

# Corestone<sup>®</sup> Account Application

Black ink preferred. This document requires a wet signature.

## STEP 1. ESTABLISH YOUR CORESTONE<sup>®</sup> ACCOUNT

|               |                |
|---------------|----------------|
| Account Title | Account Number |
|---------------|----------------|

## STEP 2. SELECT ACCOUNT FEATURES

Please select **one** option under the appropriate Corestone account Level.

### Platinum Level

- Checks and a Platinum Debit Card
- Checks ONLY
- Platinum Debit Card ONLY

### Gold Level

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

### Silver Plus Level

- Checks and a Silver Debit Card
- Silver Debit Card ONLY

### Silver Level

- Checks ONLY

### Check Style

If you chose an account with checks, please select a check style. Starting check number defaults to 0101.

- Personal wallet checks (default option)  Personal duplicate checks  Business style checks
- Electronic (A letter containing your checking account number will be uploaded to your online investor portal.)

### Check Options

The name and address that appears on your checks will be taken from the primary mailing address on your brokerage account unless you select one of the following.

- No address on checks
- Print the alternate mailing address on my checks from "Alternate Mailing Address" section below

You may check the box below to add one extra line of information on your checks, such as your telephone number. Please enter any additional information you would like to include (maximum of 32 characters, including spaces).

- Additional information \_\_\_\_\_

### Alternate Mailing Address (optional)

All checks, and/or debit cards will be sent to the primary mailing address for your brokerage account unless an alternate mailing address is entered below for delivery of the initial order. If you want this alternate address to appear on your checks, be sure to check the appropriate box in "Check Options". A letter containing your checking account number will be uploaded to your online investor portal.

|                             |         |                 |
|-----------------------------|---------|-----------------|
| Address                     |         |                 |
| City                        | State   | Zip/Postal Code |
| Province/County/Subdivision | Country |                 |

Checks and/or debit cards requested to an alternate address are required to be shipped via overnight mail. Additional fees may apply.



PROC

**STEP 3. ENROLL IN BILLSUITE™**

**Optional: Available ONLY for accounts with checkwriting that are domiciled in the U.S.** BillSuite enables you to view, pay and manage your bills online. BillSuite is available for all Corestone accounts that have checkwriting privileges at no additional charge. For details please check with your Financial Professional and/or your Introducing Financial Institution.

Enroll in BillSuite

**STEP 4. ADD A CORPORATE NAME TO YOUR CARD**

**Optional: Available ONLY for corporate accounts.** If you choose to receive a debit card, and would like the name of the corporation to appear on your Visa® debit card in addition to the cardholder's name, please print the name of the corporation below (a maximum of 21 characters including spaces).

Name of Corporation

**STEP 5. 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") for and under my Brokerage Account Number as indicated above. I further authorize PNC Bank, N.A. to issue Visa® debit card(s) and the Bank of New York Mellon to issue checks 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 accept the terms of the enclosed Corestone Account Agreement and BillSuite program rules where applicable.

**STEP 6. SIGNATURES OF ACCOUNT OWNER(S), AUTHORIZED PERSONS AND ADDITIONAL SIGNATORIE(S) (MANDATORY)**

All Individual and Joint Account Owners must sign below and agree to the terms of the Account. For corporate, limited liability company, partnership, trust or other legal entity Accounts, all authorized persons who have authority over the Account must sign below and agree to the terms of the Account.

Please do not highlight signature box.

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.

I AGREE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, WHICH IS LOCATED IN SECTIONS B.23 AND B.24 ON PAGE 6 IN THE AGREEMENT. I ACKNOWLEDGE RECEIVING A COPY OF THIS AGREEMENT.

|                                    |   |  |                   |
|------------------------------------|---|--|-------------------|
| Print Name (maximum 21 characters) | Social Security or Tax ID Number                      | Date of Birth  |                   |
| Signature<br>X                     | Mother's Maiden Name or Code Name (max 13 characters) | Debit Card<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Date of Signature |

|                                    |   |  |                   |
|------------------------------------|---|--|-------------------|
| Print Name (maximum 21 characters) | Social Security or Tax ID Number                      | Date of Birth  |                   |
| Signature<br>X                     | Mother's Maiden Name or Code Name (max 13 characters) | Debit Card<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Date of Signature |

|                                    |   |  |                   |
|------------------------------------|---|--|-------------------|
| Print Name (maximum 21 characters) | Social Security or Tax ID Number                      | Date of Birth  |                   |
| Signature<br>X                     | Mother's Maiden Name or Code Name (max 13 characters) | Debit Card<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Date of Signature |

|                                    |   |  |                   |
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|                                    |   |  |                   |
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|                                    |   |  |                   |
|------------------------------------|---|--|-------------------|
| Print Name (maximum 21 characters) | Social Security or Tax ID Number                      | Date of Birth  |                   |
| Signature<br>X                     | Mother's Maiden Name or Code Name (max 13 characters) | Debit Card<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Date of Signature |

**Additional Signatories**

**Optional: For Checkwriting only.** If you would like to authorize individuals who are not listed in the account registration to sign checks, each additional signatory must provide all information and sign below.

|                                    |   |                   |  |
|------------------------------------|---|-------------------|--|
| Print Name (maximum 21 characters) | Social Security or Tax ID Number                      | Date of Birth     |  |
| Signature<br>X                     | Mother's Maiden Name or Code Name (max 13 characters) | Date of Signature |  |

|                                    |   |                   |  |
|------------------------------------|---|-------------------|--|
| Print Name (maximum 21 characters) | Social Security or Tax ID Number                      | Date of Birth     |  |
| Signature<br>X                     | Mother's Maiden Name or Code Name (max 13 characters) | Date of Signature |  |