Clear Form

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 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 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.*

*If providing a SSN, ensure that the person who is associated with the SSN is listed on this application.*

Entity Name

Taxpayer ID Number | Required ☐ SSN/ITIN ☐ EIN/TIN | Country of Organization

Type of Government-Issued ID* | ID Number*

State/Country of ID Issuance* | ID Issuance Date* | ID Expiration Date*

*Check all that apply.* ▶ **Entity is a(n):** ☐ Accredited Investor ☐ U.S. Registered Broker-Dealer ☐ U.S. Registered Investment Advisor ☐ U.S. Registered Investment Company

### 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 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

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

** For foreign entities ONLY.*

*If providing an SSN, ensure that the person who is associated with the SSN is listed on this form.*

Entity/Trust Name | Date of Trust

Taxpayer ID Number | Required ☐ SSN/ITIN ☐ EIN/TIN | Country of Organization

Type of Government-Issued ID* | ID Number*

State/Country of ID Issuance* | ID Issuance Date* | ID Expiration Date*

*Check all that apply.* ▶ **Entity is a(n):** ☐ Accredited Investor ☐ U.S. Registered Broker-Dealer ☐ U.S. Registered Investment Advisor ☐ U.S. Registered Investment Company

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## 2. Authorized Entity *if any* ***continued***

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

## 3. 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 | |
| Primary Phone ☐ Mobile | Alternate Phone | |
| Business Title *complete if applicable* | | |
| Taxpayer ID Number | Required ☐ SSN/ITIN ☐ EIN/TIN | Country of Citizenship |
| 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 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 Line 1 | | Address Line 2 | |
|---|---|---|---|
| City | State/Province | Zip/Postal Code | Country |

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# 3. Authorized Individual Information *continued*

**Income Source, Affiliations and Associations** *Industry regulations require us to ask for this information.*

*Check one and provide information.*

☐ 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 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.), 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 |
|---|---|
| | |

☐ 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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# 3. 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 |
|---|---|
| | |

| Primary Phone | Alternate Phone |
|---|---|
| ☐ Mobile | |

| 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

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

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# 3. Authorized Individual Information *continued*

**Income Source, Affiliations and Associations** *Industry regulations require us to ask for this information.*

*Check one and provide information.*

☐ 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 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.), 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 |
|---|---|
| | |

☐ 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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# 3. 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 |
|---|---|
| | |

| Primary Phone | Alternate Phone |
|---|---|
| ☐ Mobile | |

| 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

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

## Income Source, Affiliations and Associations *Industry regulations require us to ask for this information.*

*Check one and provide information.*

☐ 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.*

☐ 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.

***continued on next page***

## 3. Authorized Individual Information *continued*

*Check all that apply and provide information.*

☐ 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.), 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 |
|---|---|
| | |

☐ 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 |
| | | | |

## 4. 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 the Broker-Dealer and 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 the Broker-Dealer and 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 the Broker-Dealer and NFS may deem advisable to protect the Broker-Dealer and 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 the Broker-Dealer and 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 the Broker-Dealer and 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 the Broker-Dealer and 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.**

***continued on next page***

## 4. Signature(s) and Date(s) *Form cannot be processed without signature(s) and date(s).* ***continued***

| Print Partner/Authorized Individual Name *Full First, Middle, Last Name* | Title |
|---|---|
| | |

| Partner/Authorized Individual Signature | Date *MM - DD - YYYY* |
|---|---|
| SIGN X | |

| Print Partner/Authorized Individual Name *Full First, Middle, Last Name* | Title |
|---|---|
| | |

| Partner/Authorized Individual Signature | Date *MM - DD - YYYY* |
|---|---|
| SIGN X | |

| Print Partner/Authorized Individual Name *Full First, Middle, Last Name* | Title |
|---|---|
| | |

| Partner/Authorized Individual Signature | Date *MM - DD - YYYY* |
|---|---|
| SIGN X | |

**To Be Completed by the Correspondent**

I _____, authorized individual for the Broker-Dealer, have reviewed the foregoing and hereby certify to NFS that (i) Broker-Dealer has performed the required due diligence of the account documentation pursuant to Broker-Dealer's obligation as set forth in the clearing agreement between NFS and Broker-Dealer; and (ii) nothing in this Partnership Agreement conflicts with the applicable business certification document.

| Authorized Individual Signature *for Broker-Dealer* | Broker-Dealer | Date *MM - DD - YYYY* |
|---|---|---|
| | | |



Clear Form