

BUSINESS BROKERAGE APPLICATION

COMPLETE YOUR E*TRADE APPLICATION IN THREE EASY STEPS

The Business Brokerage Application you requested begins on the following page.

To complete your application, simply:

1. SCROLL DOWN AND FILL OUT EACH FIELD BY TYPING IN THE APPROPRIATE INFORMATION.

If you'd like to complete the application by hand, skip this step and move on to Step 2.

- 2. ONCE YOU HAVE PROVIDED THE REQUESTED INFORMATION, REVIEW YOUR APPLICATION TO ENSURE IT IS COMPLETE AND PRINT IT BY CLICKING THE ## BUTTON ON THE TOP TOOLBAR.
- 3. SIGN AND DATE YOUR APPLICATION, AND MAIL IT TO THE APPROPRIATE ADDRESS:

By overnight mail: E*TRADE Securities LLC Harborside 2 200 Hudson Street, Suite 501 Jersey City, NJ 07311 By regular mail: E*TRADE Securities LLC P.O. Box 484 Jersey City, NJ 07303-0484

General Fax Number: 1-866-650-0003 From Outside the US: +1-678-624-6950



*** YOUR APPLICATION REQUIRES ADDITIONAL ORGANIZATIONAL DOCUMENTS ***

Please submit the required documents from the chart below

TYPE OF ACCOUNT YOU ARE APPLYING FOR	REQUIRED DOCUMENTS
Limited Liability Company Account LLC/SMLLC	Signed LLC agreement One of the following signed documents: Filed articles of organization Certificate of organization Certificate of formation Please note: If the account will have margin or options trading, the LLC agreement must specify the ability to do so
Corporation Account	One of the following signed documents: Filed articles of incorporation Certificate of incorporation Corporate Charter Most recent signed tax return Annual report filed with the State Corporation Commission
Non-Profit Account This account type is limited to entities that are recognized as tax-exempt by the IRS. Entities that are not exempt at the federal level should utilize another account type that reflects their structure and federal tax classification.	A signed board resolution detailing all current Board of Directors of the applicant dated within 90 days One of the following as proof of federal tax exemption:
Partnership Account / Limited Partnership Account / Limited Liability Partnership Account	Signed partnership agreement or fictitious name Please note: If the account will have margin or options trading, the partnership agreement must specify the ability to do so
Sole Proprietorship Account	Section 9 of this application not required

Identifying Documents

If we are unable to verify your entity, then the identifying documents below will be requested for the entity:

- A copy of IRS Letter 147C validating your entity's tax ID number. Submitting this form with your application will expedite the opening
 of your account. You can obtain this letter by contacting the IRS's Business and Specialty Tax Line at 800-829-4933.
- A utility bill or bank statement validating the entity's address.
- Additional identifying documents for persons specified herein may be requested.



BUSINESS BROKERAGE APPLICATION

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, the USA PATRIOT ACT requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you when you open an account: we will ask for your name, address, date of birth, tax ID and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. Please provide all requested information. Missing, inaccurate, or altered information may require a new application.

1. SELECT TAX CLASSIFICATION BY ACCOUNT TYPE (CHOOSE ONLY ONE)							
Limited Liability Company	Corporation	Non-Profit					
□ C Corporation □ S Corporation □ Partnership	☐ C Corporation ☐ S Corporation	□ Federal Tax Exempt					
Limited Partnership or Limited Liability Partnership ☐ C Corporation ☐ S Corporation ☐ Partnership	Partnership □ C Corporation □ S Corporation □ Partnership	Sole Proprietorship or SMLLC (Reporting under owner's SSN) Sole Proprietorship SMLLC					

After selecting an account type, please provide the required documentation from page 2 when submitting your completed application.

2. PROVIDE INFORMATION ABOUT THE ENTITY (PLEASE PRINT)							
Official Name of the Entity							
Tax ID of the Entity (or SSN of the Sole Proprietorship or SMLLC as marked above)	Country Code	Busin	ness Phone				
Physical Street Address (cannot be a P.O. box)	City		State (U.S. only)	U.S. Postal/Zip Code			
Mailing Address (if different from above, a P.O. box may be used)	City	City		U.S. Postal/Zip Code			
Industry in which the Entity Operates							
Specific Line of Business within Stated Industry							



3. PRO	VIDE INFORM	IATION	AB	OUT AL	JTHO	ORIZED PERSONS	PLEASE	PRINT)					
PRIMARY AUTHORIZED PERSON (REQUIRED)					CO-AUTHORIZED PERSON (IF APPLICABLE)								
□ Mr. □ Mrs. □ Ms. □ Dr.				□ Mr. □ Mrs. □ Dr.									
First Name)	Middle Last Name			First Name	•		liddle nitial	Last	Name			
									"				
SSN				Date of Bi	rth (mr	m/dd/yyyy)	SSN			T	Date of Bi	rth (mm	/dd/yyyy)
Country	Mobile or Home Ph	ione		Country	Busi	iness Phone	Country						ness Phone
Code				Code			Code				Code		
Email Add	ress				<u> </u>		Email Add	ress				<u> </u>	
Home Stre	et Address (cannot b	e a P.O. b	ox)				Home Stre	et Address (cannot be	a P.O. box)				
City		State (U	S onl	lv)		U.S. Postal/Zip Code	City		State (U.S	only)		U.S. Postal/Zip Code
,			.0. 0	.37		0.0.1 00.0	,		Ciato (o.c	,	,		0.0.1 00.0.2.p 0000
Mailing Ad	Iduaca (if different from		O hav		a d\		Mailing Ad	Iduaca (if different from	ahawa BO	have		-d\	
Mailing Ad	Idress (if different fron	n above, P	.O. box	x may be us	ea)		Mailing Ad	Idress (if different from	above, P.O.	DOX	nay be use	ea)	
						1							
City		State (U	.S. onl	ly)		U.S. Postal/Zip Code	City		State (U.S	i. only	')		U.S. Postal/Zip Code
Do you ha	ve accounts at other	brokerag	e firms	s or mutual	fund	companies?	Do you have accounts at other brokerage firms or mutual fund companies?						
□ No □	Yes Full Con	nmission		Discount (traditio	nal)	□ No □ Yes □ Full Commission □ Discount (traditional)						
EMPLO	YMENT STAT	1A) 2U	NSW	/ER YES	S/NC	QUESTIONS REGA	ARDLES	S OF EMPLOYI	MENT S	TAT	US)		
							<u> </u>	nployed by a registere				es excl	nange, or the FINRA?
Are you employed by a registered broker-dealer, a securities exchange, or the FINRA? No Yes (if yes you must submit a 407 compliance letter)				l _ ' _	Yes (if yes you must					3- ,			
Are you ar	officer 10% shareh	older or n	olicvn	naker of a r	uhlich	v held company?	Are you ar	officer, 10% shareho	lder or noli	cvma	ker of a n	uhlicly l	held company?
Are you an officer, 10% shareholder or policymaker of a publicly held company? Do Yes (specify companies)					l _	Yes (specify compar	•	-	•	-			
				Familiaria	ant Status								
Employme	red Status red Self-emplo	yed* □	Retire	ed 🔲 St	udent	☐ Not employed	Employme	rnt Status ∕ed ☐ Self-employe	ed* 🔲 R	etired	☐ Stu	dent	☐ Not employed
Employer				Specific C	ссира	ation	Employer			5	specific O	ccupati	on
Line of Bu	siness* (this box mus	t be filled-i	in for S	Self-Employe	ed Pers	sons and Consultants)	Line of Bu	siness* (this box must	be filled-in f	or Sel	f-Emplove	d Perso	ns and Consultants)
						,							
Rusinoss	Street Address (cann	ot be a P.() hov)				Business Street Address (cannot be a P.O. box)						
Dusiliess (Street Address (Carin	ot be a r.c	J. DUX)	,			Dusilless	Street Address (Carrio	i be a r.o. i	JUX)			
City		C4-4-				II.C. Deetel/Zin Code	Cit.		Ctata				II S. Bootel/7in Code
City State				U.S. Postal/Zip Code	City		State				U.S. Postal/Zip Code		
							<u> </u>						
4. FUND YOUR ACCOUNT													
Tell us how you'll make your initial deposit. Check one or more of the following:													
□ I have enclosed a check for \$ made payable to E*TRADE Securities LLC.													
 ☐ My completed Account Transfer Form is attached. ☐ I will transfer funds/securities from an existing account. (For more information go to www.etrade.com/newtransfer.) 													
								_					
⊔ i plar	1 to wire tunds	irom ai	iothe	er tinand	lai ir	nstitution. (For more	ıntormatı	on go to <u>www.e</u>	<u>ırade.cc</u>	m/r	ewtran	<u>ster</u> .)

5. PROVIDE BENEFICIAL OWNERSHIP INFORMATION (PLEASE PRINT) (NOTE: A BENEFICIAL OWNER IS NOT THE SAME AS A BENEFICIARY.)

To fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify, and record information that identifies each person. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents. This form requires you to provide the name, address, date of birth, and Social Security number (or passport number or other similar information in the case of foreign persons) for both of the following:

- Control person An individual with significant responsibility for managing the entity (e.g., a chief executive officer, chief financial officer, chief operating officer, managing member, general partner, president, vice president, or treasurer).
- Beneficial owner Each individual, if any, who owns, directly or indirectly, 10% or more of the equity interests (e.g., shares) of the entity. An individual is an indirect beneficial owner if their ownership interest is held through another entity. Note: Beneficial owners are different from beneficiaries.

Please enter your control person information in the following required section:

CONTROL PERSON							
Mr. Mrs. Name (first, middle initial, last)			Title				
Ms. Dr.							
Date of Birth (mm/dd/yyyy)	Residence Status						
	U.S. Citizen Resident	Alien	Neither U.S. Citizen nor Resident Alien				
Social Security or Tax ID Number	Country of Citizenship						
Physical Address							
Thysical Address							
City	State (U.S. only)	U.S. Posta	al/Zip Code				
Foreign Province/Region Name or Code	Foreign Postal Code						
Totalgh Hovince Region Name of Socie	Totalgri Tostal Gode						
Country							
IF THE CONTROL PERSON IS NOTA U.S. CITIZEN OR RESIDENT A	LIEN, PLEASE PROVIDE	THE FO	LLOWING INFORMATION.				
Country of Issuance Government ID or Passport	Passport ID / Government ID						
Country of Legal Residence	Passport ID / Government ID Expi	ration Date					
Is there at least one individual who directly or indirectly owns 10% or more of this entity?							
If there are one or more beneficial owners who own, directly or indirectly, 10% or more of the equity interests of the legal entity, please enter information below for each beneficial owner. This does not apply to non-profit organizations. If you have more beneficial owners than the space below allows, please complete the <u>Add Beneficial Owners</u> form and submit it alongside this application.							
Yes, there is at least one beneficial owner. Please indicate the beneficial owner(s) below. If the individual is also identified as the control person, please include their information here as well.							
No, there is no beneficial owner. Please skip to the next section.							

5. BENEFICIAL OWNERSHIP INFORMATION (CONTINUED)								
BENEFICIAL OWNER 1			BENEFICIAL OWNER 2					
Mr. Mrs. Name (first, mid	Mr. Mrs. Mrs. Mrs. Dr.	Name (first, middle in	itial, last)					
Date of Birth (mm/dd/yyyy) U.S. Ci Neithe	_	Country of Citizenship	Date of Birth (mm/dd/yyyy	U.S. Citizen Neither	Resident Alien	Country of Citizenship		
Social Security or Tax ID Number	Percentage of Owner	ship	Social Security or Tax ID	Social Security or Tax ID Number Percentage of Ownership				
Permanent Address			Permanent Address					
City	State (U.S. only)	U.S. Postal/Zip Code	City		State (U.S. only)	U.S. Postal/Zip Code		
Foreign Province/Region Name or Code	Foreign Postal Co	de	Foreign Province/Region	Name or Code	Foreign Postal Cod	le		
Country			Country					
IF THE BENEFICIAL OWNER	IS NOT A U.S. CIT	IZEN OR RESIDENT	ALIEN, PLEASE PI	ROVIDE THE F	OLLOWING INF	ORMATION.		
Country of Issuance Government ID or Passport ID / Government ID		ernment ID	Country of Issuance Gov or Passport	vernment ID	Passport ID / Gover	Passport ID / Government ID		
Country of Legal Residence Passport ID / Government ID Expiration Date			Country of Legal Residence Passport ID /			rnment ID Expiration Date		
BENEFICIAL OWNER 3			BENEFICIAL OW	NER 4				
Mr. Mrs. Name (first, middle initial, last) Ms. Dr.			Mr. Mrs. Name (first, middle initial, last) Ms. Dr.					
Date of Birth (mm/dd/yyyy) U.S. C Neithe		Country of Citizenship	Date of Birth (mm/dd/yyyy	U.S. Citizen Neither	Resident Alien	Country of Citizenship		
Social Security or Tax ID Number	Percentage of Owner	ship	Social Security or Tax ID Number Percentage of Ownership					
Permanent Address			Permanent Address					
City	State (U.S. only)	U.S. Postal/Zip Code	City		State (U.S. only)	U.S. Postal/Zip Code		
Foreign Province/Region Name or Code Foreign Postal Code		Foreign Province/Region Name or Code Foreign Postal Code						
Country	·		Country					
IF THE BENEFICIAL OWNER	IS NOT A U.S. CIT	IZEN OR RESIDENT	ALIEN, PLEASE PI	ROVIDE THE F	FOLLOWING INF	ORMATION.		
Country of Issuance Government ID Passport ID / Government ID		Country of Issuance Gov or Passport	vernment ID	Passport ID / Gover	assport ID / Government ID			
Country of Legal Residence Passport ID / Government ID Expiration Date		Country of Legal Resider	nce	Passport ID / Gover	rnment ID Expiration Date			

6. PROVIDE A TRUSTED CONTACT PERSON ("TCP") (OPTIONAL)

By choosing to provide information about a trusted contact person, you authorize E*TRADE to contact and to disclose information about your account to that person in the following circumstances: to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by applicable law. This is only applicable for S corporations with a single owner, single member LLCs, and sole proprietorships.

This person will NOT have authorization over the account to manage assets nor perform any action other than those specified above.

TRUSTED CONTACT PERSON							
First Name*	Last Name*	Relationship					
Country Code*	Phone Number*	Email Address					
* If you choose to designate a TCP, these fields are required.							

7. CREATE AN INVESTMENT PROFILE FOR THE ACCOUNT

7. OKEMIE MITHEUTINEIT						
SECURITIES INDUSTRY REGU	LATIONS REQUIRE	THAT WE COLLEC	T ALL OF THE FOLLOWING	S INFORMATION.		
Overall Investment Objective for This Account (choose only one)	Investment Experience (choose only one)	Annual Income (choose only one)	Approximate Liquid Net Worth (cash, stocks— this cannot be greater than total net worth— choose only one)	Approximate Total Net Worth (excluding primary residence— choose only one)		
□ Capital preservation Minimize the potential for any loss of principal. □ Income Provide current income rather than growth of principal. □ Growth Increase investment value over time while accepting price fluctuations. □ Speculation Assume the highest degree of risk for potentially higher returns.	☐ Excellent ☐ Good ☐ Limited ☐ None	\$200,000+ \$100,000 -\$199,999 \$50,000 -\$99,999 \$25,000 -\$49,999 \$15,000 -\$24,999 \$0 -\$14,999	\$1,000,000+ \$500,000 -\$999,999 \$200,000 -\$499,999 \$100,000 -\$199,999 \$50,000 -\$99,999 \$25,000 -\$49,999 \$15,000 -\$24,999 \$0 -\$14,999	\$1,000,000+ \$500,000 -\$999,999 \$200,000 -\$499,999 \$100,000 -\$199,999 \$50,000 -\$99,999 \$25,000 -\$49,999 \$0 -\$24,999		
Where will the assets to fund this account primarily come from? (choose only one) Company income / Profit						

8. SELECT YOUR ACCOUNT FEATURES

Uninvested Cash Program(1)

At the end of each business day, your uninvested cash will be automatically swept into one of the options below. Select only one of the following choices for the uninvested cash in your account. If no option is selected, you will default to the Extended Sweep Deposit Account Program ("ESDA" or "ESDA Program"). You may change your selection at any time. For current rates and other information, go to www.etrade.com/rates.

Cash Balance Program ⁽²⁾	
ESDA (Offers daily interest and FDIC insurance up to \$500,00	00)(3)

- (1) You have the option to have cash balances in your securities account automatically treated as free credit balances at E*TRADE Securities or transferred to an account at a bank or banks whose deposits are insured by the FDIC (collectively, "Sweep Program"). For detailed information of the general terms and conditions of the products available through the Sweep Program go to www.etrade.com/sweepoptions. The products available under the Sweep Program may change at any time. By signing this application, you are providing your written affirmative consent to have your cash balance included in the Sweep Program with the option selected by you.
- (2) Free Credit Balances at E*TRADE Securities.
- (3) If you select ESDA, the ESDA Program Customer Agreement can be found at www.etrade.com/esdaagreement as part of the Bank Sweep Account Agreements. In the ESDA Program, your available cash balances will automatically sweep between the brokerage account and deposit accounts at participating depository institutions ("Program Banks"), with deposits at each Program Bank insured by the FDIC for up to \$250,000. The total FDIC insurance coverage for cash in your ESDA account will be up to \$500,000 per account (\$1,000,000 for joint accounts). Any amount in excess of \$500,000 (\$1,000,000 for joint accounts) will not be covered by FDIC insurance. You also should include other accounts you hold in the same title and capacity at any of the Program Banks in calculating FDIC insurance coverage limits, because coverage limits are set per customer across all accounts. A list of Program Banks can be found at www.etrade.com/esda. For more information regarding FDIC insurance coverage limits, please visit www.tdic.gov.

Access Your Money

An initial minimum deposit of \$1,000 is required to qualify for these items. Subsequent debit card and checkbook orders will not require a minimum balance.

☐ Free E*TRADE Debit Card⁽⁴⁾
☐ Free E*TRADE Checkbook

(4) You must have a valid U.S. Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) and a valid U.S. address to be eligible for a debit card.

Electronic Delivery

For your convenience, account documents noted below will be delivered to you electronically instead of by US mail. We will notify you at the primary authorized person's email address for your account whenever a new document is available if required by law. Please indicate below if you prefer to opt out of electronic delivery for certain documents.

You may withdraw your consent for the electronic delivery of account documents at any time, subject to the terms of the Customer Agreement, by visiting etrade.com/paperless or by notifying E*TRADE at 800-387-2331. With respect to documents you elect to receive electronically, you agree to all the terms of Section 17 of the E*TRADE Customer Agreement at etrade.com/custagree.

I would prefer to receive the following items by US mail:

Account	statements1	
Account	statements1	

□ Trade confirmations

□ Tax documents

☐ Official statements and prospectuses²

☐ Corporate reports, proxies, reorganization notifications³

- 1. A \$2.00 handling fee for paper statements ("Paper Statement Fee") will be charged to your account the month following the month for which you were mailed a paper statement (hereinafter the "Trigger Month"), unless any of the following apply by the last business day of the Trigger Month: (1) you have consented to electronic delivery of account statements with respect to the account; (2) the combined value of cash and securities in your linked E*TRADE Securities accounts is \$10,000 or more; (3) you have a combined balance of \$20,000 or more in your linked E*TRADE Securities and Morgan Stanley Private Bank, National Association accounts; (4) you are an active trader who executes at least 30 stock or options trades a month; (5) your account is a retirement or custodial account; or (6) your account is a stock plan account administered by E*TRADE Financial Corporate Services, Inc., and you are a current employee of a current E*TRADE Financial Corporate Services, Inc. lient.
- 2. This preference category also includes legal and regulatory communications. Such communications, official statements and prospectuses are delivered via email; prospectus for ETFs are delivered by Executed Trade alerts.
- 3. Please note proxy notices for foreign securities subject to the Shareholder Rights Directive are only available via electronic delivery.

9. PROVIDE A CERTIFICATE OF SECRETARY (REQUIRED FOR ALL ACCOUNTS EXCEPT SOLE PROPRIETORSHIPS) As the secretary of the entity known as (Name of entity as listed in section 2) an entity duly organized or already existing under the laws of _____ (The state of incorporation) hereby certify the following: (Name of secretary) (1) that the person(s) whose signature(s) appear(s) in Section 10 is/are authorized to establish and maintain accounts with E*TRADE Securities on behalf of the Applicant and to bind the Applicant to the E*TRADE Customer Agreement, pursuant to a duly adopted resolution of the board of directors; and (2) that the charter documents, agreements, and applicable laws governing the Applicant permit the establishment and maintenance of accounts, including the purchase, sale, or dealing in, through E*TRADE Securities as broker, securities, options (if allowed), and other assets, on margin (if allowed), or otherwise. This certificate shall continue in force until revoked by the Company pursuant to a written notice addressed and delivered to E*TRADE Securities LLC at the address listed on the first page of the application. ☐ Margin - By checking this box, the Applicant certifies that the Applicant is authorized to use margin either by (1) adoption of a specific resolution by the governing board of directors or managers documented in the minutes of the Applicant or (2) specific authority to use margin as provided in the charter documents, agreements or applicable governing law and documents of Applicant and Applicant authorizes the use of margin in this account in accordance with the Margin Agreement executed by duly authorized officers of Applicant. Deptions - By checking this box, the Applicant certifies that the Applicant is authorized to use options either by (1) adoption of a specific resolution by the governing board of directors or managers documented in the minutes of the Applicant or (2) specific authority to use options as provided in the charter documents, agreements or applicable governing law and documents of Applicant and Applicant authorizes the use of options and other derivative securities in this account in accordance with the Option Agreement executed by duly authorized officers of Applicant. MORE THAN HALF OF THE GOVERNING BODY MUST PROVIDE THE INFORMATION BELOW. "GOVERNING BODY" DEFINED AS BOARD MEMBERS, OFFICERS, PARTNERS, OR OWNERS. FOR NON-PROFITS, GOVERNING BODY IS DEFINED AS **BOARD MEMBERS ONLY.)** Signatures and details of any additional persons should be included on a second copy of this page. The persons (officers, members, partners, or the owners of the Applicant) named below are duly elected officers, members, partners or owners of Applicant and have authorized the individuals whose signature(s) appear in Section 10 to act on behalf of the Applicant as authorized agents: I UNDERSTAND THAT THIS ACCOUNT IS GOVERNED BY A PRE-DISPUTE ARBITRATION CLAUSE. I acknowledge that I have received and read a copy of the E*TRADE customer agreement which contains a pre-dispute arbitration agreement at section 12. Name Title Signature (digital not accepted)

Signature of Secretary (Digital signatures not accepted)

10. SIGN AND DATE YOUR APPLICATION

I am of legal age to enter into this contract. I acknowledge that I have received, read, and agree that the Applicant shall be bound by the terms and conditions as currently set forth in the E*TRADE Customer Agreement and as amended from time to time. The E*TRADE Customer Agreement is available online at www.etrade.com/custagree or by calling 800-387-2331. I confirm and acknowledge that neither E*TRADE Securities LLC nor any of its affiliates provide investment, tax or legal advice except to the extent set forth in Section 9 of the Customer Agreement. I understand that you will supply my name to issuers of any securities held in the account so that the Applicant might receive any important information regarding them unless I notify you in writing not to do so.

I acknowledge I have been informed by E*TRADE Securities LLC, and that I understand, that securities products, such as stocks, bonds, options, mutual funds, and exchange-traded funds and other securities products and services offered by E*TRADE Securities are not insured by the FDIC, are not deposits or other obligations of, and are not guaranteed by Morgan Stanley Private Bank, National Association or any other bank, and are subject to investment risks, including the possible loss of the principal amount invested.

□ I am **NOT** a U.S. individual or entity and have attached Form(s) W-8 to this application to claim foreign status or treaty benefits.

If you are exempt from backup withholding, enter in the Exemptions box, any code(s) that may apply to you. Please see page 3 section, 'Exempt Payee Code'.

Exemptions (see instructions):
Exempt payee code (if any):
If you are exempt from backup withholding, enter in the Exemption Box, any code(s)

that may apply to you. See 'Exempt Payee Code' on page 3 of the instructions.

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. citizen or other U.S. person (defined below), and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.
- 5. To the best of my knowledge, the beneficial ownership information provided is complete and correct.

Certification instructions. You must cross out item 2 above 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. **Certification Instructions**

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

I UNDERSTAND THAT THIS ACCOUNT IS GOVERNED BY A PREDISPUTE ARBITRATION CLAUSE. I acknowledge that I have received and read a copy of the E*TRADE CUSTOMER AGREEMENT which contains a pre-dispute Arbitration Agreement at Section 12.

×	x
Signature of Primary Authorized Person (Digital signatures not accepted) Date	Signature of Co-Authorized Person (Digital signatures not accepted) Date
Printed Name and Title	Printed Name and Title

System response and account access times may vary due to a variety of factors, including trading volumes, market conditions, and system performance.

Securities products and services offered by E*TRADE Securities LLC, Member SIPC, a subsidiary of Morgan Stanley.

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11. MARGIN BORROWING AND OVERDRAFT PROTECTION AGREEMENT (OPTIONAL)

A margin account gives you the flexibility to borrow from E*TRADE Securities using the assets in your account as collateral. Proceeds may be used to purchase additional securities, as overdraft protection, or for any other purpose. A \$2,000 minimum balance must be maintained to borrow funds on margin.

Margin transactions involve additional risks, including the risk that you could lose more money than you deposit in your account. For more information, including current margin interest rates and the FINRA Margin Disclosure Statement, visit www.etrade.com/margin. See the Margin Account Supplement of the E*TRADE Customer Agreement at www.etrade.com/custagree for more information about your responsibilities.

Please read and sign the Margin Disclosure Statement shown below if you wish to add Margin Borrowing and Overdraft Protection to this account.

Margin Disclosure Statement. E*TRADE Securities LLC is furnishing this statement to you to provide some basic facts about purchasing securities on margin and to alert you to the risks involved with trading securities in a margin account. Before trading stocks in a margin account, you should carefully review the margin agreement provided by us. Contact E*TRADE Securities regarding any questions or concerns you may have with your margin account(s). When you purchase securities, you may pay for the securities in full or you may borrow part of the purchases price from your brokerage firm. If you choose to borrow funds from your firm you will open a margin account with the firm. The securities purchased are the firm collateral for the loan to you. If the securities in your account decline in value, so does the value of the collateral supporting your loan, and as a result the firm can take action, such as issue a margin call and/or sell securities in your account, to maintain the required equity in the account. Issuing a margin call means you will be required to provide additional funds into the account.

It is important that you fully understand the risks involved in trading securities on margin. These risks include the following: You can lose more funds than you deposit in the margin account. A decline in the value of securities that are purchased on margin may require you to provide additional funds to the firm.

The firm can force the sale of securities in your account. If the equity in your account falls below the maintenance margin requirements under the law or the firm higher "house" requirements, the firm can sell the securities in your account to cover the margin deficiency. You will be responsible for any shortfall in the account after such a sale.

The firm can sell your securities without contacting you. Some investors mistakenly believe that a firm must contact them for a margin call to be valid and that the firm cannot liquidate securities in their accounts to meet the call unless the firm has contacted them first. This is not the case. Most firms will attempt to notify their customers of margin calls, but they are not required to do so. However, even if a firm has contacted a customer and provided a specific date by which the customer can meet a margin call, the firm can still take necessary steps to protect its financial interests, including immediately selling the securities without notice to the customer.

You are not entitled to choose which security in your margin account is liquidated or sold to meet a margin call. Because the securities are collateral for the margin loan, the firm has the right to decide which security to sell to protect its interests, without regard to tax basis or other considerations.

The firm can increase its "house" maintenance margin requirements at any time and is not required to provide you with advance written notice. These changes in firm policy often take effect immediately and may result in the issuance of a maintenance margin call. Your failure to satisfy the call may cause the firm to liquidate or sell securities in your account.

You are not entitled to an extension of time on a margin call. Although an extension of time to meet margin requirements may be available to customers under certain conditions, a customer does not have a right to an extension.

I understand that my account, if approved, will be upgraded to a margin account. I acknowledge that securities held in my margin account may be pledged, repledged, hypothecated, or rehypothecated for any amount due E*TRADE Securities in my account(s) or for a greater amount which E*TRADE Securities, at its sole discretion, may deem necessary. I also acknowledge that my securities may be loaned to E*TRADE Securities or loaned out to others and that E*TRADE Securities may receive compensation in connection with lending my securities.

I UNDERSTAND THAT THIS ACCOUNT IS GOVERNED BY A PREDISPUTE ARBITRATION CLAUSE. I acknowledge that I have received and read a copy of the E*TRADE CUSTOMER AGREEMENT which contains a pre-dispute Arbitration Agreement at Section 12.

x		×		
Signature of Primary Authorized	d Person (Digital signatures not accepted) Date		Signature of Co-Authorized Person (Digital signatures not accepted)	Date
Printed Name			Printed Name	

^{**}NOTE: Certificate of Secretary must reflect margin capabilities.

OPTIONS TRADING APPLICATION



Optional: Complete this form only if you would like to apply to add options trading capability to this account.

Visit www.etrade.com/options to learn more about the risks and rewards of options trading.

OPTIONS ACTIVITY						
Select only one box. If no box is selected, you will be considered for Level 1 activity only.						
☐ Level 1: Capital preservation/income	□ Level 2: Income/growth	☐ Level 3: Growth/speculation	☐ Level 4: Speculation			
Covered calls Buy-writes	Level 1, plus:	Level 2, plus:	Level 3, plus:			
,	Long calls Long puts Married puts Covered puts Collars Long straddles/strangles Cash-secured puts	Spreads Naked puts	Naked calls			
PRIMARY AUTHORIZED PERSON		CO-AUTHORIZED PERSON, IF APPLICABLE				
Any section left blank will be ass	sumed zero or none.					
Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed		Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed				
Number of Dependents (including self)		Number of Dependents (including self) 1 2 3 4 Other:				
Options Investment Knowledge None Limited Good Excellent		Options Investment Knowledge ☐ None ☐ Limited ☐ Good ☐ Excellent				
Options Trading Experience		Options Trading Experience				
□ None □ Covered Calls □ Covered Puts □ Purchases □ Spreads □ Uncovered Calls □ Uncovered Puts		□ None □ Covered Calls □ Covered Puts □ Purchases □ Spreads □ Uncovered Calls □ Uncovered Puts				
ANY SECTION LEFT BLANK WILL	BE ASSUMED TO BE ZERO C	R NONE.				
Years of Experience		Years of Experience				
Stocks: years Bonds: years Options: years Futures: years		Stocks: years Bonds: year	ars Options: years Futures: years			
Total Transactions per Year		Total Transactions per Year				
	ptions Futures	Stocks Bonds	Options Futures			
1 = = =] 75+	☐ 75+ ☐ 75+ ☐ 25-74	☐ 75+ ☐ 75+ ☐ 25-74			
	15-24	☐ 15-24 ☐ 15-24	☐ 15-24 ☐ 15-24			
	10-14 10-14	☐ 10-14 ☐ 10-14	☐ 10-14 ☐ 10-14			
0-9 0-9] 0-9	0-9 0-9	□ 0-9 □ 0-9			
Average Transaction Size		Average Transaction Size				
□ \$25,000+ □ \$10,000-\$24,999 □ \$0-\$9,999		□ \$25,000+ □ \$10,000-\$24,999 □ \$0-\$9,999				

OPTIONS TRADING APPLICATION



Special Statement for Uncovered Options Writers

There are special risks associated with uncovered options writing which expose the investor to potentially significant loss. Therefore, this type of strategy may not be suitable for all customers approved for options transactions.

- The potential loss of uncovered call writing is unlimited. The writer of an uncovered call is in an extremely risky position and may incur large losses if the value of the underlying instrument increases above the exercise price.
- As with writing uncovered calls, the risk of writing uncovered put options is substantial. The writer of an uncovered put option bears a risk of loss if the value of the underlying instrument declines below the exercise price. Such loss could be substantial if there is a sign if I can't decline in the value of the underlying instrument.
- Uncovered options writing is thus suitable only for the knowledgeable investor who understands the risks, has the financial capacity
 and willingness to incur potentially substantial losses, and has sufficient liquid assets to meet applicable margin requirements. In
 this regard, if the value of the underlying instrument moves against an uncovered writer's options position, the investor's broker may
 request significant additional margin payments. If an investor does not make such margin payments, the broker may liquidate stock
 or options positions in the investor's account with little or no prior notice in accordance with the investor's margin agreement.
- · For combination writing, where the investor writes both a put and a call on the same underlying instrument, the potential risk is unlimited.
- If a secondary market in options were to become available, investors could not engage in closing transactions, and an options writer would remain obligated until expiration or assignment.
- The writer of an American-style option is subject to being assigned an exercise at any time after he has written the option until the option expires. By contrast, the writer of a European-style option is subject to exercise assignment only during the exercise period.

It is expected that you read the Characteristics and Risks of Standardized Options booklet, which we have provided to you and can be found at www.etrade.com/optionsagree. In particular, please direct your attention to the chapter entitled Principal Risks of Options Positions. This statement is not intended to enumerate all of the risk entailed in writing uncovered options.

I agree not to enter into any options transactions until I have received, read, and understood the disclosure document entitled characteristics and risks of standardized options, which can be found at www.etrade.com/optionsagree. I am aware of the special risks and obligations of options trading. I have read, understood, and agree to be bound by the E*TRADE Securities options trading terms and conditions outlined in the Options Supplement of the E*TRADE Customer Agreement which can be found at www.etrade.com/custagree. I also agree that I am bound by it as it is currently in effect and as it is amended from time to time.

IMPORTANT: Section 10 of the Business Brokerage Application must also be signed in order for the account to be opened. You cannot use this application to upgrade an existing account. If you would like to add options trading capability to an existing account, please use the Margin/Option Account Upgrade Form, which can be found at www.etrade.com/forms.

I UNDERSTAND THAT THIS ACCOUNT IS GOVERNED BY A PREDISPUTE ARBITRATION CLAUSE. I acknowledge that I have received and read a copy of the E*TRADE CUSTOMER AGREEMENT which contains a pre-dispute Arbitration Agreement at Section 12.

×	×
Signature of Primary Authorized Person (Digital signatures not accepted) Date	Signature of Co-Authorized Person (Digital signatures not accepted) Date
Printed Name	Printed Name

System response and account access times may vary due to a variety of factors, including trading volumes, market conditions, and system performance.

Securities products and services offered by E*TRADE Securities LLC, Member SIPC, a subsidiary of Morgan Stanley.

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^{**}NOTE: Certificate of Secretary must reflect options capabilities.

Legal Documents

Document Name	URL			
Important information about E*TRADE's brokerage and investment advisory services				
Relationship Summary	www.etrade.com/formcrs			
Basic Securities and Brokerage				
E*TRADE Customer Agreement <u>www.etrade.com/custagree</u>				
Business Resiliency Plan	www.etrade.com/bcp			
Privacy Statement	www.etrade.com/privacy			
Regulatory Notices	www.etrade.com/notices			
Margin and Options				
Characteristics of Standardized Options https://www.theocc.com/about/publications/character-risks.jsp				
Margin Disclosure Statement	https://us.etrade.com/e/t/estation/help?id=1302000000#View			
Day Trading Disclosure	https://us.etrade.com/e/t/prospectestation/pricing?id=1201120101			
Risk Disclosure Statement	www.etrade.com/riskdisclosure			
Special Statement for Uncovered Options Writers	https://us.etrade.com/e/t/prospectestation/pricing?id=1201120102			
Uninvested Cash Options				
Sweep Rate Schedule	https://us.etrade.com/e/t/prospectestation/pricing?id=1907000100			
ESDA Agreement	www.etrade.com/esdaagreement			

E*TRADE Account Agreement, Disclosures, and Terms

- I am of legal age to agree to the terms herein.
- Under penalties of perjury, (1) the taxpayer identification number I submitted on this application is my correct number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other U.S. person. The IRS does not require my consent to any provision of this document other than the certification required to avoid backup withholding.
- I have been informed by E*TRADE and understand that securities products, such as stocks, bonds, options, mutual funds, and exchange traded funds and other securities products and services offered by E*TRADE are not insured by the Federal Deposit Insurance Corporation (FDIC), are not deposits or other obligations of, and are not guaranteed by Morgan Stanley Private Bank, National Association or any other bank, and are subject to investment risks, including the possible loss of the principal amount invested. Additionally, I confirm and acknowledge that neither E*TRADE Securities LLC nor any of its affiliates provides investment, tax or legal advice except to extent set forth in Section 9 of the Customer Agreement.
- I have received and reviewed all of the above disclosures, notices, and I agree to be bound by terms and conditions set forth
 in any above-listed E*TRADE product agreement, the E*TRADE Customer Agreement, and any applicable supplements
 contained therein, each of which is linked above, as may be amended from time to time in accordance with the terms thereof
 (collectively, "E*TRADE Account Agreement"). Printed versions of the disclosures and notices are available upon request.
- I have received and reviewed the Relationship Summary provided above in completing my application to open this account. I understand that I can request the Relationship Summary at any time by contacting 800-387-2331.

×		
Signature (Digital signatures not accepted)	Print Name	Date