Account Number									

# Corporate and Unincorporated Organization Resolution

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

Complete all sections. 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 In	itormation										
Enter full entity name as	Entity Name										
evidenced by the relevant											
formation document (e.g., trust document,	Country of Organization					Country of Tax Residency					
partnership agreement,	C : IC : T IDN I				[ <del>-</del>	pe of Government-Issued ID* ID Number*					
corporate resolution).	SSN TIN					e of Government-Issued ID*	ID Numi	per^			
* For foreign entities ONLY.	State/Country of ID Issuance	*	ID Issuance Date	ID E		Expiration Date					
	States Country of 12 Issuance		is issuince suce								
	Legal Address										
Cannot be a P.O. Box	Address Line 1					Address Line 2					
or Mail Drop.								1			
	City			State/Province		Zip/Postal Code	Country				
	Mailing Address										
	Same as Legal Add	dres	SS								
Complete only if	Address Line 1				Address Line 2						
different from Legal Address above.											
	City		State/Province		Zip/Postal Code	Country					
	Type of Organization	Type of Organization									
Check one.											
Check one.	☐ Corporation A corporate seal or articles of incorporation must be provided with this form. ☐ Unincorporated Organization A Notary is required in Section 5.										
	☐ Unincorporated Oi	rgai	nization A Notary is	required ii	n Se	ection 5.					
2. Certification	on										
		+0	authoriza that an ac	count bo o	non	ned in the name of the Co	mnanu	with NEC			
		10		be o	pen						
Provide name of President, Secretary, or other	Name					Title					
Authorized Individual.											
	I hereby certify the following:										
	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 Board of Directors or Governing Body of said Company at										
	a meeting held on:										
	Date MM DD YYYY										
	at which a quorum of said Board of Directors 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 and do not conflict with the by-laws of said Company as stated in										
	Name of Document under	er wh	nich Organization is Opera	ting							
	continued on next page										

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#### 2. Certification continued 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 following account(s): Check all that apply. ☐ Cash ☐ Margin ☐ Option 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 check-writing and other accountrelated services in the designated accounts. Also, any officer of this Company (other than those listed here) is hereby authorized to certify this resolution to NFS. This authorization shall continue in force until revoked by the abovenamed Company by a written notice, addressed and delivered to NFS, at its main office. D. that the resolutions are not contrary to any provision in the charter or by-laws of this 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** Entity Name Enter full entity name as evidenced by the relevant formation document Country of Organization Country of Tax Residency (e.g., trust document, partnership agreement, Social Security/Taxpayer ID Number Type of Government-Issued ID\* ID Number\* corporate resolution). ☐ SSN ☐ TIN \* For foreign entities ONLY. State/Country of ID Issuance ID Issuance Date ID Expiration Date Legal Address Address Line 1 Address Line 2 Cannot be a P.O. Box or Mail Drop. City State/Province Zip/Postal Code Country **Mailing Address** ☐ Same as Legal Address

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State/Province

Address Line 2

Zip/Postal Code

Country

Address Line 1

City

Complete only if different from Legal Address above.

# 4. Authorized Individual Information

irst Authorized Individu	al Sole Officer Check if a	applicable.									
Enter full name as evidenced by a	First Name	1	Middle Name L		Last Name						
government-issued,	Social Security Number	Date of Bir	Birth MM DD YYYY		Phone						
nexpired document (e.g., driver's license, passport,											
permanent resident card).	Email										
	Country of Citizenship				Country of Tax Residence						
	Type of Government-Issued ID	ID Number		9	State/Country of ID Issuance						
	ID Issuance Date MM DD YYYY	ID Expiration D	ate MM DD YYYY								
	Legal Address										
Cannot be a P.O. Box or Mail Drop.	Address										
·	City		State/Province	Zip/Po	Zip/Postal Code		Country				
	Mailing Address Same	as Legal Add	ress								
	Address	3									
Complete only if	C't.		Chata / Duna din an	7: /D			Comment				
different from Legal Address above.	City		State/Province	Zip/Po	ostal Code		Country				
	Employment Information										
Check one and provide information.	☐ Employed	Retire	ed	No	ot Employed						
provide illioillation.	Occupation			Incom	ne Source if retired or not e	employed					
	Employer Name										
	Address										
	City		State/Province	7in/Pa	ostal Code		Country				
	City		State/110vince	Zip/i (	Jatai Code		Country				
	Affiliations and Corporate (	Control Statu	s	•							
Check all that apply and provide information.	You are, or an immediate family/household member is, a senior foreign political figure.  You are a control person or affiliate or an immediate family/household member of a control person or associate 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					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.										
	Entity Name										
	Address										
	Cit		C	·-	116.1	1-					
	City		State/Province	Zip/Po	ostal Code	Cou	nuy				

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# 4. Authorized Individual Information continued

Second Authorized Indivi	idual										
Enter full name as	First Name	1	Middle Name	Last	t Name						
evidenced by a											
government-issued, unexpired document (e.g.,	Social Security Number	Date of Bir	th MM DD YYYY		Phone						
driver's license, passport,							,				
permanent resident card).	Email										
	Country of Citizenship				Country of Tax Residence						
	Type of Government-Issued ID	D Number			State/Country of ID Issuance						
	ID Issuance Date MM DD YYYY ID Expiration Date MM DD YYYY										
	ID Expiration Date MM DD YYYY										
	Legal Address										
Cannot be a P.O. Box	Address										
or Mail Drop.											
,	City		State/Province	Zip/	Postal Code	Country					
	Mailing Address  Same as Legal Address										
	Address										
Complete only if	C:		10(0	I	(010)	Io :					
different from Legal Address above	City		State/Province	Zip/	Postal Code	Country					
Address above.	Employment Information										
Check one and											
provide information.	☐ Employed	☐ Retire	ed L	,	lot Employed						
	Occupation			Inco	ome Source if retired or not em	ployed					
	Employer Name										
	Address										
	City		State/Province	Zip/	Postal Code	Country					
	Affiliations and Corporate Control Status										
Check all that apply and	You are, or an immediate fa	amily/house	hold member is,	a se	nior foreign political fiç	jure.					
provide information.	You are a control person or affiliate or an immediate family/household member of a control person or associate										
	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	onicei, and	a members of the			CUSIP or Symbol					
	Company Name			Cosii oi 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.										
	Entity Name										
	Address										
	City		State/Province	Zin/	/Postal Code	Country					

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# 4. Authorized Individual Information continued

Third Authorized Individe	ual											
Enter full name as evidenced by a	First Name	Middle Name	Last	t Name								
government-issued,	Social Security Number	Date of	Birth MM DD YYYY		Phone							
unexpired document (e.g., driver's license, passport,												
permanent resident card).	Email											
	Country of Citizenship Country of Tax Residence											
	Type of Government-Issued ID	ID Number			State/Country of ID Issuance							
	ID Issuance Date MM DD YYYY ID Expiration Date MM DD YYYY											
Cannot be a P.O. Box	Legal Address Address											
or Mail Drop.												
	City		State/Province	Zip/	/Postal Code	Country						
	Mailing Address Same a	s Legal Ad	dress									
	Address	is Legal 7 to	G1033									
	, idd. 655											
Complete only if different from Legal	City		State/Province	Zip/	/Postal Code	Country						
Address above.												
	Employment Information											
Check one and												
provide information.	☐ Employed	☐ Ret	ired L		Not Employed							
,	Occupation			Inco	ome Source if retired or not er	nployed						
	Construe News											
	Employer Name											
	Address											
	Address											
	City		State/Province	Zip/	/Postal Code	Country						
	- ,					,						
	Affiliations and Corporate Co	ontrol Stat	us									
Check all that apply and provide information.	You are, or an immediate family/household member is, a senior foreign political figure.											
provide information.	You are a control person or affiliate or an immediate family/household member of a control person or associate											
	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					CUSIP or Symbol						
						1 1 1 1						
	Chack this box if any of the	oco ccopari	los apply to you. V	, , ,	ro rogistored with or or	anloyed by a Fir	ancial Industry					
	Check this box if any of the Regulatory Authority ("FIN											
	you are a child who reside:	s in the sar	ne household or is	fina	ncially dependent on t	he associated pe	erson, 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.											
	Entity Name											
	Address											
	City		State/Province	Zip/	/Postal Code	Country						

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#### 5. Resolutions

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. 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 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 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 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 NFS and deliver securities to and deposit funds with NFS.

The authorized individuals may order the transfer or delivery of securities to any other person whatsoever, and/or to 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 to 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 to agree to any terms or conditions to control any account.

The authorized individuals may direct 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 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 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 NFS, shall be supported by an opinion of the general counsel of the Company, or other counsel satisfactory to 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 NFS may rely upon any certification within these resolutions, 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 NFS with written notification of changes does not invalidate any transaction if the transaction is in accordance with authority actually granted.

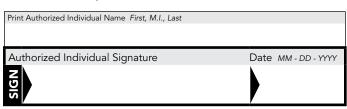
**Fifth:** That in the event of any change in the office or powers of persons empowered, the Secretary shall notify changes to NFS in writing. When received, NFS will terminate the powers of the persons previously authorized, and to empower the persons taking the place of the previous persons.

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

**Seventh:** That the Company and its officers indemnify and hold NFS 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.

Signature for Corporation

This certification must be signed by the President, Secretary or other authorized individual. A Corporation must include a Corporate Seal or Articles of Incorporation.



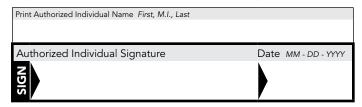
CORPORATE SEAL

continued on next page

### 5. Resolutions continued

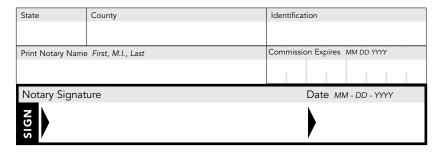
#### Signature for Unincorporated Organization

This certification must be signed by the President, Secretary or other authorized individual. An Unincorporated Organization must also have the authorized individual's signature notarized.



Statement of Notary Public In this section, "You" and "you" refer to the Notary Public.

You certify that the individual signing above appeared before you on the date indicated below, that they are known to you to be the individuals they claim to be, and that they represented to you that they made the certifications above their signature of their own free will.



NOTARY SEAL/STAMP