Account Application

Non-Retirement

Account Number

Rep ID

Financial professional instructions: To be used for all brokerage, direct brokerage business, third party asset management program (TAMP), and 529 direct advisory non-retirement accounts. For more detailed information on the appropriate paperwork requirements for all registration types, please consult the appropriate account opening checklist located in the resource center. For existing accounts, this form should only be used for adding or removing account holders or to change the registration.

Please email the completed form imaging.email@lpl.com or fax to (858) 202-8325.

Attention: Any alterations must be initialed by all account holders.

	and the second s	marca by an account	1014613.						
e	ction I: Account Inform	ation							
1.	Account Type (choose only one	e)				Account up	odates required by LPL Operations		
							l below. This separate packet contains nd other related parties, as applicable,		
	Brokerage (LPL Master - A	(ccount Agreement)	Oirect Brokerage Business (LPL Master - Account Agreement)			Direct Advisory 529 (529 Advisory Agreement)***			
	OMP Brokerage* (LPL Maste	OMP Brokerage* (LPL Master - Account Agreement)			eement)				
	(for updates to existing ac		Print Name of	f TAMI	P Platform or Program**	TAMP Account Number			
	*Additional documentation required. F **For TAMP accounts, LPL is not acting ***For 529 direct advisory accounts, LP	g as the broker/dealer and ye	our account will be ma	aintained	d at a third party custodian. Please	e provide the T			
2.	Registration Type (choose only	y one)							
	Individual	Guardianship/Co	onservatorship*	\bigcirc	Estate*	\bigcirc c	Corporate*		
	Tenants in Common	Custodian for M	linor	\bigcirc	Personal Trust*	\bigcirc N	Ion-Profit Organization*		
	Community Property	Overdell ESA*		\bigcirc	Partnership*	\bigcirc \bigcirc	Omnibus*		
	Joint Tenants With Right of Survivorship	529 Plan / 529 A (Direct Business		\bigcirc	Limited Liability Company*				
	Other (Please specify):								
	*Additional documentation required. F	Financial professional should	d refer to the detailed p	procedı	ures for the registration type on th	e Resource Ce	nter.		
3.	Registration Information								
	Social Security Number or Tax I	ID			Fill in your current reside	ency status: (choose only one)		
					U.S. Citizen	Reside	ent Alien Non-Resident Alien		
	Account Registration				Country of Citizenship				
					Mailing Address				
					·				
	Home Phone	Mobile Phone	!		Business Phone		Fax Number		





9	ction I: Account Information (continued)									
3.	Registration Information (continued)									
	Is this account for a Government Entity?					◯ Yes ◯ No)			
	1. If yes, is this account for a municipal entity?					◯ Yes ◯ No)			
	Answer the question below only if you answered "yes move to the next question.	" this is a r	a municipal entity – If you answered "No" this is not a municipal entity, you may skip and							
	2. Will this municipal account contain proceeds of r	municipal s	securities or municipal escrov	Yes No)					
	 a) If "yes", this municipal account holds or integrated per LPL's policy (questions regar 		hold proceeds of municipal securities or municipal escrow investments, then this account is licy: x6835).							
	 b) If "no", this municipal account does not helow the source of funds that will be investigated. 		will it hold proceeds of municipal securities or municipal escrow investments. Please list is account:							
	Is your account holder considered an "institutional account	unt" based	d on one or more of the follo	wing definitions per FIN	IRA	Yes No	,			
	Rule 4512(c): 1. A bank, savings and loan association, insurance com	npany or re	egistered investment compar	ny;						
	An investment adviser registered either with the SI commission (or any agency or office performing like			nt Advisers Act or with	a sta	ate securities				
	3. Any other person (whether a natural person, corpor			vith total assets of at lea	ast \$	50 million				
9	ction II: Investment Objective and Risk	Foleran	nce							
١.	Select the investment objective that most accurately			hoose only one)			_			
	The investment objectives are overall objectives for the achievement of the stated investment objectives is a laconservative to highest risk. There is no guarantee that the state of the s	e entire ad ong-term	account and may be inconsis goal for the account. These	tent with a particular he choices are listed in a						
	A. Income with Capital Preservation. Designed as a objective. Emphasis is placed on generation o potential income and overall return. B. Income with Moderate Growth. Emphasis is placed.	a longer te of current in	erm accumulation account, the income with minimal risk of	nis is considered gener capital loss. Lowering t	he ri	sk generally means lowering t				
	C. Growth with Income. Emphasis is placed on mod	_				· =				
	O. Growth. Emphasis is placed on achieving high lo	0 0	1 11		_					
	E. Aggressive Growth. Emphasis is placed on aggre objective has a very high level of risk and is for in	nvestors wi	vith a longer time horizon.							
	F.Trading. Emphasis is placed on speculative transa ATTENTION: If you select an objective and cross it out t									
		0 0110030 0	another, the change must be	miliarea by an account	11010	013.				
	ction III: Account Holder Information									
	corporate, LLC, non-profit organization, partnership, and umentation instead. For additional account holders, comp				plete	e the appropriate supplementa	ıry			
١.	Primary Information									
	Primary Account Holder/Trustee/Minor/529 Owner		Occupation (former if retired or une	mployed)		ID Type (Ex: Driver's License, Passport, et	c.)			
	Social Security Number Date of Birth		Industry (former if retired)			ID Place of Issuance				
	Residence Address (no P. O. Boxes) Same as mailing a	address	Employer Name Mark here if retired or unemployed ID Number							
			Employment Address	Lance Date ID Expiration Da	 te					
	Country of Citizenship									
					ID ve	erified? Yes No)			
	Home Phone Mobile Phone		Business Phone		Fax I	Number	_			

Section III: Account Holder Information (continued)

Primary Information (continued)											
Is this account for the benefit of a	Politically Exposed	d Person (PEP)*	? O Yes	○ No							
If yes, define PEP position:											
*A Politically Exposed Person (PEP) is defi in-laws); 3. Close associates - People who transactions on behalf of the PEP; 4. Any	are widely and public	cly known to maint	ain a close relat	onship with the PEP,	including ped	ople w					
The trusted contact person is inter exploitation (refer to account pack conduct transactions in your account pack)	ket/agreement for										
I decline to provide a trusted	contact person a	t this time.									
Trusted Contact Name				Trusted Con	tact Email						
Trusted Contact Address											
Trusted Contact Primary Phone		Relationship to	Account Ho	lder (Spouse, Rela	ative, Frien	ıd, Pro	ofessi	ional	l Relationship,	, Other)	
Mark here and complete the financial interest in, controls where you are employed by domestic partner, or other im	trading in, or has FINRA or associat	s discretionary ed with a broke	authority ove er/dealer or r	er this account (e. nunicipal securitie	.g., accoun es dealer. T	nts fo This al	r min Iso in	or c	children). This les situations	includes where yo	situations ur spouse,
LPL will notify FINRA, the broker/ and other information concerning listed above to FINRA, the broker/	the account. By c	ompleting and	signing this r	ew account appli							
Full Name of Person Associated w Firm or FINRA		elationship to A erson Associate			Na	ıme o	f Asso	ociat	ted Firm (if FII	NRA, list	FINRA)
									·		
Address of Person Associated with	Firm or FINRA			Corporate Compl	liance Maili	ing A	ddres	ss of	Firm		
Mark here if you or any mem or owner of 10% or more of a					ector, Na	ame o	of Cor	pora	ation(s)		
Secondary Information											
Secondary Account Holder/Truste	e/Custodian/529 E	Beneficiary	Occupation	former if retired or unemplo	oyed)				ID Type (Ex: Dr	iver's License	Passport, etc.)
Social Security Number D	ate of Birth		Industry (forme	r if retired)				_	ID Place of Is	suance	
Residence Address (no P. O. Boxe	s) 🗌 Same as mail	ling address	Employer Na	ame 🗌 Mark here i	f retired or	unem	ploye	ed	ID Number		
			Employment	Address			I	D Iss	suance Date	ID Expira	tion Date
Country of Citizenship							<u> </u>				
							I	D ve	erified?	O Yes	○ No
Home Phone	Mobile Phone		Business Pho	ne		F	Fax N	lumb	per		
	L										

Is this account for the benefit o	nued)				
	of a Politically Expose	ed Person (PEP)*?	○ Yes ○	No	
If yes, define PEP position:					
	who are widely and publ	licly known to maintain	a close relations	nip with the PEP, inclu	nmediate family members (e.g., parents, spouse, sibling, childre ding people who are in a position to conduct substantial financ the PEP.
The trusted contact person is in exploitation (refer to account product transactions in your account to the conduct transaction transaction to the conduct transaction tran	packet/agreement fo	ource for LPL in adn or more details). No	ministering you ote: Your trus	ur accounts, protected contact persor	cting your assets, and responding to possible finance on must be age 18 or older, and would not be able
I decline to provide a trus	sted contact person a	at this time.			
Trusted Contact Name	·			Trusted Contact	Email
Trusted Contact Address					
Trusted Contact Primary Phone	е	Relationship to A	ccount Holdei	(Spouse, Relative	, Friend, Professional Relationship, Other)
where you are employed I domestic partner, or other LPL will notify FINRA, the brok	by FINRA or associa or immediate family maker/dealer, or the maker ting the account. By a ker/dealer, or munici	ted with a broker/onember is employed unicipal securities completing and sig	dealer or mund by FINRA or dealer regard pring this new er as applicable.	icipal securities de associated with a ing this account a account application.	accounts for minor children). This includes situation aler. This also includes situations where your spour broker/dealer or municipal securities dealer. Indicate transmit duplicate statements, confirmation, you authorize LPL to provide transactional data
Full Name of Person Associated Firm or FINRA Address of Person Associated v Mark here if you or any m or owner of 10% or more of	with Firm or FINRA	Person Associated v	Col	NRA porate Compliance te officer, director	Name of Associated Firm (if FINRA, list FINRA) e Mailing Address of Firm Name of Corporation(s)
Address of Person Associated v	with Firm or FINRA nember of your imme of any public corpora	Person Associated version Associated version Associated version and version as between the passion within the passion within the passion within the passion as the passion	Col	NRA porate Compliance te officer, director	e Mailing Address of Firm
Address of Person Associated v Mark here if you or any m or owner of 10% or more of	with Firm or FINRA nember of your imme of any public corpora	Person Associated version Associated version Associated version and version as between the passion within the passion within the passion within the passion as the passion	Col	NRA porate Compliance te officer, director	e Mailing Address of Firm
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Address of Person Associated v Mark here if you or any m or owner of 10% or more of the company	with Firm or FINRA nember of your imme of any public corpora rmation and Ex	ediate family has bation within the pas	een a corpora	NRA porate Compliance te officer, director	e Mailing Address of Firm
Address of Person Associated v Mark here if you or any m or owner of 10% or more of the company	with Firm or FINRA nember of your imme of any public corpora rmation and Example 1.	Person Associated verson Assoc	een a corpora st three month	porate Compliance te officer, directors.	e Mailing Address of Firm Name of Corporation(s)
Address of Person Associated v Mark here if you or any m or owner of 10% or more of tion IV: Financial Information Enter the letter that correspond Annual income?	with Firm or FINRA nember of your immediant of any public corporation and Example of the correct range of the cor	Person Associated verson Assoc	een a corporast three month	NRA porate Compliance te officer, director as. uid net worth?*	Approximate account value?** D. \$100,000 - \$249,999
Address of Person Associated was addressed and person Associated w	with Firm or FINRA nember of your imme of any public corpora rmation and Ex ds to the correct rang Net worth? (exclusive or B. \$25,000 F. \$500,00	ediate family has b ation within the past experience ge: f primary residence) - \$49,999 0 - \$749,999	een a corpora st three month	porate Compliance te officer, director is. uid net worth?* 50,000 - \$99,999	Approximate account value?** D. \$100,000 - \$249,999 H. \$1,000,000 and over
Address of Person Associated v Mark here if you or any m or owner of 10% or more	with Firm or FINRA nember of your imme of any public corpora rmation and Ex ds to the correct rang Net worth? (exclusive or B. \$25,000 F. \$500,00 count Holder Wealth	ediate family has b ation within the past experience ge: f primary residence) - \$49,999 0 - \$749,999	een a corpora st three month	porate Compliance te officer, director is. uid net worth?* 50,000 - \$99,999	Approximate account value?** D. \$100,000 - \$249,999 H. \$1,000,000 and over
Address of Person Associated v Mark here if you or any m or owner of 10% or more of 10% or more of 10%. Investment Information Enter the letter that correspond Annual income? A. \$1 - \$24,999 E. \$250,000 - \$499,999 Specify the exact Source of Accounts and Acco	with Firm or FINRA nember of your imme of any public corpora rmation and Ex ds to the correct range Net worth? (exclusive or B. \$25,000 F. \$500,00 count Holder Wealth umber of years):	ediate family has bation within the passection within the passection of primary residence) 0 - \$49,999 0 - \$749,999 1 and Income (e.g. In	een a corpora st three month	porate Compliance te officer, director is. uid net worth?* 50,000 - \$99,999	Approximate account value?** D. \$100,000 - \$249,999 H. \$1,000,000 and over

1.	Investment Information (continued)
	What are your assets/investments (includes positions held outside and by LPL in this and other accounts)? Please indicate approximate percentage of assets exclusive of primary home (must equal 100%). Do not provide percentages in fractions or decimals.
	Real Estate% Mutual Funds% Checking / Savings% Annuities%
	Insurance% Stocks% Alternative Investments% Bonds%
	Other% If Other, please explain
	*Liquid net worth is exclusive of real estate; only include assets that can be liquidated within 30 days. **Account minimums apply; see the applicable Account Packet for details or ask your financial professional.
2.	Investment Time Horizon and Liquidity Needs
	What is your investment time horizon for this account?
	1-3 years 3-5 years 5-10 years More than 10 years
	Do you have liquidity needs from the funds in this account? Yes No
	If yes, when do you need these funds?
Sec	tion V: Margin Agreement
1.	Margin Disclosure Statement Information (not all account types are eligible to have margin, ask your financial professional for details)
	Section I, and agree to the terms and conditions. Date Margin Disclosure Statement provided: ALL account holders must initial. Initials Initials Initials Initials
	Ilitidis Ilitidis Ilitidis Ilitidis
Sec	
	tion VI: Acknowledgment and Execution
	tion VI: Acknowledgment and Execution Delivery Preferences If you have provided your email address in this application, you may elect to receive documents from LPL electronically.
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	Delivery Preferences If you have provided your email address in this application, you may elect to receive documents from LPL electronically. Email Yes, I want to receive all documents from LPL electronically (including, but not limited to, communications, account statements, trade confirmations, performance reports and legal and regulatory notices and disclosures), to the extent permitted by applicable law. I acknowledge that I need to (i) maintain an active email account to receive notifications from LPL when documents are available, (ii) login to Account View and accept its terms and conditions of use before I am able to view the documents electronically, and (iii) be responsible for certain costs associated with electronic access,
1.	Delivery Preferences If you have provided your email address in this application, you may elect to receive documents from LPL electronically. Email Yes, I want to receive all documents from LPL electronically (including, but not limited to, communications, account statements, trade confirmations, performance reports and legal and regulatory notices and disclosures), to the extent permitted by applicable law. I acknowledge that I need to (i) maintain an active email account to receive notifications from LPL when documents are available, (ii) login to Account View and accept its terms and conditions of use before I am able to view the documents electronically, and (iii) be responsible for certain costs associated with electronic access, such as Internet service fees. This preference for electronic delivery will remain in effect until revoked. No, I do not want to receive documents from LPL electronically. Please send me paper copies of all communications related to my account. This is the
1.	Delivery Preferences If you have provided your email address in this application, you may elect to receive documents from LPL electronically. Email Yes, I want to receive all documents from LPL electronically (including, but not limited to, communications, account statements, trade confirmations, performance reports and legal and regulatory notices and disclosures), to the extent permitted by applicable law. I acknowledge that I need to (i) maintain an active email account to receive notifications from LPL when documents are available, (ii) login to Account View and accept its terms and conditions of use before I am able to view the documents electronically, and (iii) be responsible for certain costs associated with electronic access, such as Internet service fees. This preference for electronic delivery will remain in effect until revoked. No, I do not want to receive documents from LPL electronically. Please send me paper copies of all communications related to my account. This is the default selection if "Yes" is not selected above. You may revoke your election to receive electronic documents or request paper copies of electronic documents at any time by logging into Account View
2.	Delivery Preferences If you have provided your email address in this application, you may elect to receive documents from LPL electronically. Email Yes, I want to receive all documents from LPL electronically (including, but not limited to, communications, account statements, trade confirmations, performance reports and legal and regulatory notices and disclosures), to the extent permitted by applicable law. I acknowledge that I need to (i) maintain an active email account to receive notifications from LPL when documents are available, (ii) login to Account View and accept its terms and conditions of use before I am able to view the documents electronically, and (iii) be responsible for certain costs associated with electronic access, such as Internet service fees. This preference for electronic delivery will remain in effect until revoked. No, I do not want to receive documents from LPL electronically. Please send me paper copies of all communications related to my account. This is the default selection if "Yes" is not selected above. You may revoke your election to receive electronic documents or request paper copies of electronic documents at any time by logging into Account View or contacting your financial professional.
2.	tion VI: Acknowledgment and Execution Delivery Preferences If you have provided your email address in this application, you may elect to receive documents from LPL electronically. Email Yes, I want to receive all documents from LPL electronically (including, but not limited to, communications, account statements, trade confirmations, performance reports and legal and regulatory notices and disclosures), to the extent permitted by applicable law. I acknowledge that I need to (i) maintain an active email account to receive notifications from LPL when documents are available, (ii) login to Account View and accept its terms and conditions of use before I am able to view the documents electronically, and (iii) be responsible for certain costs associated with electronic access, such as Internet service fees. This preference for electronic delivery will remain in effect until revoked. No, I do not want to receive documents from LPL electronically. Please send me paper copies of all communications related to my account. This is the default selection if "Yes" is not selected above. You may revoke your election to receive electronic documents or request paper copies of electronic documents at any time by logging into Account View or contacting your financial professional. Name Differences/One and the Same Information (not to be used in lieu of court documentation for legal name changes) List any name differences that you are known by or commonly use in the space provided. By listing the names below and signing Section VI, you are authorizing LPL to accept transactions and follow instructions under all names listed. Alterations to this section cannot be made after the form has been

Section VI: Acknowledgment and Execution

3. Acknowledgment

I acknowledge by signing below that I have received, read, understand and agree to the terms of this Account Application, the applicable Account Agreement, and the LPL Relationship Summary (included in the Account Packet specified in Section I). Additionally I certify the following:

- All of the information provided in this Account Application is true, correct, and complete and I agree to notify LPL of any changes to the information.
- I understand and agree to the terms of the Automatic Cash Sweep Program set out in the Account Agreement.
- I understand that LPL will supply my name to issuers of any securities held in my account so that I may receive important information regarding those securities, unless I notify LPL in writing not to do so.
- I acknowledge that proceeds from liquefied home equity on my primary residence will not be used to fund this account.
- I understand and agree that it is my responsibility to inform my financial professional any time I purchase class A shares of a mutual fund in the same fund family as a fund that I own either individually or in related accounts, in order to ensure that I receive the appropriate commission discount.
- I have discussed with my financial professional the investment objective selected for the account in Section II of this Application.
- I understand that investing through a brokerage or advisory account involves investment risk, including the risk of loss. I am prepared to bear the risks associated with my investments.
- If I am engaging my financial professional through a third party asset management program (TAMP), I acknowledge receipt of the LPL Form ADV Disclosure Brochure, the Brochure Supplement of the financial professional servicing the account as well as the TAMP Form ADV Disclosure Brochure, the TAMP advisory program agreement, and the TAMP solicitor disclosure statement, as applicable.
- If I am engaging my financial professional through a 529 direct advisory account, I acknowledge receipt of the LPL Form ADV Firm Brochure and the Brochure Supplement of the financial professional servicing the account, as well as the Official Statement/program disclosure documents for the 529 Advisory Plan.
- I authorize LPL to contact my trusted contact person listed above. I understand that providing this information is optional and I may withdraw it at any time.
- I understand no portion of this account can be used as collateral without authorization of LPL Home Office which shall be obtained through the completion of required LPL documentation.
- In the event that I choose to pledge eligible LPL accounts as collateral to a lender for a loan or line of credit, I acknowledge that I cannot and will not use the proceeds from any loan or line of credit to purchase securities.

Under penalties of perjury, I hereby 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, (3) I am a U.S person (including a U.S resident alien), and (4) I attest I am exempt from FATCA Reporting. (However, if you provide an IRS W-8 form, it will supersede this statement and you may be subject to FATCA Reporting.) (Cross out (2) if subject to backup withholding.) The Internal Revenue Service does not require my consent to any provision of this document other than the certifications requires to avoid backup withholding.

This account is governed by and I acknowledge receipt of the predispute arbitration clause that is located in the last numbered section of the Account Agreement (included in the Account Packed specified in Section I), which is incorporated by reference into the Account Application.

Account Holder Signature	Account Holder Name (print)	Account Holder Name (print)					
Account Holder Signature	Account Holder Name (print)		Date (required)				
Account Holder Signature	Account Holder Name (print)	Account Holder Name (print)					
Account Holder Signature	Account Holder Name (print)		Date (required)				
. Branch Use Only							
again the OFAC list of specially designated nationals not the same person listed by OFAC. If this account	uracy, suitability, and proper disclosures. If this account (SDNs) resulted in a match to the account holder's nam is opened by the home office, I have checked the list of the same of a SDN, the account holder is not the pers g or verbally.	e, I have confirm of SDNs and eith	ned that the account holder is er the account holder's name				
Financial Professional / Authorized Person Signature	Financial Professional / Authorized Person Name (print)	Rep ID	Date (required)				

Date (required)

Joint Financial Professional / Authorized Person Signature

Joint Financial Professional / Authorized Person Name (print)