

## **Computershare**

Computershare PO Box 505013 Louisville, KY 40233-5013

Within USA, US territories & Canada: 855-377-0510 Outside USA, US territories & Canada: 781-575-2428

www.computershare.com/advisorportal advisorportalsupport@computershare.com

| Name           |  |  |
|----------------|--|--|
|                |  |  |
|                |  |  |
| Address        |  |  |
| City State 7in |  |  |

| City, State, Zip  |   |
|---|---|
|   | Computershare Account Number  |
|   | С   |
|   |   |
| Financial Advisor / Financial Institution A               | Account Maintenance Form PLEASE PRINT CLEARLY                                 |
| 1. INVESTOR INFORMATION                                   |   |
| Provide the Account Name or Registration exactly as it    | appears on the account, including ALL names / entities listed on the account: |
| 4   |   |
|   |   |
|   |   |
| 0 10 111 170 7  |   |
| Current Street Address / PO Box                           | Apt. / Unit Number  |
|   | Chata 7in Cada  |
| City  | State Zip Code  |
|   |   |
| Daytime Telephone Number                                  | Social Security Number (SSN) or Employer Identification Number (E             |
|   | SSN EIN   |
| F   |   |
| Check here if you wish to update the current              | t address.  |
| New Address, if applicable: If you checked the box for It |   |
| New Street Address / PO Box                               | Apt. / Unit Number  |
|   |   |
| City  | State Zip Code  |



## +

## 2. INVESTOR'S FINANCIAL ADVISOR INFORMATION

FINANCIAL ADVISOR INFORMATION

This section must include information for both the Financial Advisor and the Financial Advisor's Institution in order to add a Financial Advisor to the account. Please note, the investor must sign in the "Investor's Signature" section (section 3) in order to grant consent for the investor's Financial Advisor and Financial Advisor's Institution to have view-only access to all account information. If any part of this section is left blank, no Financial Advisor will be added to the account and the financial advisor will not have access to the Advisor Portal.

| Name               |                                      |   |  |
|--------------------|--------------------------------------|---|--|
| A                  |                                      |   |  |
| CRD Numbe          | er Assigned by FINRA                 | Telephone Number (do not use hyphens)   | Ext.   |
| В                  |                                      | C   |  |
| E-mail Addre       | ess (This email address will be us   | sed as the login username on Computershare's advisor  | portal)  |
| D                  |                                      |   | porter)  |
| FINANCIAL ADVI     | SOR'S INSTITUTION INFORMA            | ATION   |  |
|                    | stitution Name                       |   |  |
| G                  |                                      |   |  |
| CRD Numbe          | er Assigned by FINRA                 | Telephone Number (do not use hyphens)   | Ext.   |
| Н                  |                                      |   |  |
| Street Addre       | ess / PO Box                         |   | Apt. / Unit Number                               |
| E                  |                                      |   |  |
|                    |                                      |   |  |
| City               |                                      |   | State Zip Code                                   |
| K                  |                                      |   |  |
|                    |                                      |   |  |
|                    |                                      |   |  |
| 3. INVESTOR'S      |                                      |   |  |
|                    |                                      | Computershare to grant view-only access of all according 2 above. Such appears will remain in place until the |  |
| consent.           | s institution ii provided iii sectio | n 2 above. Such consent will remain in place until th   | le investor notines Computershare to revoke such |
| Signature 1        |                                      | Signature 2 (if applicable)   | Date (mm / dd / yyyy)                            |
|                    |                                      | olgitataro 2 (il applicabio)  | / /  |
|                    |                                      |   |  |
|                    |                                      |   |  |
| Mail completed for | form to:                             |   |  |
| Regular Mail       | Overnight D                          | elivery   |  |
| Computershare      | Computersha                          |   |  |
| PO Box 505013      | 462 South 4t                         | h Street, Suite 1600  |  |

For additional inquiries, please e-mail us at advisorportalsupport@computershare.com.

Louisville, KY 40202

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