Accour	nt Nun	nber			

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 establish, add or change 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 Acco	ount information	···					
Enter full entity name as evidenced by the relevant	Entity Name						
formation document	Taxpayer ID Number		Required		Country of Organization		
(e.g., trust document, partnership agreement, corporate resolution).			☐ SSN/ITIN	☐ EIN/TIN			
* For foreign entities ONLY.	Type of Government-Issued ID*		ID	Number*			
If providing a SSN, ensure that the person who is associated with the SSN is listed on this application.	State/Country of ID Issuance*		ID Issuance Date*		ID Expiration I	Date*	
	► Entity is a(n): ☐ Accredite	ed Investor	U.S. Registere Broker-Dealer		gistered nent Advisor	U.S. Registered Investment Company	
	Legal Address			1			
Cannot be a P.O. Box or Mail Drop.	Address Line 1			Address Line 2			
·	City		State/Province	Zip/Postal Code		Country	
	Mailing Address Sam	ne as Legal Ac	Idress				
Complete only if different							
Complete only if different from Legal Address above.	City		State/Province	Zip/Postal Code		Country	
from Legal Address above. 2. Authorized Complete this section for	d Individual Info		on	Zip/Postal Code		Country	
from Legal Address above. 2. Authorized Complete this section for First Authorized Individual	d Individual Info		on account.			Country	
from Legal Address above. 2. Authorized Complete this section for First Authorized Individuation Enter full name as evidenced by a	d Individual Info		on	Zip/Postal Code		Country	
above. 2. Authorized Complete this section for First Authorized Individu Enter full name as evidenced by a government-issued, unexpired document (e.g., driver's license, passport,	d Individual Info		on account.			Country	
from Legal Address above. 2. Authorized Complete this section for First Authorized Individu Enter full name as evidenced by a government-issued, unexpired document (e.g.,	each person authorized to tra	ansact on the	account. Middle Name			Country	
from Legal Address above. 2. Authorized Complete this section for First Authorized Individual Enter full name as evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card).	each person authorized to tra	ansact on the	account. Middle Name	Last Name		Country	
from Legal Address above. 2. Authorized Complete this section for First Authorized Individu 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	each person authorized to tra	Email	account. Middle Name	Last Name		Country	
from Legal Address above. 2. Authorized Complete this section for First Authorized Individu 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	each person authorized to transl First Name Date of Birth MM DD YYYY Primary Phone Business Title complete if applicab	Email	account. Middle Name Alternation	Last Name	Country of Cit		
from Legal Address above. 2. Authorized Complete this section for First Authorized Individu 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	each person authorized to tra al First Name Date of Birth MM DD YYYY Primary Phone	Email	account. Middle Name	Last Name	Country of Cit		
from Legal Address above. 2. Authorized Complete this section for First Authorized Individu 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	each person authorized to transl First Name Date of Birth MM DD YYYY Primary Phone Business Title complete if applicab	Email	account. Middle Name Alternation Mobile Required SSN/ITIN	Last Name te Phone	Country of Cit		
from Legal Address above. 2. Authorized Complete this section for First Authorized Individu 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	each person authorized to traval First Name Date of Birth MM DD YYYY Primary Phone Business Title complete if applicab Taxpayer ID Number	Email	account. Middle Name Alternation Mobile Required SSN/ITIN	Last Name te Phone	Country of Cit		

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	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 Sa	ame as Legal Address	;					
	Address Line 1			Address Line 2				
Complete only if different from Legal Address above.	City		State/Province	Zip/Postal Code		Country		
	Income Source, Affiliations and Associations Industry regulations require us to ask for this information.							
Check one and	Employed	Retired		lot Employed				
provide information. Provide Income Source if retired or not employed.	Occupation		Income Source		Employer Name			
omea or not empreyed.	Address Line 1			Address Line 2				
	City		State/Province	Zip/Postal Code		Country		
provide information.	the management portion of the Securities Excording You are associated of You are, or an immediate you are, your spouse (at the same address can direct corporate information below:	of the board of directory of the board of directory or associated with change Act of 1934. With a U.S. Registered ediate family/househole, or any of your relating the policy of the control of the cont	ors, a 10% shareded company. the Broker-Dead Investment Acold member is, wes (including phoard of direct	eholder, a polic ler that will hold dvisor. a senior foreign parents, in-laws a lors, is a 10% sha	by-making officer, of this account, as compositional political figure. and/or dependents areholder, or is a point (an "Affiliate").	r someone who can direct defined in Section 3(a)(18) , etc.), living in your home olicy-making officer or You must provide the		
	Company Name				CUSIP or	^r 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.							
	Company Name							
	Address Line 1		Address Line 2					
	City		State/Province	Zin/Postal Cada		Country		
	City		State/Province	Zip/Postal Code		Country		

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Second Authorized Individual Enter full name as First Name Middle Name Last Name evidenced by a government-issued, unexpired document (e.g., Date of Birth MM DD YYYY driver's license, passport, permanent resident card). Also provide any other Alternate Phone Primary Phone information required by your Broker-Dealer. ☐ Mobile Business Title complete if applicable Taxpayer ID Number Required Country of Citizenship ☐ EIN/TIN ☐ SSN/ITIN Type of Government-Issued ID ID Number State/Country of ID Issuance ID Issuance Date ID Expiration Date **Legal Address** Cannot be a P.O. Box Address Line 1 Address Line 2 or Mail Drop. City State/Province Zip/Postal Code Country Mailing Address Same as Legal Address Complete only if Address Line 1 Address Line 2 different from Legal Address above. State/Province Zip/Postal Code City Country Income Source, Affiliations and Associations Industry regulations require us to ask for this information. Check one and ☐ Employed Retired provide information. Occupation Income Source Employer Name Provide Income Source if retired or not employed. Address Line 1 Address Line 2 City State/Province Zip/Postal Code Country

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Check all that apply.	You are an accredited investor, as defined in Rule 501(a) of the Securities Act of 1933.						
	You are associated with a U.S. registered Broker-Dealer that is different than the Broker-Dealer that will hold this account.						
	You are a member of the board of directors, a 10% shareholder, a policy-making officer, or someone who can direct the management policies of a publicly traded company.						
	You are employed by or associated with the Broker-Dealer that will hold this account, as defined in Section 3(a)(18) of the Securities Exchange Act of 1934.						
	You are associated with a U.S. Registered Investment Advisor.						
	You are, or an immediate family/household member is, a senior foreign political figure.						
	You are, your spouse, or any of your relatives (including parents, in-laws and/or dependents, etc.), livir (at the same address), is a member of the board of directors, is a 10% shareholder, or is a policy-makir can direct corporate management of policies of a publicly traded company (an "Affiliate"). You must prinformation below:						
Check all that apply and	Company Name			CUSIP or Symbol			
provide information.							
	Check this box if any of these scenarios are Regulatory Authority ("FINRA") member f are a child who resides in the same house to an associated person who has control or support to you and has control over your regulatory organization ("SRO") or a muni	irm ("associated hold or is finand over your accou account, or you cipal securities	d person"), you are the spor cially dependent on the asso nt or an associated person are affiliated with or emplo dealer.	use of an associated person, you ociated person, you are related materially contributes financial			
	Company Name						
	Address Line 1		Address Line 2				
	City	State/Province	Zip/Postal Code	Country			
		2.2.3,7.70100		Journal			

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Third Authorized Individual First Name Middle Name Last Name Enter full name as evidenced by a government-issued, unexpired document (e.g., Date of Birth MM DD YYYY driver's license, passport, permanent resident card). Also provide any other Primary Phone Alternate Phone information required by Mobile your Broker-Dealer. Business Title complete if applicable Taxpayer ID Number Required Country of Citizenship ☐ SSN/ITIN ☐ EIN/TIN Type of Government-Issued ID ID Number 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 Complete only if Address Line 1 Address Line 2 different from Legal Address above. City State/Province Zip/Postal Code Country Income Source, Affiliations and Associations Industry regulations require us to ask for this information. Check one and ☐ Not Employed Retired provide information. Occupation Income Source Employer Name Provide Income Source if retired or not employed. Address Line 1 Address Line 2 City State/Province Zip/Postal Code Country Check all that apply. You are an accredited investor, as defined in Rule 501(a) of the Securities Act of 1933. 🔲 You are associated with a U.S. registered Broker-Dealer that is different than the Broker-Dealer that will hold this account. U You are a member of the board of directors, a 10% shareholder, a policy-making officer, or someone who can direct the management policies of a publicly traded company. You are employed by or associated with the Broker-Dealer that will hold this account, as defined in Section 3(a)(18) of the Securities Exchange Act of 1934. You are associated with a U.S. Registered Investment Advisor.

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2. Authorized Individual Information continued Check all that apply and ☐ You are, or an immediate family/household member is, a senior foreign political figure. provide information. You are, your spouse, or any of your relatives (including parents, in-laws and/or dependents, etc.), living in your home (at the same address), is a member of the board of directors, is a 10% shareholder, or is a policy-making officer or can direct corporate management of policies of a publicly traded company (an "Affiliate"). You must provide the information below: Company Name CUSIP or Symbol Licheck 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 selfregulatory 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

State/Province

Zip/Postal Code

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.

Country

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 on the next page.

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

Print Partner/Authorized Individual Name First, M.I., Last	Title	
Partner/Authorized Individual Signature X		Date MM - DD - YYYY
Print Partner/Authorized Individual Name First, M.I., Last	Title	
Partner/Authorized Individual Signature		Date MM - DD - YYYY
Print Partner/Authorized Individual Name First, M.I., Last	Title	
Partner/Authorized Individual Signature		Date MM - DD - YYYY

National Financial Services LLC, Member NYSE, SIPC

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