

# Account Services Agreement – First Clearing, LLC as Custodian Education Savings Account (ESA)



|                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|
| Sub Firm #           | BR Code              | FA Code              | Account Number       |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

*(Office Use Only)*

|  |  |                                       |  |  |  |  |  |
|--|--|---------------------------------------|--|--|--|--|--|
| <b>Advisory Program (if applicable)</b>      |  |                                       |  |  |  |  |  |
| <input type="checkbox"/> Allocation Advisors | <input type="checkbox"/> Asset Advisor | <input type="checkbox"/> CustomChoice | <input type="checkbox"/> Customized Portfolios   | <input type="checkbox"/> DMA                 | <input type="checkbox"/> Fundamental Choice  |  |  |
| <input type="checkbox"/> FundSource/Pathways | <input type="checkbox"/> Masters       | <input type="checkbox"/> PIM          | <input type="checkbox"/> Private Advisor Network | <input type="checkbox"/> Quantitative Choice | <input type="checkbox"/> Wells Fargo Compass |  |  |

**CLIENT INFORMATION**

I hereby establish an Education Savings Account ("ESA") under the terms of the document which is adopted as part of this Agreement.

**DESIGNATED BENEFICIARY (Child must be under the age of 18 when the account is established)**

|                                       |            |          |                                  |
|---------------------------------------|------------|----------|----------------------------------|
| Child's Last Name                     | First Name | M.I.     | Date of Birth (must be under 18) |
| Street Address (Cannot be a P.O. Box) |            |          | Social Security Number           |
| City                                  | State      | ZIP Code | Phone Number                     |

**RESPONSIBLE PARTY (Individual directing this account, must be a parent or guardian)**

|                                       |            |          |   |
|---------------------------------------|------------|----------|---|
| Last Name                             | First Name | M.I.     | Social Security Number  |
| Street Address (Cannot be a P.O. Box) |            |          | <input type="checkbox"/> Check here if additional monthly statement should be mailed to this address. |
| City                                  | State      | ZIP Code | Phone Number  |

**INDIVIDUAL ESTABLISHING THIS ACCOUNT (Depositor)**

|  |                                  |                                      |
|--|----------------------------------|--------------------------------------|
| Name (If different from Responsible Party named above) | Depositor Social Security Number | Amount of Initial Contribution<br>\$ |
|--|----------------------------------|--------------------------------------|

**SUCCESSOR BENEFICIARY (Who inherits the assets of the ESA at the death of the Original Designated Beneficiary)**

If you wish to designate a successor Designated Beneficiary in the event of death, the beneficiary must be a "Member of the Family" of the original Designated Beneficiary as defined by the Internal Revenue Service and must be under the age of 30 on the date of the original Designated Beneficiary's death. If the successor Designated Beneficiary does not meet these requirements, assets in the ESA will not be distributed to them upon death of the original Designated Beneficiary. I understand that if none of the beneficiaries named below are living at the time of death of the Original Designated Beneficiary, this ESA will pass pursuant to the terms of the governing Custodial Agreement.

|                              |                             |                                  |                                      |
|------------------------------|-----------------------------|----------------------------------|--------------------------------------|
| Relationship (Family Member) | Beneficiary Name            | Social Security or Tax ID Number | Beneficiary Phone                    |
| Designated %<br>%            | Beneficiary Address<br>City | State<br>ZIP Code                | Date of Birth (Note Age Restriction) |
| Relationship (Family Member) | Beneficiary Name            | Social Security or Tax ID Number | Beneficiary Phone                    |
| Designated %<br>%            | Beneficiary Address<br>City | State<br>ZIP Code                | Date of Birth (Note Age Restriction) |

Check this box if additional beneficiaries are named or information is supplied on a separate signed page using the same format as above.

**I understand and acknowledge that investments and insurance products in my/our brokerage account for the Designated Beneficiary named above:**

- are NOT insured by the FDIC or any other federal government agency
- are NOT obligations or deposits of or guaranteed by any Wells Fargo Bank or by any Bank affiliate
- involve investment risk, including possible loss of principal

I/We, the Responsible Party and Depositor named above, agree to promptly review and immediately advise Wells Fargo Advisors if any of the Owners and/or Account Profile information is not accurate or becomes inaccurate. I/We understand that Wells Fargo Advisors will rely on this information and that it is my/our responsibility to provide accurate and timely updates. My/Our failure to do so may affect recommendations that are given to me/us related to investments in my/our Account. If I/we decide to close or make changes to my Account, I/we will provide notification to Wells Fargo Advisors.

**TRANSACTION CONFIRMATION WAIVER - DISCRETIONARY ADVISORY PROGRAM ACCOUNTS**

|          |   |
|----------|---|
| <b>X</b> | By initialing here, I/we waive receipt of trade-by-trade confirmations and understand that waiving this right is not a condition of participating in the Program and will not result in a different fee. I/We may rescind my/our waiver at any time and may request, for no additional cost, confirmations for any transactions effected for up to one year preceding my/our last statement. See Client Agreement, Confirmations and Reports. |
|----------|---|

|                      |                      |                      |                      |
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| Sub Firm #           | BR Code              | FA Code              | Account Number       |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

(Office Use Only)

**BY SIGNING THIS DOCUMENT, I/WE AUTHORIZE, ACKNOWLEDGE AND AGREE TO THE TERMS AND CONDITIONS OF THE CLIENT AGREEMENT, ESA ENROLLMENT AND ANY OTHER AGREEMENTS, THE EDUCATION SAVINGS ACCOUNT CUSTODIAL AGREEMENT AND DISCLOSURE STATEMENT AND DOCUMENTS THAT ARE INCORPORATED BY REFERENCE THEREIN AND SUBSEQUENT AMENDMENTS THERETO, AND TO THE FOLLOWING:**

- **Advisory Programs:** If this is an advisory account, I/we understand that Wells Fargo Advisors will deliver the applicable Disclosure Document(s) prior to the effectiveness of the advisory agreements for my/our particular Advisory Program Accounts.
- **Communications Consent:** My Financial Advisor may contact me/us as described in the Communications, Recording & Monitoring, Statements & Confirmations section of the Client Agreement.
- **Command Asset Program Account Holders:** In connection with the Command Asset Program, Wells Fargo Bank, N.A. may establish a Bank Account in my/our name(s) and provide the banking-related services under the terms set forth in the Command Agreement and may make any inquiry it considers appropriate, including credit or other reports, to determine if the Bank Account should be opened. ***I/We also agree to the terms of the dispute resolution program described in the Command Agreement relating to disputes specifically involving the Bank Account.***

**INDIVIDUAL'S ACCEPTANCE**

We, the undersigned, acknowledge that we have received, read, understand, adopt and agree to be bound by the terms of this Agreement as well as the accompanying First Clearing, LLC ("FCC") Self-Directed Education Savings Account Disclosure Statement & Education Savings Account Custodial Agreement, and the Wells Fargo Advisors General Account Agreement and Disclosure Document, which are hereby incorporated into this Agreement. We certify that the Social Security number of the Depositor, the Social Security number of the above-named Designated Beneficiary and the Social Security number of the above-named Responsible Party are correct as shown on this form and instruct FCC to follow our instructions as set out above.

Wells Fargo Advisors, LLC and Wells Fargo Advisors Financial Network, LLC are separate broker-dealer affiliates of Wells Fargo & Company (each of these broker-dealers will be referred to hereinafter individually as "WFA"). As separate corporations neither is responsible for the obligations of the other. Stocks, bonds, mutual funds and other securities bought and sold through WFA are not insured or otherwise protected by the Federal Deposit Insurance Corporation ("FDIC") or any other government agency; are not an obligation of any bank or any affiliate of WFA; are not insured or guaranteed by Wells Fargo & Company, WFA, or any bank or any affiliate of WFA; and involve investment risk including possible loss of principal. CDs purchased through WFA are FDIC insured up to \$250,000 in the event of the failure of the issuing bank. Neither form of insurance protects against declines in the market value of the CDs to the extent a secondary trading market exists. By signing below, we, the undersigned, acknowledge that we have read and understood the foregoing.

**Tax Certification Instructions**

The Responsible Party should check the applicable box below based on the SSN provided for the Designated Beneficiary on page 1.

**Tax Certification**

- U.S. Person or Resident Alien:** *By checking this box, under penalties of perjury, I 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; and*
  - 3) I am a U.S. citizen or other U.S. person; and*
  - 4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. (NOTE: The FATCA code is not applicable for accounts maintained in the United States.)*

You must cross out item 2) above if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

- Non-Resident Alien Individuals and Foreign Entities:** By checking this box, I certify that I am not a U.S. citizen, resident alien or other U.S. entity for U.S. tax purposes and I will provide the appropriate Form W-8 with this application. If any joint owner of this account provides an IRS Form W-9, I understand all income will be reported to that person or entity under the rules in Chapters 3, 4, and 61 of the U.S. Internal Revenue Code.

**THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.**

**THE CLIENT AGREEMENT CONTAINS A PRE-DISPUTE ARBITRATION CLAUSE LOCATED ON PAGE 2, IN SECTION I, PARAGRAPH 5 UNDER THE HEADER "ARBITRATION." BY EXECUTING THIS DOCUMENT I AGREE TO BE BOUND BY THE PRE-DISPUTE ARBITRATION CLAUSE. THE UNDERSIGNED HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THE CLIENT AGREEMENT AND HEREBY AGREES TO THE TERMS THEREOF. I, THE UNDERSIGNED, AGREE TO BE BOUND BY THE TERMS OF THIS AGREEMENT AS WELL AS THE FIRST CLEARING, LLC EDUCATION SAVINGS ACCOUNT DISCLOSURE STATEMENT & EDUCATION SAVINGS ACCOUNT CUSTODIAL AGREEMENT, WHICH IS HEREBY INCORPORATED INTO THIS AGREEMENT.**

|  |              |                 |
|--|--------------|-----------------|
| Signature of Responsible Party<br><b>X</b>                               | Printed Name | Date (Required) |
| Signature of Depositor (if different from Responsible Party)<br><b>X</b> | Printed Name | Date (Required) |

Investment products and services are offered through Wells Fargo Advisors Financial Network, LLC ("WFAFN"), member FINRA/SIPC, and a registered broker-dealer and non-bank affiliate of Wells Fargo & Company. WFAFN uses the trade name Wells Fargo Advisors.