires that NFS verify my identity by obtaining my name, date of birth, address and a government issued identification number before opening my account. In certain circumstances, NFS 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 information is also required. My account may be restricted and/or closed if NFS cannot verify this information. NFS will not be responsible for any losses or damages (including but not limited to lost opportunity) resulting from any failure to provide this information, or from any restriction placed upon, or closing of my account.

Any information I provide to NFS may be shared with third parties for the purpose of validating my identity and may be shared for other purposes in accordance with National Financial Services LLC Privacy Policy. Any information I give to NFS may be subject to verification and I authorize NFS to obtain a credit report about me at any time. Upon written request, I will be provided the name and address of the credit reporting agency used. NFS may monitor or tape-record conversations with me in order to verify data about any transactions I request and I consent to such monitoring or recording.

Signature of Agent

_____ SIGNATURE	_____ DATE
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Note: All account holders and all Agents designated with checkwriting and/or debit card authority must sign the attached signature card.



SIGNATURE CARD

Please use only blue or black ink when preparing and signing the signature card.
All account holders and Agents authorized to write checks must sign the signature card.

Name and Address (as they appear on your application)

NAME		
ADDRESS		
CITY	STATE	ZIP CODE

Indicate the number of signatures required on all checks. If neither box is checked, only one signature will be required.

One Must Sign Two Must Sign

Authorized Signatures

1. SIGNATURE	DATE	4. SIGNATURE	DATE
2. SIGNATURE	DATE	5. SIGNATURE	DATE
3. SIGNATURE	DATE	6. SIGNATURE	DATE
BROKERAGE ACCOUNT NUMBER	CHECKING ACCOUNT NUMBER		