ACH Authorization Agreement	

PERSHING ADVISOR SOLUTIONS LLC

Please complete the following fields to set up the electronic transfer of funds between your Pershing Advisor Solutions LLC brokerage account and the account with your bank/financial institution. You may begin depositing funds into your brokerage account from your financial institution or send payments to your financial institution account from your brokerage account upon approval. All transactions are processed through the Automated Clearing House (ACH) system.

Set up new instructions. Replace existing instructions. Complete all applicable sections. Nickname/description for instructions (optional) STEP 3. TYPE OF REQUEST Standing Instructions — Ad-Hoc Standing instructions for transfers INTO and/or OUT of my brokerage account. Proceed to Step 6. Periodic Contributions/Distributions All periodic instructions will establish a standing instruction. Select one option below then proceed to Step 4. Periodic contributions INTO my brokerage account (Deposit). For retirement accounts, also indicate a contribution type in Step 5. Periodic income distributions OUT of my brokerage account (Pay Principal). Periodic income distributions OUT of my brokerage account (Pay Principal). Periodic purchase of mutual funds (SRS). ACH is contingent upon the execution of periodic mutual fund purchases. STEP 4. AMOUNT, START DATE AND FREQUENCY OF PERIODIC REQUESTS Dollar Amount (leave blank for income or Required Minimum Distribution) Start Date Post Date Post Date REQUIRED Pollar Amount (leave blank for income or Required Minimum Distribution) Start Date Post Date Periodic one option only.	Account Number Account Title	
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Select one option only.	Dollar Amount (leave blank for income or Required Minimum Distribution) Start Date	
SEMI-MONTHLY		
Weekly: M T W TH F Quarterly-Occurs every 3 months DISTRIBUTIONS TAKE	Select one option only.	
	Weekly: M T W TH F Quarterly - Occurs every 3 mon	ths DISTRIBUTIONS TAKE
	Monthly - Occurs every month Annually - Occurs every 12 mon	DAYS AFTER THE

REQUESTS SCHEDULED ON A WEEKEND OR HOLIDAY WILL OCCUR ON THE FOLLOWING **BUSINESS DAY.**

START DATE.



Bi-monthly - Occurs every other month

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STEP 5. RETIREMENT CONTRIBUTION	ТҮРЕ	
Employee deferral current year	yer prior yearQualified matchingyer matching current yearQualified non-electiveyer matching prior yearVoluntary after tax	FOR APPLICABLE RETIREMENT ACCOUNTS ONLY.
STEP 6. BANK AND OTHER FINANCIAL	INSTITUTION ACH INFORMATION (REQUIRED)	
Bank/Financial Institution Name		
ABA Number	Account Number	
City	State	_
Account Type: Checking Savings	ns LLC to initiate credit/debit entries to the financial institution	IF SAVINGS ACCOUNT IS SELECTED, A BANK STATEMENT OR LETTER
indicated in Step 6 and further authorize my (our Third Party Relation	g Advisor Solutions LLC Brokerage Account are authorized	FROM THE BANK, ON LETTERHEAD AND SIGNED BY A BANK EMPLOYEE IS REQUIRED.
indicated in Step 6 and further authorize my (our Third Party Relation Required if no authorized signers on your Pershin; signers on bank account. Voided Check) financial institution to debit the same to such account.	FROM THE BANK, ON LETTERHEAD AND SIGNED BY A BANK EMPLOYEE IS REQUIRED.
indicated in Step 6 and further authorize my (our Third Party Relation Required if no authorized signers on your Pershin; signers on bank account. Voided Check) financial institution to debit the same to such account. g Advisor Solutions LLC Brokerage Account are authorized accept starter checks (or check numbers below 100). 101	FROM THE BANK, ON LETTERHEAD AND SIGNED BY A BANK

STEP 7. SIGNATURE (REQUIRED)

This authority is to remain in full force and effect until Pershing Advisor Solutions LLC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Pershing Advisor Solutions LLC and my (our) financial institution a reasonable opportunity to act on it. It is understood that if the period purchase of mutual funds is selected as a contribution type, this agreement authorizes payment for purchasing securities through my investment professional or financial organization via the systematic reinvestment system (SRS).

Print Name	Date	_	—		FOR BUSINESS ACCOUNTS, SUPPORTING
Signature					DOCUMENTATION CONFIRMING THE
X					SIGNATURE AUTHORITY ON THE ACCOUNT IS
Print Name	Date				REQUIRED.
	Date	_	_		IF THE NAME ON YOUR
Signature	II				ATTACHED VOIDED CHECK DOES NOT
X					MATCH THE NAME ON YOUR BROKERAGE
Print Name	Date				ACCOUNT, PLEASE COMPLETE THE ACH
THICINGHE	Date	_	_		AUTHORIZATION ONE
Signature	11		I		AND THE SAME LETTER ON THE NEXT PAGE AND HAVE YOUR SIGNATURE
X					NOTARIZED.
Print Name	Date	_	_		EXAMPLES OF ACCEPTABLE NAME DIFFERENCES INCLUDE
Signature	II				A BANK ACCOUNT USING MIDDLE INITIAL
X					INSTEAD OF FULL NAME OR USING THE SUFFIX
Print Name	Date				JR. OR SR. WHEN THE BROKERAGE ACCOUNT
	Bato	_	—		DOES NOT.
Signature		· · · · · ·	i		PLEASE NOTE NAME CHANGES DUE
X					TO MARRIAGE OR DIVORCE DO REQUIRE
Print Name	Data			 	A COMPLETED ONE
rnitivane	Date	_	—		AND THE SAME LETTER (ATTACHED).
Signature	!				
x					

ACH Authorization Agreement: One and the Same Letter

PERSHING ADVISOR SOLUTIONS LLC

Please complete the below fields if the name on your brokerage account does not match the name on your bank account and voided check.

Name Differences

executed the instrument.

Notary Public Signature

Only required if the name on your brokerage account does not match the name on your bank account.

Please only complete the information below if the name on your check does not match the name on your brokerage account but each account belongs to you. Examples of acceptable name differences include a bank account using middle initial instead of full name or using the suffix Jr. or Sr. when the brokerage account does not. Please note name changes due to marriage or divorce do require a completed one and the same letter.

I certify that the name on the voided check is different than the name on my Pershing Advisor Solutions LLC brokerage account; and I hereby certify that I am indeed one and the same person by signing below.

I certify that		and	are one and the same person
	Name on check	Name on brokerage accour	ht
Print Name		Da	ate
Signature		· · · · · · · · · · · · · · · · · · ·	
X			
Notarization			
State of			
County of			
I certify that on thi	is day of	, 20	, before me, the undersigned personally
the individual whose	se name is subscribed to be wit	hin the instrument and acknowledged to	on the basis of satisfactory evidence to be me that he/she executed the same in his/ upon behalf of whom the individual acted,

Mv Commis	ssion Expires			[SEAL