

Account Application

Advisory - Non-Retirement

A1

Account Number									
Rep ID									

Financial advisor instructions: To be used for all LPL 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 to imaging.email@lpl.com or fax to (858) 202-8325.

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

Section I: Account Information

1. Account Type (choose only one)

Account updates required by LPL Operations ☐

Each account holder must receive, read and understand the contents of the applicable Account Packet referenced below based on the account type selected. This separate packet contains the Account Agreement and Program Brochure and details the relationship between you, your financial advisor, LPL Financial ("LPL") and other parties and related conflicts of interest.

- | | |
|---|---|
| <input type="radio"/> Strategic Asset Management* (Account Packet - SAM Programs) | <input type="radio"/> Optimum Market Portfolios Advisory (Account Packet - OMP) |
| <input type="radio"/> Strategic Asset Management II** (Account Packet - SAM Programs) | <input type="radio"/> Model Wealth Portfolios (Account Packet - MWP) |
| <input type="radio"/> Manager Select (Account Packet - Manager Select) | <input type="radio"/> Personal Wealth Portfolios (Account Packet - PWP) |
| | <input type="radio"/> Guided Wealth Portfolios*** (Account Packet - GWP) |

* I understand that I bear transaction charges for purchases and sales in the Account.

** I understand that transaction costs for the Account are borne by my financial advisor.

***GWP accounts must be submitted with e-signature

2. Registration Type (choose only one)

- | | | | |
|--|---|--|---|
| <input type="radio"/> Individual | <input type="radio"/> Guardianship/Conservatorship* | <input type="radio"/> Personal Trust* | <input type="radio"/> Corporate* |
| <input type="radio"/> Tenants in Common | <input type="radio"/> Custodian for Minor | <input type="radio"/> Partnership* | <input checked="" type="radio"/> Non-Profit Organization* |
| <input type="radio"/> Community Property | <input type="radio"/> Coverdell ESA* | <input type="radio"/> Limited Liability Company* | <input type="radio"/> Omnibus* |
| <input type="radio"/> Joint Tenants With Right of Survivorship | <input type="radio"/> Estate* | | |
| <input type="radio"/> Other (Please specify): | | | |

*Additional documentation required. Financial advisor should refer to the detailed procedures for the registration type on the Resource Center.

Is this account for a Government Entity? ☐ Yes ☒ No

Is your account holder considered an "institutional account" based on one or more of the following definitions per FINRA Rule 4512(c): ☒ Yes ☐ No

1. A bank, savings and loan association, insurance company or registered investment company;
2. An investment adviser registered either with the SEC under Section 203 of the Investment Advisers Act or with a state securities commission (or any agency or office performing like functions); or
3. Any other person (whether a natural person, corporation, partnership, trust or otherwise) with total assets of at least \$50 million

3. Registration Information

Social Security Number or Tax ID

81-2576201

Account Registration

INDEPENDENT CHARITABLE GIFT FUND

FBO "DAF NAME"

A NON-PROFIT ORGANIZATION

Fill in your current residency status: (choose only one)

- ☒
- U.S. Citizen
- ☐
- Resident Alien
- ☐
- Non-Resident Alien

Country of Citizenship

UNITED STATES

Mailing Address

110 W STREETSBORO ST, STE 2A

HUDSON, OH 44236-2775

Home Phone

Mobile Phone

Business Phone

(330)400-2768

Fax Number

(330)362-9925



Member FINRA/SIPC



Section II: Investment Objective and Risk Tolerance

1. Select the investment objective that most accurately reflects the goals for this account: (choose only one)

The investment objectives, account goal, and risk tolerance are overall objectives for the entire account and may be inconsistent with a particular holding at any time. Please note that achievement of the stated investment objectives or account goal is a long-term goal for the account. These choices are listed in order from what is considered to be conservative to highest risk - ask your financial advisor for more details. There is no guarantee that the investment objective or account goal will be achieved.

- ☐ A. Income with Capital Preservation. Designed as a longer term accumulation account, this is considered generally the most conservative investment objective. Emphasis is placed on generation of current income with minimal risk of capital loss. Lowering the risk generally means lowering the potential income and overall return.
- ☐ B. Income with Moderate Growth. Emphasis is placed on generation of current income with a secondary focus on moderate capital growth.
- ☐ C. Growth with Income. Emphasis is placed on modest capital growth with some focus on generation of current income.
- ☐ D. Growth. Emphasis is placed on achieving high long-term growth and capital appreciation. There is little focus on generation of current income.
- ☐ E. Aggressive Growth. Emphasis is placed on aggressive growth and maximum capital appreciation. No focus on generation of current income. This objective has a very high level of risk and is for investors with a longer time horizon.

ATTENTION: If you select an objective and cross it out to choose another, the change must be initialed by all account holders.

2. GWP Only

Time Horizon (Target Year): Account Goal (select one): ☐ Retirement ☐ Major Purchase ☐ General Investing

Investment Allocation Track (select one): ☐ Conservative ☐ Moderate Conservative ☐ Moderate ☐ Moderate Aggressive ☐ Aggressive

Section III: Account Holder Information

For corporate, LLC, non-profit organization, partnership, and investment club accounts, this section is NOT required. Complete the appropriate supplementary documentation instead. For additional account holders, complete the Supplemental Account Application (F1C).

1. Primary Information

Primary Account Holder/Trustee/Minor/Auth. Officer		Occupation (former if retired or unemployed)		ID Type (Ex: Driver's License, Passport, etc.)
<input type="text"/>		<input type="text"/>		<input type="text"/>
Social Security Number	Date of Birth	Industry (former if retired)	ID Place of Issuance	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residence Address (no P. O. Boxes) <input type="checkbox"/> Same as mailing address		Employer Name <input type="checkbox"/> Mark here if retired or unemployed	ID Number	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
<input type="text"/>		Employment Address	ID Issuance Date	ID Expiration Date
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of Citizenship		<input type="text"/>	ID verified?	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>		<input type="text"/>		
Home Phone	Mobile Phone	Business Phone	Fax Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Is this account for the benefit of a Politically Exposed Person (PEP)*? ☐ Yes ☐ No

If yes, define PEP position:

*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.

The trusted contact person is intended to be a resource for LPL in administering your accounts, protecting your assets, and responding to possible financial exploitation (refer to account packet/agreement for more details). Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

☐ I decline to provide a trusted contact person at this time.

Trusted Contact Name	Trusted Contact Email
<input type="text"/>	<input type="text"/>
Trusted Contact Address	
<input type="text"/>	
Trusted Contact Primary Phone	Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other)
<input type="text"/>	<input type="text"/>

Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section III: Account Holder Information (continued)

1. Primary Information (continued)

- ☐ Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA	Relationship to Account Holder of Person Associated with Firm or FINRA	Name of Associated Firm (if FINRA, list FINRA)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address of Person Associated with Firm or FINRA	Corporate Compliance Mailing Address of Firm
<input type="text"/>	<input type="text"/>

- ☐ Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.
- Name of Corporation(s)

2. Secondary Information

Secondary Account Holder/Trustee/Minor/Auth. Officer		Occupation (former if retired or unemployed)	ID Type (Ex: Driver's License, Passport, etc.)
<input type="text"/>		<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth	Industry (former if retired)	ID Place of Issuance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residence Address (no P. O. Boxes) <input type="checkbox"/> Same as mailing address		Employer Name <input type="checkbox"/> Mark here if retired or unemployed	ID Number
<input type="text"/>		<input type="text"/>	<input type="text"/>
<input type="text"/>		Employment Address	ID Issuance Date ID Expiration Date
<input type="text"/>		<input type="text"/>	<input type="text"/>
Country of Citizenship		<input type="text"/>	ID verified? <input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>		<input type="text"/>	
Home Phone	Mobile Phone	Business Phone	Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is this account for the benefit of a Politically Exposed Person (PEP)*? ☐ Yes ☐ No

If yes, define PEP position:

*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.

The trusted contact person is intended to be a resource for LPL in administering your accounts, protecting your assets, and responding to possible financial exploitation (refer to account packet/agreement for more details). Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

- ☐ I decline to provide a trusted contact person at this time.

Trusted Contact Name	Trusted Contact Email
<input type="text"/>	<input type="text"/>

Trusted Contact Address

Trusted Contact Primary Phone	Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other)
<input type="text"/>	<input type="text"/>

Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section III: Account Holder Information (continued)

2. Secondary Information (continued)

- ☐ Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA Relationship to Account Holder of Person Associated with Firm or FINRA Name of Associated Firm (if FINRA, list FINRA)

Address of Person Associated with Firm or FINRA Corporate Compliance Mailing Address of Firm

- ☐ Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months. Name of Corporation(s)

Section IV: Financial Information and Experience

1. Investment Information

Enter the letter that corresponds to the correct range:

Annual income? Net worth? (exclusive of primary residence) Liquid net worth?* Approximate account value?**

A. \$1 - \$24,999	B. \$25,000 - \$49,999	C. \$50,000 - \$99,999	D. \$100,000 - \$249,999
E. \$250,000 - \$499,999	F. \$500,000 - \$749,999	G. \$750,000 - \$999,999	H. \$1,000,000 and over

Specify the exact Source of Account Holder Wealth and Income (e.g. Inheritance, employment salary, sale of real estate, etc.)

Contributions Federal income tax bracket? (%)

Investment Experience (total number of years):

Indicate the number of years of experience for each investment type:

Annuities Mutual Funds Partnerships Margin Stocks Bonds Options

Other (please specify):

What are your assets/investments (includes positions held outside and by LPL in this and other accounts)? Please indicate approximate percentage of assets in whole numbers 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 advisor.

Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section IV: Financial Information and Experience (continued)

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? ☐ Within 3 years ☐ More than 3 years

Section V: Advisory Program Account Information

1. Primary Financial Advisor Information

Primary Financial Advisor Name

Business Address

Business Phone

2. Annual Account Fee Information

One of the following fee instruction areas is required to be completed. If left blank, or the Tiered Account Fee Authorization Form is not received, then the application will be rejected.

For SAM, SAM II, OMP, MWP, Manager Select, and/or PWP:

Note: Tiered Account Fees are not available for MWP and PWP

Account Fee = Advisory Fee: (%) + Manager Fee* (if applicable) OR

☐ Check here if account will be set up for Tiered Account Fee**

* Please refer to the Account Agreement for a description of the Manager Fee.

** For Tiered Account Fee Billing, Form F521 (Tiered Account Fee Authorization Form) is required to be submitted with this application. TAF set up for eligible accounts must be completed prior to Form F521 submission. To learn more about this requirement, please refer to the Quick Start Guide (TAFS) posted in the Resource Center.

For GWP Only:

Account Fee = Advisor Fee: (%) + Program Fee*

* Please refer to the Account Agreement for a description of the Program Fee.

3. Commissions on Trades from Accounts Outside of LPL (Optional)

Financial Advisor(s): Mark below if you wish to apply a fee credit to the assets (cash or securities) being deposited into this account that originated from a firm other than LPL Financial and a commission was earned by you within the past two years. Please provide trade details below to apply for a fee credit:

Purchase Date	Purchase Amount	Investment Name	Fund Class	CUSIP/Symbol	Commission
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

4. Specific Securities Restrictions

Mark below if you wish to restrict specific securities, categories, groups or sectors from your account (for SAM/SAM II, PWP and Manager Select accounts only). In order to facilitate these restrictions, please provide restriction details below.*

Restrict common stock securities: (enter symbol)

Restrictions do not apply to mutual funds.

(attach additional pages if necessary)

Other Restrictions (for SAM/SAM II and PWP accounts only): Please explain any other restrictions below. This includes any industry group, sector or social category restrictions that apply to a PWP account. Financial advisor should refer to the Resource Center for detailed information on the restriction options available for PWP accounts. (attach additional pages if necessary)

*Certain restrictions may require further review with LPL and your financial advisor.

Account Number



Section VI: Manager Select Account Information

1. Complete This Section for Manager Select Accounts Only

Account Type (choose either SMA Platform or Model Portfolio Platform):

- ☐ SMA Platform (SMA Portfolio Manager indicated below has discretionary authority)

SMA Portfolio Manager Name

Asset Class*

Investment Style*

Did the SMA Portfolio Manager indicated above previously manage the assets in this account? ☐ Yes ☐ No

Accepted by SMA Portfolio Manager / Authorized Person Signature

Accepted by SMA Portfolio Manager / Authorized Person Name (print)

Date (required)

- ☐ Model Portfolio Platform (LPL has discretionary authority)

Model Advisor Name

Asset Class*

Investment Style*

*Financial advisor should refer to the Manager Select Participation List on the Resource Center for detailed information on each SMA Portfolio Manager and Model Advisor, their available asset classes and investment styles.

Section VII: Margin Agreement (Managed Accounts such as MWP, OMP, PWP, and Manager Select are not eligible for margin)

1. Margin Disclosure Statement Information

A margin account allows you to borrow against eligible securities or purchase securities on margin. Initial below if you want to establish a margin account and to indicate that you have received the Margin Disclosure Statement, have read the margin disclosure section in the Account Packet referenced in Section I, and agree to the terms and conditions.

Date Margin Disclosure Statement provided:

ALL account holders must initial.

Initials

Initials

Initials

Initials

Section VIII: Acknowledgment and Execution

1. Delivery Preferences If you have provided your email address in this application, you may elect to receive documents from LPL electronically.

Email

Gifts@iGiftFund.org

- ☒ 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 Advisor.

2. Suppression of Confirmations (for PWP, MWP, GWP and Manager Select accounts only):

By initialing below, I hereby elect not to receive immediate trade confirmations from LPL for each transaction in the account. Information from the confirmation will be reported on my brokerage account statement.

Initials

Initials

Initials

Initials

Account Number

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Section VIII: Acknowledgment and Execution (continued)

3. 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 VIII, 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 submitted, except by completing and submitting a separate One and the Same Form (OSL).

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4. Acknowledgment

I acknowledge by signing below that I have received, read, understand and agree to the terms of this Account Application and the applicable Account Agreement (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 have received the LPL Relationship Summary and the Advisory Program Brochure (included as part of the applicable Account Packet) and the Brochure Supplement of the financial advisor servicing my advisory account.
- I understand and agree to the terms of the Automatic Cash Sweep Program set out in the Account Agreement.
- I understand and acknowledge that I have granted discretionary authority in the Account Agreement to trade securities in my account to my financial advisor in the case of SAM/SAM II accounts, to my financial advisor and LPL in the case of GWP, OMP, PWP and MWP accounts, to LPL in the case of GWP and Manager Select - Model Portfolio Platform accounts, and to the SMA Portfolio Manager in the case of Manager Select - SMA Platform accounts.
- For Manager Select, MWP, OMP, PWP, and SAM, I have discussed with my financial advisor the investment objective selected for the account in Section II of this Application, and for MWP, PWP, OMP, and Manager Select - Model Portfolio Platform accounts, the model portfolios to be selected for my account.
- I understand that investing through an advisory account involves investment risk, including the risk of loss. I am prepared to bear the risks associated with my investments.
- 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 the differences between an advisory and brokerage account and by signing below affirm my decision, based on discussions with my financial advisor and information provided to me, to work with my financial advisor in an advisory relationship.
- 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 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. 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 required 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 Packet specified in Section I), which is incorporated by reference into this Account Application.

	WILLIAM A. PAYNE	
Account Holder Signature	Account Holder Name (print)	Date (required)
	SHEILAH E. VILLANUEVA	
Account Holder Signature	Account Holder Name (print)	Date (required)
Account Holder Signature	Account Holder Name (print)	Date (required)
Account Holder Signature	Account Holder Name (print)	Date (required)

Account Number

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Section VIII: Acknowledgment and Execution (continued)

5. Branch Use Only

I have reviewed this document for completeness, accuracy, suitability, and proper disclosures. If this account was opened online and the automated check against the OFAC list of specially designated nationals (SDNs) resulted in a match to the account holder's name, I have confirmed that the account holder is not the same person listed by OFAC. If this account is opened by the home office, I have checked the list of SDNs and either the account holder's name does not appear or, if the account holder's name is the same as the name of a SDN, the account holder is not the person listed by OFAC. I have also provided the account holder with the CIP disclosure either in writing or verbally. I acknowledge and accept that I am a party to the Account Agreement. In the event the enrolling client does not have sufficient credit history in order to generate DocuSign knowledge-based authentication questions, I certify that the client already maintains an existing relationship with LPL and me, or that I have met this client in person and reviewed the Customer Identification Program (CIP) information outlined in Section III. For MAN, MWP, OMP, PWP and GWP accounts, I acknowledge and accept that I am a party to the applicable Account Agreement. I have determined that any liquidation of previously purchased investments to deposit assets into this account is suitable for the account holder and have disclosed to the account holder all costs incurred by the account holder to liquidate such investments.

Financial Advisor / Authorized Person Signature

Financial Advisor / Authorized Person Name (print)

Rep ID

Date (required)

Joint Financial Advisor / Authorized Person Signature

Joint Financial Advisor / Authorized Person Name (print)

Rep ID

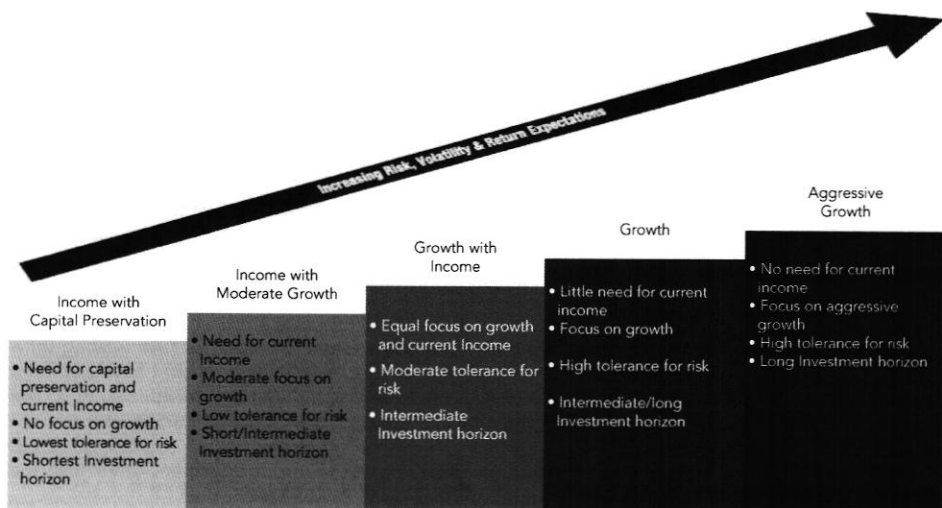
Date (required)

Joint Financial Advisor / Authorized Person Signature

Joint Financial Advisor / Authorized Person Name (print)

Rep ID

Date (required)



Historical Trade-Off Between Risk, Volatility & Investment Return:

This chart illustrates five investment objectives. Match your investment needs with the characteristics listed below each investment objective to determine which objective most accurately represents your situation.

Account Number

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