

CORESTONE ACCOUNT™ APPLICATION

1. CORESTONE ACCOUNT ESTABLISHMENT

BROKERAGE ACCOUNT NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--

2. ACCOUNT FEATURES SELECTION (MANDATORY)

(Please select ONE option under the appropriate Corestone Account Level):

Platinum Level

- Checks and a Platinum Debit Card
 Platinum Debit Card ONLY

Gold Level

- Checks and a Gold Debit Card
 Checks ONLY
 Gold Card ONLY

Silver Plus Level

- Checks and a Silver Debit Card

Silver Level

- Checks ONLY

2A. CHECK STYLE

If you elected to receive checks, please choose from the following options (**Note: Starting check number defaults to 0101**):

- Personal wallet checks (default option)
 Personal duplicate checks
 Business style checks

2B. CHECK OPTIONS

The name and address that appears on your checks will be taken from your brokerage account. You may add one additional line of information on your checks, such as your telephone number. Please indicate any additional information you would like to include (a maximum of 32 characters) including spaces.

You may choose to not include your address (by checking the box below) or include an additional line.

- No address on checks
 Use alternate mailing address in section 2C below
 Additional information:

2C. ALTERNATE MAILING ADDRESS (OPTIONAL)

Please enter your alternate mailing address, if different from the primary residence that appears on your brokerage account statement, for initial order of checks and/or debit cards:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP/POSTAL CODE: _____

PROVINCE/COUNTY/SUBDIVISION: _____ COUNTRY _____

PRIMARY ACCOUNT OWNER SIGNATURE _____ DATE _____

PRIMARY ACCOUNT OWNER MUST SIGN AND DATE ABOVE IF AN ALTERNATE MAILING ADDRESS IS REQUESTED



3. REWARDSUITE™ (OPTIONAL - Available ONLY for Gold and Platinum Debit Card Holders)

RewardSuite is a client loyalty program, which provides points for eligible purchases and exciting redemption options including air travel, gift cards or cash back. Please refer to the RewardSuite website for information on eligible purchases. Clients signing up for RewardSuite must abide by the program's terms and conditions. For information, please visit www.myrewardsuite.com

Enroll in RewardSuite

4. BILLSUITE™ (OPTIONAL - Available ONLY for Accounts with Checkwriting)

BillSuite enables you to view, pay and manage bills online. BillSuite is available for all Corestone Accounts that have Checkwriting at no additional charge. For further details please check with your Financial Professional and/or your Introducing Financial Institutional.

Enroll in BillSuite

5. CORPORATE NAME ON CARD (OPTIONAL)

FOR CORPORATE ACCOUNTS ONLY: If you elected to receive a debit card, and would like the name of the corporation to appear on the Visa® debit card in addition to the cardholder's name, please print the name of the corporation on the line below (a maximum of 21 characters including spaces).

NAME of CORPORATION _____

6. ACCOUNT AGREEMENT

To open a Corestone Account, please read this section carefully and the following section to accept the terms.

I hereby authorize my financial organization to open a brokerage account with Pershing LLC ("Pershing") in the name(s) listed as account owners(s) on this application. I further authorize PNC Bank, N.A. to issue checks and Visa® debit card(s) as indicated on this application. Prior to signing below, I have received and read the Corestone Account Agreement, as currently in effect and as amended from time to time, which governs my Corestone Account and associated debit card, checkwriting and related services, and I agree to be bound by such Account Agreement.

Interest on debit balances will be charged and compounded in accordance with the Corestone Account Agreement, as applicable.

New York Stock Exchange Rule 407 prohibits certain account holders from engaging in margin transactions without their employer's prior written consent. Pershing may suspend execution of any trades in my account pending receipt of this consent.

I UNDERSTAND THAT PERSHING WILL GRANT ME MARGIN PRIVILEGES FOR MY CORESTONE ACCOUNT UNLESS PROHIBITED BY LAW, OR BY MY REQUEST AS INDICATED BY CHECKING THE BOX BELOW.

I UNDERSTAND THAT IF I HAVE ALREADY BEEN APPROVED FOR MARGIN PRIVILEGES, AND HAVE MARGIN PAPERS ON FILE; MY ACCOUNT WILL AUTOMATICALLY BE CODED FOR MARGIN EVEN IF I CHECK THE BOX BELOW. IF I WISH TO REMOVE MARGIN FROM MY ACCOUNT, I SHALL CONTACT MY FINANCIAL ORGANIZATION.

I do not want margin privileges

This agreement, with respect to all portions of Corestone Account, including interest charges on loans Pershing may make to me, will be governed by, and interpreted under, the laws of the State of New York. The terms of my agreement with PNC Bank, N.A. are governed by Pennsylvania law.

By signing this application, I acknowledge that securities not fully paid for by me may be loaned to Pershing or loaned out by Pershing to others.

By signing this application, I accept the terms of the enclosed Corestone Account Agreement, Financial Terms card, BillSuite and RewardSuite program rules where applicable.

I AGREE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, WHICH IS LOCATED IN SECTIONS B.23 AND B.24 ON PAGES 9 AND 10 IN THE AGREEMENT. I ACKNOWLEDGE RECEIVING A COPY OF THIS AGREEMENT.

7. ACCOUNT OWNER(S) AND ADDITIONAL SIGNATORIE(S) (MANDATORY)

7A. Account Owners Signatures: All persons who will have access to the Account must sign below and agree to the terms of the Account. All fields are REQUIRED.

1 _____
 Account Owner Name (Print Above. Maximum 21 characters) Tax ID/SSN _____ Mother's Maiden Name/OR Code Name (Maximum 13 characters) _____ Date of Birth _____ Yes No Debit Card

 Account Owner Signature (above) Date

2 _____
 Account Owner Name (Print Above. Maximum 21 characters) Tax ID/SSN _____ Mother's Maiden Name/OR Code Name (Maximum 13 characters) _____ Date of Birth _____ Yes No Debit Card

 Account Owner Signature (above) Date

3 _____
 Account Owner Name (Print Above. Maximum 21 characters) Tax ID/SSN _____ Mother's Maiden Name/OR Code Name (Maximum 13 characters) _____ Date of Birth _____ Yes No Debit Card

 Account Owner Signature (above) Date

4 _____
 Account Owner Name (Print Above. Maximum 21 characters) Tax ID/SSN _____ Mother's Maiden Name/OR Code Name (Maximum 13 characters) _____ Date of Birth _____ Yes No Debit Card

 Account Owner Signature (above) Date

5 _____
 Account Owner Name (Print Above. Maximum 21 characters) Tax ID/SSN _____ Mother's Maiden Name/OR Code Name (Maximum 13 characters) _____ Date of Birth _____ Yes No Debit Card

 Account Owner Signature (above) Date

6 _____
 Account Owner Name (Print Above. Maximum 21 characters) Tax ID/SSN _____ Mother's Maiden Name/OR Code Name (Maximum 13 characters) _____ Date of Birth _____ Yes No Debit Card

 Account Owner Signature (above) Date

7B. Additional Signatories (OPTIONAL – For Check Writing Only): If you have an individual or joint account and would like to add other signatories (for individuals who are not listed on the account registration), they must provide all information and sign below. All fields are REQUIRED.

1 _____
 Print Name Above (Additional Signatories. Maximum 21 characters) Tax ID/SSN _____ Mother's Maiden Name//OR Code Name (Maximum 13 characters) _____ Date of Birth _____

 Additional Signatory (Sign above) Date

2 _____
 Print Name Above (Additional Signatories. Maximum 21 characters) Tax ID/SSN _____ Mother's Maiden Name//OR Code Name (Maximum 13 characters) _____ Date of Birth _____

 Additional Signatory (Sign above) Date

The primary account owner authorizes the additional signatories on this application by signing below.

Primary Account Owner Signature (to the right): _____ Date _____

FINANCIAL ORGANIZATION USE ONLY - To be approved by an authorized person at the financial organization.

The undersigned organization guarantees that the signature(s) on this application is/are that of the Account owner(s) or is/are authorized by the Account owner(s). We have reviewed and approved the above listed Account and determined, where applicable, that the Account is suitable for margin trading.

FINANCIAL ORGANIZATION

NAME (PLEASE PRINT) _____ TITLE _____
 SIGNATURE _____ DATE _____