

Instructions for Completing the ACH and Systematic Authorization Agreement

SECTION I: Required Section. Complete all information.

SECTION II: Complete for ACH setup or maintenance.

Check the appropriate box, if applicable:

1. New ACH instructions or replacement of existing ACH
2. Terminate current ACH

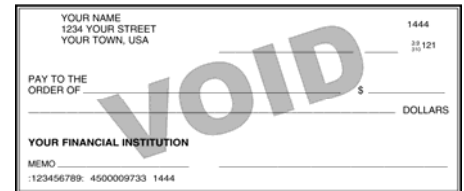
Financial Account Information:

Provide the ABA (routing number) and DDA (account number). Check with your financial institution to see if ACH limitations exist for specific account types (i.e., savings or checking only). Also provide the financial institution name and location.

***** Submit an acceptable form of account verification from the financial institution, along with the Systematic Authorization Agreement. *****

Note regarding account verification:

- All voided checks and deposit tickets must be pre-printed.
- Counter checks are not acceptable.
- A letter on financial institution letterhead signed by their personnel and title indicated is acceptable. Account registration must match both at the brokerage account and financial institution.



Indicate which type of ACH you wish to establish (five available options):

- Also indicate the frequency or amount, if applicable (for ACH purchases and distributions only).
- Members Investment Link (MIL) – this feature automatically moves funds to and from your brokerage and financial institution account (MIL is for retail accounts only).
- For ACH on Demand – frequency or amount is not available.

Indicate frequency:

We do not offer a weekly or bi-weekly option. (Not required for MIL and ACH on demand unless tied to a systematic mutual fund purchase or sell).

Indicate the amount of deposit or distribution:

The Start Date is the date you want us to purchase or the date you want funds to leave the brokerage account. Please note, periodic investments from the money market will not stop when the money fund is depleted. (If applicable, also indicate a stop date.) For SEP IRA accounts, indicate whether participant or employer contribution type.

SECTION III: Complete for mutual fund systematic buys only.

Indicate the fund name, symbol and the dollar amount. Breakpoint information must also be indicated for purchases where breakpoints are applicable.

List the funds you are starting, stopping or modifying. The member must hold in the brokerage account the exact same fund/cusip to start a mutual fund periodic investment. **(Modify is a change of amount, frequency or date of an existing fund. Modify does not mean switching from one fund to another, this is considered a start or stop.)**

If the member intends to purchase from the money market, mark the appropriate box.

SECTION IV: Complete for retail systematic sells only.

Indicate the fund name, symbol and percentage or dollar amount. Please note amount in Section II if percentage is elected.

SECTION V: Complete for systematic exchanges only.

Indicate the fund you are exchanging into. The member must hold in the brokerage account the exact same fund/cusip to start a mutual fund periodic exchange.

SECTION VI: Required Section.

Primary owner signature is required. All joint brokerage account owners are required to sign the ACH Authorization Agreement. We do not need the Financial Institution joint owners' signatures unless they are also the joint owner(s) on the brokerage account.

SECTION III: Systematic Buys

Complete Section III to set up or modify systematic mutual fund buys.

Continue current ACH updating amount and/or Mutual Funds

1.	Fund Name (describe in full) <input type="checkbox"/> Start <input type="checkbox"/> Modify <input type="checkbox"/> Stop	Ticker Symbol	\$ Amount (must meet fund minimum)
2.	Fund Name (describe in full) <input type="checkbox"/> Start <input type="checkbox"/> Modify <input type="checkbox"/> Stop	Ticker Symbol	\$ Amount (must meet fund minimum)
3.	Fund Name (describe in full) <input type="checkbox"/> Start <input type="checkbox"/> Modify <input type="checkbox"/> Stop	Ticker Symbol	\$ Amount (must meet fund minimum)
Total Amount:			\$

NAV reason: _____

Pull purchase from existing money marketing funds, list stop date: _____

Letter of intent amount, date of letter of intent: _____

OR Right of accumulation break point: _____

List account numbers to link for rights of accumulation break point: _____

SECTION IV: Systematic Sells *(For retail accounts only. For qualified accounts, please use IRA distribution form.)*

Complete Section IV to set up or modify systematic mutual fund sells.

- Distribute PROPORTIONATELY across cash, money market, and eligible mutual funds
- Distribute available cash only
- Distribute by specific mutual funds (maximum of 10, provide all details below)

FUND NAME	SYMBOL	DOLLAR OR PERCENTAGE
Total (if percentage, must equal 100%)		

ON SELLING YOUR SHARES, YOU MAY PAY A SALES CHARGE. FOR THE CHARGE AND OTHER FEES, SEE THE PROSPECTUS.

SECTION V: Systematic Exchanges

Complete Section V if a mutual fund exchange is requested.

Systematic Exchange Within Fund Family:

TRANSFER MONEY FROM: (Source Fund)		
FUND	Ticker Symbol	Amount

TRANSFER MONEY TO: (Destination Fund)		
FUND	Ticker Symbol	Amount

Member signature is on Page 3.

SECTION VI: Authorization and Signature(s) (Required)

I (we) hereby authorize Pershing LLC, to initiate debit and/or credit entries to the financial account indicated above and further authorize my (our) financial institution to debit and/or credit same to such account. It shall also authorize Pershing LLC to initiate, if necessary, debit entries and adjustments for any credit entries in error to the financial institution indicated, and to credit and/or debit the same to such financial account indicated above.

This authority is to remain in full force and affect until Pershing LLC has received written notification from me (or either of us) of its termination at such time and in such manner as to afford Pershing LLC and the financial institution reasonable opportunity to act on it.

Primary Account Owner

Joint Account Owner (if applicable)

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Representative Number: _____ **Representative Name:** _____