

Plus mutual fund IRA application



Mail to: P.O. Box 9261, Des Moines, IA 50306-9261
 Overnight: 8300 Mills Civic Pkwy, West Des Moines, IA 50266-3833
 Phone: 1-866-747-3421 | Email: SecuritiesNB@sfgmembers.com

Instructions

Use this application for the LiveWell® Plus Mutual Fund IRA only. **The minimum initial contribution is \$50,000.**

USA Patriot Act requirements: To help the government fight the funding of terrorism and money laundering activities, the U.S. government passed the USA Patriot Act, requiring financial institutions to obtain, verify, and record information that identifies persons who engage in certain transactions with or through Sammons Institutional Group®, Inc. This means we will need to obtain certain information that allows us to verify your identity. The following information is required for each person associated with the account:

- Name
- Residence address (P.O. Box is not accepted; APO/FPO is accepted)
- Date of birth
- Social Security number (SSN)

Please make checks payable to: UMB Bank NA FBO: (Account Holder's name)

UMB Bank n.a. is the custodian for the LiveWell® Mutual Fund IRA Series. The mutual funds offered through the LiveWell® Mutual Fund IRA Series are made available through Sammons Financial Network®, LLC., member FINRA, 8300 Mills Civic Parkway, West Des Moines, IA 50266. Information about the LiveWell® Mutual Fund IRA Series and its funds can be obtained by calling 866-747-3421. Securities distributed by Sammons Financial Network®, LLC., member FINRA, Sammons Institutional Group®, Inc. provides administrative services. Sammons Retirement Solutions® is a division of Sammons Institutional Group®, Inc. Sammons Financial Network®, LLC., member FINRA, Sammons Institutional Group®, Inc., and Sammons Retirement Solutions® are not affiliated with UMB Bank n.a.

1. Account Holder information

If the Account Holder is a non-resident alien, submit IRS Form W-9. This form is available at www.IRS.gov.

| | | | |
|--|---|-----|----------------------------|
| Name (first, middle initial, last) | | | Social Security number |
| Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident alien/Citizen of: _____ | | Date of birth (mm/dd/yyyy) |
| Street address (P.O. Boxes are not allowed)* | | | Apartment/Suite number |
| City | State | ZIP | Phone number |

2. Beneficiary information

The total percentage of beneficiary shares must equal 100%. If the beneficiary information is missing or incomplete, the beneficiary designation will default to the Account Holder's estate until the information is provided. Please list additional beneficiaries and/or trustees on a separate piece of paper that includes the date signed and the Account Holder's signature.

| | | | | |
|--|--|----------------------------|--|--|
| Select one: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | | | Select one: <input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita | |
| 1. Name (first, middle initial, last) | | Social Security number | Percentage % | |
| Relationship to Account Holder | | Date of birth (mm/dd/yyyy) | | |
| Mailing address | | Phone number | | |
| Select one: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent | | | Select one: <input type="checkbox"/> Per stirpes <input type="checkbox"/> Per capita | |
| 2. Name (first, middle initial, last) | | Social Security number | Percentage % | |
| Relationship to Account Holder | | Date of birth (mm/dd/yyyy) | | |
| Mailing address | | Phone number | | |

* If your mailing address is different than your street address, please list on a separate piece of paper with the Account Holder's signature and date.



Beneficiary information continued on page 2 ►

NOT FDIC/NCUA INSURED, MAY LOSE VALUE INCLUDING LOSS OF PRINCIPAL, NO BANK/CU GUARANTEE, NOT A DEPOSIT, NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY.

2. Beneficiary information (continued)

Select one: Primary Contingent | Select one: Per stirpes Per capita

| | | |
|---------------------------------------|----------------------------|--------------|
| 3. Name (first, middle initial, last) | Social Security number | Percentage % |
| Relationship to Account Holder | Date of birth (mm/dd/yyyy) | |
| Mailing address | Phone number | |

Select one: Primary Contingent | Select one: Per stirpes Per capita

| | | |
|---------------------------------------|----------------------------|--------------|
| 4. Name (first, middle initial, last) | Social Security number | Percentage % |
| Relationship to Account Holder | Date of birth (mm/dd/yyyy) | |
| Mailing address | Phone number | |

Select one: Primary Contingent | Select one: Trust

| | | |
|--|---------------------------|-------------------------|
| 5. Full trust name | Tax Identification number | Percentage % |
| Trustee name (first, middle initial, last) | Trustee phone number | Trust date (mm/dd/yyyy) |
| Trustee mailing address | Trustee email address | |

3. Qualified plan type

Traditional IRA Roth IRA* SEP IRA**

Contribution year and amount: Year _____ Amount \$ _____ | Year _____ Amount \$ _____

* Roth IRA: If transfer, provide original conversion/establishment date and amount: _____

** Employer name (For SEP IRA only): _____

4. Initial contribution

Minimum initial contribution is \$50,000. **MAKE CHECKS PAYABLE TO: UMB Bank NA FBO: (Account Holder's name)**

Initial contribution: \$ _____ Rollover* Transfer*

* If you checked rollover or transfer, please name the Trustee/Custodian/Insurance carrier below.

Trustee/Custodian/Insurance carrier: _____

Trustee/Custodian/Insurance carrier: _____

Trustee/Custodian/Insurance carrier: _____

5. Dollar cost averaging

CHECK HERE to elect dollar cost averaging. If you elect dollar cost averaging, please submit the dollar cost averaging form with this application.



6. Automatic portfolio rebalancing

This is optional and may not be used with dollar cost averaging.

CHECK HERE to elect automatic portfolio rebalancing. The account value will rebalance to the portfolios selected in the initial account allocations section of this application. Rebalancing will occur on the account anniversary of the month according to the elected frequency, provided that is a business day. If you elect automatic portfolio rebalancing but do not indicate a frequency below, automatic portfolio rebalancing will default to quarterly.

Frequency: Quarterly Semi-annually Annually

Please consult the sales materials provided at account opening for details regarding this feature as well as restrictions, minimum or maximum limitations, fees, and other applicable information. Automatic portfolio rebalancing cannot be elected if you participate in dollar cost averaging.

7. Initial account allocations

Please designate your allocations in whole percentages only. No matter which funds are chosen, the total allocations must equal 100%, or the application will not be considered in good order.

LiveWell® Models

| Accumulation | Percent | Income | Percent |
|-------------------|---------|--------------------|---------|
| Conservative | _____ % | High Income | _____ % |
| Moderate | _____ % | Diversified Income | _____ % |
| Moderate Growth | _____ % | | |
| Growth | _____ % | | |
| Aggressive Growth | _____ % | | |

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Risk-based allocation funds

| Ticker | Fund name | Percent |
|--------|--------------------------------------|---------|
| FTTNX | Fidelity Advisor Asset Manager 30% M | _____ % |
| FFTMX | Fidelity Advisor Asset Manager 50% M | _____ % |
| FTASX | Fidelity Advisor Asset Manager 70% M | _____ % |
| FEYTX | Fidelity Advisor Asset Manager 85% M | _____ % |

Target date allocation funds

| Ticker | Fund name | Percent |
|--------|---|---------|
| ARCRX | American Century One Choice 2030 R | _____ % |
| ARDRX | American Century One Choice 2040 R | _____ % |
| ARFWX | American Century One Choice 2050 R | _____ % |
| ARGRX | American Century One Choice 2060 R | _____ % |
| ARSRX | American Century One Choice in Retirement R | _____ % |

| Ticker | Fund name | Percent |
|--------------|---|---------|
| Large Growth | | |
| ACARX | Alger Capital Appreciation Instl R | _____ % |
| ADRRX | American Century Disciplined Growth R | _____ % |
| AULRX | American Century Ultra R | _____ % |
| GFAFX | American Funds Growth Fund of Amer F1 | _____ % |
| LMPLX | ClearBridge Large Cap Growth R | _____ % |
| FAGOX | Fidelity Advisor Growth Opportunities M | _____ % |
| FNITX | Fidelity Advisor New Insights M | _____ % |
| FDNRX | Franklin DynaTech R | _____ % |
| LGLRX | Lord Abbett Growth Leaders R3 | _____ % |
| MBCNX | MassMutual Blue Chip Growth R3 | _____ % |
| PFGRX | Pioneer Fundamental Growth R | _____ % |
| PGBEX | Principal Blue Chip Fund R3 | _____ % |
| RRBGX | T. Rowe Price Blue Chip Growth R | _____ % |
| RRGSX | T. Rowe Price Growth Stock R | _____ % |

The model portfolios will not automatically rebalance unless automatic portfolio rebalancing is elected.

| Ticker | Fund name | Percent |
|-------------|-------------------------------------|---------|
| Large Value | | |
| AVURX | American Century Value R | _____ % |
| MDDVX | BlackRock Equity Dividend A | _____ % |
| RSOOX | Columbia Dividend Opportunity R | _____ % |
| SLVRX | Columbia Select Large-Cap Value R | _____ % |
| LAVRX | Lord Abbett Fundamental Equity R3 | _____ % |
| PQIRX | Pioneer Equity Income R | _____ % |
| PEIOX | Principal Equity Income R3 | _____ % |
| Large Blend | | |
| AICFX | American Funds Invmt Co of Amer F1 | _____ % |
| WSHFX | American Funds Washington Mutual F1 | _____ % |
| LMMRX | ClearBridge Dividend Strategy R | _____ % |
| CCCRX | Columbia Contrarian Core R | _____ % |
| FRDRX | Franklin Rising Dividends R | _____ % |
| VADRX | Invesco Equally-Weighted S&P 500 R | _____ % |
| OMGNX | Invesco Main Street R | _____ % |
| MFVNX | MassMutual Select Equity Opports R3 | _____ % |
| MMINX | MM S&P 500® Index R3 | _____ % |
| PSPRX | PIMCO StocksPLUS R | _____ % |
| PCAOX | Principal Capital Appreciation R3 | _____ % |



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7. Initial account allocations (continued)

Please designate your allocations in whole percentages only. No matter which funds are chosen, the total allocations must equal 100%, or the application will not be considered in good order.

| Ticker | Fund name | Percent |
|---------------------|--|---------|
| Mid Value | | |
| AMVRX | American Century Mid Cap Value R | _____ % |
| JDPRX | Janus Henderson Mid Cap Value R | _____ % |
| IIVAX | Transamerica Small/Mid Cap Value A | _____ % |
| Mid Blend | | |
| LMREX | ClearBridge Mid Cap R | _____ % |
| MDKTX | MM S&P® Mid Cap Index R3 | _____ % |
| Mid Growth | | |
| ERSMX | Eaton Vance Atlanta Capital SMID-Cap R | _____ % |
| KAUFX | Federated Hermes Kaufmann R | _____ % |
| FITIX | Fidelity Advisor Mid Cap II M | _____ % |
| OEGNX | Invesco Discovery Mid Cap Growth R | _____ % |
| JDMRX | Janus Henderson Enterprise R | _____ % |
| PFPPX | Principal MidCap Growth R3 | _____ % |
| Small Value | | |
| FCVTX | Fidelity Advisor Small Cap Value M | _____ % |
| JDSRX | Janus Henderson Small Cap Value R | _____ % |
| ROFRX | Royce Opportunity R | _____ % |
| Small Blend | | |
| OSCNX | Invesco Main Street Small Cap R | _____ % |
| SMERX | Invesco Small Cap Equity R | _____ % |
| Small Growth | | |
| LMPOX | ClearBridge Small Cap Growth R | _____ % |
| JGMRX | Janus Henderson Triton R | _____ % |
| PSBMX | Principal SmallCap R3 | _____ % |
| International Large | | |
| AEGFX | American Funds Europacific Growth F1 | _____ % |
| LMGRX | ClearBridge International Growth R | _____ % |
| FIATX | Fidelity Advisor Intl Capital App M | _____ % |
| OIDNX | Invesco International Diversified R | _____ % |
| QIVNX | Invesco International Equity R | _____ % |
| OIGNX | Invesco Oppenheimer International Growth R | _____ % |
| JDIRX | Janus Henderson Overseas R | _____ % |
| PINRX | Principal Diversified International R3 | _____ % |
| RRIGX | T. Rowe Price International Value Equity R | _____ % |
| TEFRX | Templeton Foreign R | _____ % |
| TRWAX | Transamerica International Equity A | _____ % |

| Ticker | Fund name | Percent |
|-----------------------------|---|---------|
| International Small | | |
| WPVAX | abrln International Small Cap R | _____ % |
| FTISX | Fidelity Advisor Intl Small Cap M | _____ % |
| OSMNX | Invesco International Small-Mid Company R | _____ % |
| Emerging Markets | | |
| GOPRX | abrln China A Share Equity Fund R | _____ % |
| GEMRX | abrln Emerging Markets R | _____ % |
| AEMRX | American Century Emerging Markets R | _____ % |
| CEMRX | Columbia Emerging Markets R | _____ % |
| TDMRX | Templeton Developing Markets R | _____ % |
| World Stock | | |
| NPFFX | American Funds New Perspective F1 | _____ % |
| MDGCX | BlackRock Advantage Global A | _____ % |
| FEATX | Fidelity Advisor® Emerging Asia M | _____ % |
| FMURX | Franklin Mutual European R | _____ % |
| OGLNX | Invesco Global R | _____ % |
| GLVNX | Invesco Global Focus R | _____ % |
| OGINX | Invesco Global Opportunities R | _____ % |
| JDWRX | Janus Henderson Global Research R | _____ % |
| Commodities/Precious Metals | | |
| BRCRX | Invesco Balanced-Risk Commodity Strat R | _____ % |
| OGMNX | Invesco Gold & Special Minerals R | _____ % |
| PCSRX | PIMCO Commodity Real Return Strategy R | _____ % |
| Communications | | |
| FTUTX | Fidelity Advisor Telecommunications M | _____ % |
| Energy | | |
| SPMWX | Invesco SteelPath MLP Select 40 R | _____ % |
| Natural Resources | | |
| FMFTX | Fidelity Advisor Materials M | _____ % |
| Financial | | |
| FAFSX | Fidelity Advisor Financial Services M | _____ % |



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7. Initial account allocations (continued)

Please designate your allocations in whole percentages only. No matter which funds are chosen, the total allocations must equal 100%, or the application will not be considered in good order.

| Ticker | Fund name | Percent |
|----------------------|--|---------|
| Health | | |
| ERHSX | Eaton Vance Worldwide Health Science R | _____ % |
| FBTTX | Fidelity Advisor Biotechnology M | _____ % |
| Industrials | | |
| FCLTX | Fidelity Advisor Industrials M | _____ % |
| Real Estate | | |
| ARYWX | American Century Global Real Estate R | _____ % |
| RRRSX | DWS RREEF Real Estate Securities R | _____ % |
| FHETX | Fidelity Advisor Real Estate M | _____ % |
| PGRKX | Principal Global Real Estate Securities R3 | _____ % |
| PRERX | Principal Real Estate Securities R3 | _____ % |
| Technology | | |
| SGTRX | Columbia Seligman Global Technology R | _____ % |
| FATEX | Fidelity Advisor Technology M | _____ % |
| Utilities | | |
| FRURX | Franklin Utilities R | _____ % |
| Balanced | | |
| CBURX | Columbia Income Builder R | _____ % |
| ERIFX | Eaton Vance Balanced R | _____ % |
| FTSDX | Fidelity Advisor Strategic Div & Inc M | _____ % |
| FISRX | Franklin Income R | _____ % |
| JDBRX | Janus Henderson Balanced R | _____ % |
| LIXRX | Lord Abbett Multi-Asset Income R3 | _____ % |
| IBALX | Transamerica Multi-Managed Balanced A | _____ % |
| Socially Responsible | | |
| AFDRX | American Century Sustainable Equity R | _____ % |
| GIRRX | abrdn Emerging Markets Sustainable Leaders R | _____ % |
| GLSRX | abrdn US Sustainable Leaders Smaller Companies R | _____ % |
| CSIFX | Calvert Balanced A | _____ % |
| CCAFX | Calvert Mid-Cap A | _____ % |
| DESRX | DWS ESG Core Equity R | _____ % |
| CBPRX | Pioneer Balanced ESG R | _____ % |
| PIORX | Pioneer R | _____ % |

| Ticker | Fund name | Percent |
|-----------------------|--|---------|
| Tactical | | |
| PATRX | PIMCO All Asset R | _____ % |
| PNARX | Principal Spectrum Preferred and Cap Sec Income R3 | _____ % |
| World Allocation | | |
| MDLOX | BlackRock Global Allocation A | _____ % |
| FMQSX | Franklin Mutual Quest R | _____ % |
| Bank Loan | | |
| LRRRX | Lord Abbett Floating Rate R3 | _____ % |
| Convertible Bond | | |
| LCFRX | Lord Abbett Convertible R3 | _____ % |
| Emerging Markets Bond | | |
| CMBRX | Columbia Emerging Markets Bond R | _____ % |
| Government Bond | | |
| AGMWX | American Century Ginnie Mae R | _____ % |
| ERGOX | Eaton Vance Government Opportunities R | _____ % |
| High Yield Bond | | |
| CHBRX | Columbia High Yield Bond R | _____ % |
| KHYRX | DWS High Income R | _____ % |
| LHYRX | Lord Abbett High Yield R3 | _____ % |
| PHYRX | PIMCO High Yield R | _____ % |
| Inflation Protection | | |
| AIARX | American Century Inflation-Adjusted Bond R | _____ % |
| PRRRX | PIMCO Real Return R | _____ % |
| Intermediate Bond | | |
| OPBNX | Invesco Core Bond R | _____ % |
| OFINX | Invesco Intermediate Bond Factor Fund R | _____ % |
| JDFRX | Janus Henderson Flexible Bond R | _____ % |
| LAURX | Lord Abbett Income R3 | _____ % |
| PTRRX | PIMCO Total Return R | _____ % |
| PBFRX | Pioneer Bond R | _____ % |
| PIOOX | Principal Core Fixed Income R3 | _____ % |
| WAPRX | Western Asset Core Plus Bond R | _____ % |



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7. Initial account allocations (continued)

Please designate your allocations in whole percentages only. No matter which funds are chosen, the total allocations must equal 100%, or the application will not be considered in good order.

| Ticker | Fund name | Percent |
|---------------------|-------------------------------------|---------|
| Multisector Bond | | |
| CSNRX | Columbia Strategic Income R | _____ % |
| FSIAX | Fidelity Advisor Strategic Income M | _____ % |
| LBNRX | Lord Abbett Bond-Debenture R3 | _____ % |
| PONRX | PIMCO Income R | _____ % |
| STIRX | Pioneer Strategic Income R | _____ % |
| Nontraditional Bond | | |
| PUBRX | PIMCO Dynamic Bond R | _____ % |

| Ticker | Fund name | Percent |
|----------------------------------|---|-------------|
| Short-Term Bond | | |
| LDLRX | Lord Abbett Short Duration Income R3 | _____ % |
| MSDNX | MassMutual Short-Duration Bd R3 | _____ % |
| PLDRX | PIMCO Low Duration R | _____ % |
| PTSRX | PIMCO Short-Term R | _____ % |
| World Bond | | |
| PFRRX | PIMCO International Bond (USD-Hedged) R | _____ % |
| FGBRX | Templeton Global Bond R | _____ % |
| Total investment election | | 100% |

Morningstar Investment Management LLC is a registered investment adviser and subsidiary of Morningstar, Inc. Morningstar Investment Management provides nondiscretionary consulting services to Sammons Institutional Group[®], Inc. (SIG) but is not acting in the capacity of adviser to individual investors. Morningstar Investment Management provides recommendations to SIG regarding asset allocation targets, for certain LiveWell[®] products/programs, which are subject to change without notice. Morningstar Investment Management establishes the allocations using its proprietary asset classifications. If alternative classification methods are used, the allocations may not meet the asset allocation targets. The Morningstar name and logo are registered marks of Morningstar, Inc. Morningstar Investment Management is not affiliated with SIG.

Funds are current as of 5/1/2022. Please see www.srslivewell.com for any applicable changes.

8. Electronic information and document delivery consent (eDelivery)

Do you consent to electronic delivery of documents? Yes No

Check the box(es) next to the type of documents you wish to receive electronically. If electronic delivery is authorized but no document type is selected, the selection will default to "All Documents."

All Documents Transaction Confirmations Statements (quarterly, annual, anniversary) General Correspondence

Account Holder's email address: _____

I understand that Sammons Institutional Group (SIG) will send me an email that will require my agreement and confirmation to begin receiving documents electronically, and that I will receive a notification email each time a new document is available for viewing. I confirm I have access to a computer and a web browser to view these documents. I understand I will need Adobe Acrobat Reader software to access any PDF documents. A free download of this software is available at <http://get.adobe.com/reader>. I understand that all documents provided in electronic or paper format from SIG will be considered received and binding.

I understand I can receive a paper copy of documents and/or revoke my consent at any time by calling SIG at 866-747-3421. This consent will terminate a) when I notify SIG to terminate; or b) when the account is terminated. I understand that SIG, at its sole discretion, reserves the right to discontinue electronic provision of documents and that notice of any such termination or change will be provided to me as required by law. SIG does not charge a fee for providing electronic documents; however, I may incur internet access charges, telephone charges, and other third-party charges when receiving electronic documents or downloading required software.

This consent applies to this account only. If multiple accounts are owned, electronic delivery must be elected for each. I understand that if I have a change of email, I will notify the company of this change.



9. Telephone, internet, and electronic medium transaction authorization

By initialing below, I hereby authorize and direct Sammons Institutional Group (SIG) to act on telephone, Internet or other electronic medium instructions, when proper identification is furnished (Social Security number, Tax Identification or other established identifiers) concerning, but not limited to, exchange of units between the funds, to change allocation of future contributions, to request partial withdrawals, and/or other authorized transactions. I agree that SIG is not liable for any losses or expenses arising from any exchange, change in allocation of future contributions or partial withdrawal by acting in accordance with telephone, Internet or other electronic medium instructions that they believe to be genuine. SIG will employ reasonable procedures to confirm that telephone instructions are genuine.

I understand that a confirmation statement for all transactions will be mailed to me at the address of record, or emailed to me if the electronic information and document delivery consent has been given; I acknowledge that I am responsible for promptly reviewing all confirmation statements. I agree to notify SIG of any erroneous or unauthorized transaction within thirty (30) days of my receipt of such confirmation statement.

Account Holder's initials

I authorize my Registered Representative(s) and their assistant(s) to enact changes to my Account on my behalf.

Account Holder's initials

I authorize the following individuals to enact changes to my Account on my behalf.

Name (first, middle initial, last): _____ Social Security number: _____

Name (first, middle initial, last): _____ Social Security number: _____

If a Social Security number is not provided, the proposed individual will not be authorized for certain transactions.

This authorization will remain in effect until: 1) SIG receives written or telephone notification from the Account Holder, or 2) the Account is terminated. In absence of initials, SIG will default to no authorization given for electronic and telephone transactions.

10. Acknowledgment, taxpayer certification, and signature

By signing this application, the Account Holder named above appoints UMB Bank n.a., or its successors, as Custodian of the Account established under the LiveWell® Individual Retirement Account custodial agreement and Traditional IRA Disclosure Statement, or Roth IRA Disclosure Statement, included with the application materials. The Account Holder states that he/she has received, read, and accepted the terms of the LiveWell® Individual Retirement Account custodial agreement and the LiveWell® Traditional IRA Account Disclosure Statement or Roth IRA Account Disclosure Statement. The Account Holder acknowledges receipt of current prospectus(es) of the mutual fund companies in which the assets of the Account may be invested. The Account Holder also consents to the Recordkeeping Fee(s) as specified in the Disclosure Statement, agrees to promptly give instructions to the Custodian necessary to enable the Custodian to carry out its duties under the Disclosure Statement, and represents that whenever information as to any taxable year is required to be filed with the Internal Revenue Service, the Account Holder will file such information with the Internal Revenue Service unless what is filed by the Custodian represents that any rollover contributions are eligible for rollover pursuant to the terms of the Internal Revenue Code, including but not limited to the requirement to reinvest such amounts within 60 days of the date of receipt of the distribution and the Custodian hereby agrees to accept this Agreement. The Account Holder and the Custodian agree to be bound by all of the provisions of the Account Agreement and Disclosure Statement incorporated herein by reference. I further understand that I must carefully review each Account confirmation statement or other documentation of transaction that I receive to ensure that my instructions have been properly acted upon. If any discrepancies are noted, I agree to notify Sammons Institutional Group (SIG) in a timely manner but in no event more than 30 days from receipt of such confirmation statement or documentation of transaction. Failure to notify one of the above entities on a timely basis will relieve such entities of any liability with respect to the transaction and any other discrepancy.

Under penalties of perjury, my signature certifies 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);
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, (b) I have not been notified by the Internal Revenue Service 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;
3. I am a U.S. citizen or U.S. resident alien; and
4. I am exempt from FATCA reporting.

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 confirm that I have access to a computer with internet access to view the fund prospectuses.

| | |
|----------------------------|--------------------------|
| Account Holder's signature | Date signed (mm/dd/yyyy) |
| <input type="text"/> | <input type="text"/> |



11. Client BIN/Networking/Linking number

Client BIN/Networking/Linking number (For Registered Representative use only – not required by SIG) _____

12. Registered Representative's statement

I certify I have reviewed this application, determined all questions are answered fully, completely and accurately as supplied by the applicant, and recorded in full detail as required.

Registered Representative's full name (please print) _____

| | |
|-----------------------------------|-------------------------------------|
| Business email address (REQUIRED) | Percentage (whole percentages only) |
| External Broker-Dealer ID | CRD number (REQUIRED) |

| | |
|---------------------------------------|--------------------------|
| Registered Representative's signature | Date signed (mm/dd/yyyy) |
| <input type="text"/> | <input type="text"/> |

Additional Registered Representative's full name (please print) _____

| | |
|-----------------------------------|-------------------------------------|
| Business email address (REQUIRED) | Percentage (whole percentages only) |
| External Broker-Dealer ID | CRD number (REQUIRED) |

| | |
|--|--------------------------|
| Additional Registered Representative's signature | Date signed (mm/dd/yyyy) |
| <input type="text"/> | <input type="text"/> |

