

# ALIGHT FINANCIAL SOLUTIONS

## STANDARD ACCOUNT APPLICATION

To complete this application, fill in all sections, sign in ink, and return to: Alight Financial Solutions, PO Box 563901, Charlotte, NC 28256-3901.

### 1 CHOOSE THE RIGHT ACCOUNT INFORMATION FOR YOU

Please select the registration and account type that you would like to open.

### 2 TELL US WHO YOU ARE

Complete the account owner's information. This is the name and contact information that will appear on the account. According to the USA Patriot Act, if your mailing address is a PO Box, you must also provide a physical address. All correspondence will be sent to the mailing address.

### 3 GOVERNMENT IDENTIFICATION

To satisfy USA Patriot Act requirements, please provide ID type, and citizenship for each account holder. ID information must be from a **valid** government issued ID.

### 4 YOUR FINANCIAL PROFILE

We are required by the Financial Industry Regulatory Authority (FINRA) and other industry regulators to obtain the information in this section. Please provide employment information, annual income, net worth and source of income.

### 5 AFFILIATION INFORMATION

Please answer yes or no to **each** question. Note, if you answer yes to any question additional documentation may be required.

### 6 ACCESSING YOUR ACCOUNT

In order to access your Alight Financial Solutions account online, the account owner must create a User ID. Please provide 2 choices (between 7 and 15 letters and/or numbers). If none of your choices are available, Alight Financial Solutions will create an ID for you. For your protection DO NOT use any portion of your social security number. This information is mandatory to establish online access to your account.

### 7 SETTLEMENT INFORMATION

Please select your cash settlement preference.

### 8 SIGNATURE

Please be sure to sign your application in ink. We cannot process your application without your signature.

# Alight Financial Solutions Standard Application and Agreement

In order for your account to be opened properly and accurately, please provide Alight Financial Solutions with all the information requested below. Upon approval, you will receive your Alight Financial Solutions ID and temporary password via email.

- Complete and sign the application below. Failure to fill out all information will delay processing of your application.
- Include completed Transfer Form or a check made payable to Pershing LLC to fund your account.
- Mail your application and Transfer Form or check to Alight Financial Solutions, PO Box 563901, Charlotte, NC 28256-3901

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## ACCOUNT INFORMATION

### Registration Type:

- Individual
- Joint with Rights of Survivorship
- Joint Tenants in Entirety (Not valid in all states)
- Joint Tenants in Common
- Custodian for Minor, State: \_\_\_\_\_

### Account Type:

- Cash
- UTMA (For custodial accounts only)
- UGMA (For custodial accounts only)
- Margin (Not available for custodial accounts)

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## ACCOUNT OWNER/CUSTODIAN INFORMATION

Account Owner's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security or Taxpayer ID Number \_\_\_\_\_

Mailing Address (If PO Box, physical address is required below)<sup>1</sup> \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Physical Address (If different from Mailing Address) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

<sup>1</sup>Mailing address will be used for all correspondence. Please notify us if this address changes.

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address (Mandatory) \_\_\_\_\_

## JOINT ACCOUNT OWNER/MINOR INFORMATION

Joint Account Owner's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security or Taxpayer ID Number \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**EMPLOYMENT INFORMATION**

If you are not employed (such as retired or homemaker) please specify. If student, please indicate school name and graduation year. If self-employed please specify nature of business. If unemployed please specify last employer and last date of employment (MM/YY).

Account Owner's Employer \_\_\_\_\_

Complete Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation, if employed \_\_\_\_\_ Number of years employed \_\_\_\_\_

Last date employed, if applicable, or year of graduation if student \_\_\_\_\_

Joint Account Owner's Employer \_\_\_\_\_

Complete Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Occupation, if employed \_\_\_\_\_ Number of years employed \_\_\_\_\_

Last date employed, if applicable, or year of graduation if student \_\_\_\_\_

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**GOVERNMENT IDENTIFICATION--REQUIRED**

To satisfy USA Patriot Act requirements, please provide ID type and citizenship for each account holder. Your identification information must be from an unexpired government issued ID. Attach a copy of a valid and unexpired government ID showing number and photo.

ACCOUNT OWNER/CUSTODIAN				
ID Type:	<input type="checkbox"/> State ID	<input type="checkbox"/> Drivers License	<input type="checkbox"/> Government/Military ID	<input type="checkbox"/> Passport
State/Government Issuer	Identification Number		Expiration Date	
_____	_____		_____	
Citizenship:	<input type="checkbox"/> U.S.	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Non-Resident Alien	
If you are a Non-Resident Alien, submit a W-8 form and a copy of your passport with this application				
JOINT ACCOUNT OWNER				
ID Type:	<input type="checkbox"/> State ID	<input type="checkbox"/> Drivers License	<input type="checkbox"/> Government/Military ID	<input type="checkbox"/> Passport
State/Government Issuer	Identification Number		Expiration Date	
_____	_____		_____	
Citizenship:	<input type="checkbox"/> U.S.	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Non-Resident Alien	
If you are a Non-Resident Alien, submit a W-8 form and a copy of your passport with this application				

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**FINANCIAL INFORMATION**

**ACCOUNT OWNER/CUSTODIAN**

Source of Income	Annual Income	Estimated Net Worth
<input type="checkbox"/> Job	<input type="checkbox"/> \$0-\$49,999	<input type="checkbox"/> \$0-\$49,999
<input type="checkbox"/> Social Security	<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$50,000-\$99,999
<input type="checkbox"/> Pension	<input type="checkbox"/> \$100,000-\$1 Million	<input type="checkbox"/> \$100,000-\$1 Million
<input type="checkbox"/> Spouse/Parent	<input type="checkbox"/> Over \$1 Million	<input type="checkbox"/> Over \$1 Million
<input type="checkbox"/> Investments		
<input type="checkbox"/> IRA		
<input type="checkbox"/> Inheritance		

**JOINT ACCOUNT OWNER**

Source of Income	Annual Income	Estimated Net Worth
<input type="checkbox"/> Job	<input type="checkbox"/> \$0-\$49,999	<input type="checkbox"/> \$0-\$49,999
<input type="checkbox"/> Social Security	<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$50,000-\$99,999
<input type="checkbox"/> Pension	<input type="checkbox"/> \$100,000-\$1 Million	<input type="checkbox"/> \$100,000-\$1 Million
<input type="checkbox"/> Spouse/Parent	<input type="checkbox"/> Over \$1 Million	<input type="checkbox"/> Over \$1 Million
<input type="checkbox"/> Investments		
<input type="checkbox"/> IRA		
<input type="checkbox"/> Inheritance		

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**AFFILIATION INFORMATION**

**Are you or a member of your household currently:**

Affiliated or employed by a member of a stock exchange or the Financial Industry Regulatory Authority?  Yes  No  
If yes, please specify the company, position and affiliated/employer's name and your relationship below.

Licensed by the Financial Industry Regulatory Authority or is a registered investment advisor, and using the license or registration in professional sales, trading or customer service capacity?  Yes  No  
If yes, please specify licenses held below.

Either (1) a senior military, governmental or political official in a non-U.S. country, or (2) closely associated with an immediate family member of such an official?  Yes  No  
If yes, please identify the name of the official, office held and country.

A director, 10% shareholder or policy-making officer of a publicly traded company?  Yes  No  
If yes, please specify the company, position and ownership % below.

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**ACCESSING YOUR ACCOUNT**

In order to access your Alight Financial Solutions account online, the account owner must create a User ID. Please provide 2 choices (between 7 and 15 letters and/or numbers). If none of your choices are available, Alight Financial Solutions will create an ID for you. For your protection DO NOT use any portion of your social security number. This information is mandatory to establish online access to your account.

(1) \_\_\_\_\_ (2) \_\_\_\_\_

For your convenience, this account will be identified on Alight Financial Solutions screens by your account number and by a nickname you select (for example Joe's Account)

Enter a Nickname for This Account

Account Owner's Mother's Maiden Name (Mandatory)

\_\_\_\_\_

\_\_\_\_\_

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**SETTLEMENT INFORMATION**

**Money Market Settlement**

EARN DAILY INCOME ON YOUR CASH BALANCES WITH A MONEY MARKET FUND.

Please invest my idle cash in the Liquid Insured Deposits T ("LIDTs") product as indicated below. I understand that if no choice is indicated, my idle cash will automatically be invested in the Liquid Insured Deposits T ("LIDTs") For complete information about a Money Market Fund, including investment policies, risks, considerations, charges, and expenses, a free prospectus may be obtained at [alightfs.com](http://alightfs.com). An Investor should read the prospectus carefully before investing or sending money. Alight Financial Solutions is not a bank, and fund shares are not epositions or obligations of, or endorsed or guaranteed by, any bank or other depository institution, nor are they insured by the Federal Deposit Insurance Corporation (FDIC), the Federal Reserves Board or any government agency. Although the fund seeks to preserve the value of your investment at \$1.00 per share, it is possible to lose money by investing in the fund.

Liquid Insured Deposits T ("LIDTs") product

Do not invest my idle cash. I understand that Alight Financial Solutions has no responsibility to credit interest on my uninvested cash.

Securities sale proceeds, dividends, interest, and uninvested cash are held in the account in the name of the Custodian for your benefit.

— CONTINUE TO SIGNATURE PAGE —

**SIGNATURE****To: Alight Financial Solutions**

I hereby request that Alight Financial Solutions maintain a Brokerage Account in the name(s) listed as account owner(s) on this application. I have accessed, read and state that I/we agree to the Customer Agreement, which is available online at [www.alightfs.com](http://www.alightfs.com) and which includes the margin agreement and if applicable, I have also accessed the Money Market Fund prospectus, and I agree to be bound by the terms of the Customer Agreement that apply to my Brokerage Account as amended from time to time.

I acknowledge that Alight Financial Solutions will hold all securities I purchase through Alight Financial Solutions in "street name." Alight Financial Solutions will credit my account with the sales proceeds of securities sold through Alight Financial Solutions and will credit my account with interest received on positions held in my account. I will inform Alight Financial Solutions via written communications if I wish to have securities, income, or proceeds transferred and shipped to me automatically. Alight Financial Solutions will maintain all securities in "street name" for my margin accounts. Alight Financial Solutions will hold income or proceeds for all accounts where I have selected a Money Market Fund.

I acknowledge that Alight Financial Solutions does not give legal or tax advice, and will not advise me concerning the nature, potential value, or suitability of any particular security, transaction, or investment strategy. I also acknowledge and agree that Alight Financial Solutions may tape-record any telephone conversation I have with them.

In accordance with the Customer Agreement, I agree that all debts and other obligations owed to Alight Financial Solutions and any party to the Customer Agreement will be secured by a lien on all securities and other property now or hereafter held, carried or maintained in any of my present or future Brokerage Accounts with Alight Financial Solutions, whether individually or jointly held with others, or in any Brokerage Account at Alight Financial Solutions in which I have an interest.

I certify under penalty of perjury that (1) the number shown on this application is my correct Taxpayer Identification Number, (2) that I am not subject to backup withholding as a result of failure to report all interest and dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding or I am exempt from backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

Check this box if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

In order to be considered for a Alight Financial Solutions Account, you must complete all information on this application. Omission of any information requested in this application may be grounds for denial or delay the approval of your account. By signing the application, the undersigned acknowledges that securities not fully paid for by the undersigned may be loaned to Alight Financial Solutions or loaned out by Alight Financial Solutions to others.

**BY SIGNING BELOW, AS PROVIDED IN SECTION III, PART 6 OF THE CUSTOMER AGREEMENT, ACCOUNT HOLDER(S) IS ALSO AUTHORIZING ALIGHT FINANCIAL SOLUTIONS AND ITS AGENTS TO USE ACCOUNT HOLDER(S)' INFORMATION TO RUN A CREDIT AND OTHER BACKGROUND CHECK ON ACCOUNT HOLDER(S) (AND IF RESIDENCE IS IN A COMMUNITY PROPERTY STATE, ON ACCOUNT HOLDER' SPOUSE), AND IS AUTHORIZING ALIGHT FINANCIAL SOLUTIONS AND ITS AGENTS TO DISCLOSE INFORMATION ABOUT ACCOUNT HOLDER TO ANY FINANCIAL INSTITUTION AND/OR CREDIT REPORTING AGENCY OR SERVICE IN CONNECTION WITH ACCOUNT HOLDER'S APPLICATION AND ACCOUNT.**

I also acknowledge that Section V, Paragraphs 8-10 of the customer agreement, contains a pre-dispute arbitration agreement.

The IRS does not require my consent to any provisions of this document other than the certification required to avoid backup withholding.

**All Parties to This Agreement Must Sign Here. NOTE: If this is a Joint Account, both parties must sign.**

Account Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Joint Account Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

**INTERNAL USE ONLY: Principal Signature \_\_\_\_\_ Date \_\_\_\_\_**