

Account Number

Partnership Agreement

Use this form to authorize an account to be opened in the name of the Partnership 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. Entity Account Information

Enter full entity name as evidenced by the relevant formation document (e.g., trust document, partnership agreement, corporate resolution).
* For foreign entities ONLY.

Entity Name			
Country of Organization		Country of Tax Residency	
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Type of Government-Issued ID*	ID Number*
State/Country of ID Issuance*	ID Issuance Date* MM DD YYYY	ID Expiration Date* MM DD YYYY	

Legal Address

Cannot be a P.O. Box or Mail Drop.

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

Mailing Address Same as Legal Address

Complete only if different from Legal Address above.

Address			
City	State/Province	Zip/Postal Code	Country

2. Authorized Individual Information

Complete this section for each person authorized to transact on the account.

First Authorized Individual

Enter full name as evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card).
Also provide any other information required by your Broker/Dealer.

First Name	Middle Name	Last Name
Date of Birth MM DD YYYY	Email	
Daytime Phone	Evening Phone	

Country of Citizenship		Country of Tax Residency	
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Type of Government-Issued ID	ID Number
State/Country of ID Issuance	ID Issuance Date MM DD YYYY	ID Expiration Date MM DD YYYY	

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2. Authorized Individual Information *continued*



Legal Address

Cannot be a P.O. Box
or Mail Drop.

Address			
City	State/Province	Zip/Postal Code	Country

Mailing Address Same as Legal Address

Complete only if different
from Legal Address
above.

Address			
City	State/Province	Zip/Postal Code	Country

Employer Information and Affiliations

Check one. Employed Retired Not Employed

Provide Income Source if
retired or not employed.

Occupation	Income Source	Employer Name	
Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

Check all that apply and
provide information.

- You are, or an immediate family/household member is, a senior foreign political figure.
- You are, or an immediate family/household member is, 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	CUSIP or Symbol
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- 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.*

Company Name			
Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

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2. Authorized Individual Information *continued*

Second Authorized Individual

Enter full name as evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card). Also provide any other information required by your Broker/Dealer.

First Name		Middle Name	Last Name
Date of Birth MM DD YYYY	Email		
Daytime Phone		Evening Phone	
Country of Citizenship		Country of Tax Residency	
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Type of Government-Issued ID	ID Number
State/Country of ID Issuance	ID Issuance Date MM DD YYYY	ID Expiration Date MM DD YYYY	

Legal Address

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Address			
City	State/Province	Zip/Postal Code	Country

Mailing Address Same as Legal Address

Complete only if different from Legal Address above.

Address			
City	State/Province	Zip/Postal Code	Country

Employer Information and Affiliations

Check one. Employed Retired Not Employed

Provide Income Source if retired or not employed.

Occupation	Income Source	Employer Name	
Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

Check all that apply and provide information.

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Company Name	CUSIP or Symbol
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Same as employer above. If different, provide the information below.

Company Name			
Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

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2. Authorized Individual Information *continued*

Third Authorized Individual

Enter full name as evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card).

Also provide any other information required by your Broker/Dealer.

First Name		Middle Name	Last Name
Date of Birth MM DD YYYY	Email		
Daytime Phone		Evening Phone	
Country of Citizenship		Country of Tax Residency	
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Type of Government-Issued ID	ID Number
State/Country of ID Issuance	ID Issuance Date MM DD YYYY	ID Expiration Date MM DD YYYY	

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Mailing Address Same as Legal Address

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Company Name	CUSIP or Symbol
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- 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.

Company Name			
Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

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

Customer Identification Program Notice: To help the government fight financial crimes, Federal regulation requires your Broker/Dealer to obtain your name, date of birth, address, and a government-issued ID number before opening your account, and to verify the information. In certain circumstances, the Clearing Firm or your Broker/Dealer may obtain and verify comparable information for any person authorized to make transactions in an account. Also, Federal regulation requires your Broker/Dealer to obtain and verify the beneficial owners and control persons of legal entity customers. Requiring the disclosure of key individuals who own or control a legal entity helps law enforcement investigate and prosecute crimes. Your account may be restricted or closed if the Clearing Firm or your Broker/Dealer cannot obtain and verify this information. The Broker/Dealer or the Clearing Firm will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if your account is restricted or closed.

Resolved:

First: The undersigned jointly and severally agree that each of the persons named in this Section 2 shall have authority on behalf of the Partnership account ("Account") to buy, sell, trade and otherwise deal in, through your Broker/Dealer and NFS stocks, bonds, options and any other securities, listed or unlisted on margin or otherwise (including short sales). The persons named in Section 2 shall also have the authority on behalf of the Account to receive and dispose of on behalf of the Account demands, notices, confirmations, reports, statements of account, and communications of every kind; to receive and dispose of, on behalf of the Account, money, securities and property of every kind; and to make, terminate or modify, on behalf of the Account, agreements relating to any of the foregoing matters or waive any of the provisions thereof; and generally to deal with NFS on behalf of the Account as if the authorized individual maintained sole interest in the account, without notice to the other authorized individuals of the account.

Second: The undersigned further authorize NFS in the event of death or retirement of any of the members of said Partnership to take such proceedings, require such papers, retain such portion of or restrict transactions in the Account as NFS may deem advisable to protect NFS against any liability, penalty or loss under any present or future law or otherwise. It is further agreed that in the event of the death or retirement of any member of the said Partnership, the remaining members will immediately cause NFS to be notified of such fact.

Third: Each of the undersigned has signed a Supplemental Application for NFS Margin Account Privileges (if the Partnership wishes to use margin account privileges) and completed the respective Account Application, which are intended to cover, in addition to the provisions hereof, the terms upon which the Account is to be carried.

This authorization and indemnity is in addition to, and in no way limits or restricts, any rights

which NFS may have under any other agreement or agreements between NFS and the undersigned, or any of them, now existing or hereafter entered into, and is binding on the undersigned and their legal representatives, successors, and assigns. This authorization and indemnity is also a continuing one and shall remain in full force and effect until revoked by a written notice, addressed to NFS and delivered to NFS' main office, signed by any _____ (indicate the number of partners required) partners.

Fourth: That the Partnership 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 authorized individuals of the Partnership.

The undersigned certifies that the information provided on this form is true, accurate, and complete.

Provide copies of those pages of the Partnership agreement that provide the official name of the Partnership and all signatures. All General Partners, or all partners authorized to establish the account, must sign below.

Print Partner/Authorized Individual Name <i>First, M.I., Last</i>	Title
Partner/Authorized Individual Signature	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶

Print Partner/Authorized Individual Name <i>First, M.I., Last</i>	Title
Partner/Authorized Individual Signature	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶

Print Partner/Authorized Individual Name <i>First, M.I., Last</i>	Title
Partner/Authorized Individual Signature	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶

