

Account Services Agreement – First Clearing, LLC as Custodian IRA



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

(Office Use Only)

Account Type *Do not use this form for an Education Savings Account.*

Traditional IRA
 SIMPLE IRA
 Roth IRA
 SEP IRA
 SAR-SEP (Cannot be a new plan)
 Inherited IRA

Advisory Program (if applicable)

Allocation Advisors
 Asset Advisor
 CustomChoice
 Customized Portfolios
 DMA
 Fundamental Choice
 FundSource/Pathways
 Masters
 PIM
 Private Advisor Network
 Quantitative Choice
 Wells Fargo Compass

Owner Information

| | | |
|---------------------------------------|----------------------------------|---------------|
| IRA Owner Name | Social Security or Tax ID Number | Date of Birth |
| Street Address (Cannot be a P.O. Box) | | |
| City | State | ZIP Code |
| | | Country |

IRA Beneficiary Designation (Traditional, Roth, SIMPLE, SEP, SAR-SEP or Inherited)

Name a beneficiary or beneficiaries in this section. Acceptable beneficiaries are an individual, estate, trust or organization. If there is no named beneficiary or no remaining beneficiary then such amount shall be payable in accordance with the IRA Custodial Agreement. If the asset allocation (i.e., "% of Benefits") does not equal 100%, then amounts will be distributed equally. If one of the beneficiaries in the same category should predecease the owner or disclaim benefits under this IRA, then such amount shall be payable to the sole remaining beneficiary. If a Minor is being designated as a Primary or Contingent Beneficiary, it is recommended that you also complete the "Designation of Custodian for Minor Beneficiaries under the Uniform Transfers to Minors Act (UTMA)" section below. If you live in a community property state and are designating someone other than your spouse, your spouse must also sign in the Spousal Consent section below. To make modifications to this designation, complete the IRA Change of Beneficiary and Indemnification form (585123).

PRIMARY BENEFICIARY: I designate the following to share equally in my account balance unless otherwise indicated.

| 1. | Beneficiary Name | Relationship | Date of Birth | Social Security Number | % of Benefits |
|----|------------------|--------------|---------------|------------------------|---------------|
| | Address | | City | State ZIP Code | |
| 2. | Beneficiary Name | Relationship | Date of Birth | Social Security Number | % of Benefits |
| | Address | | City | State ZIP Code | |
| 3. | Beneficiary Name | Relationship | Date of Birth | Social Security Number | % of Benefits |
| | Address | | City | State ZIP Code | |
| 4. | Beneficiary Name | Relationship | Date of Birth | Social Security Number | % of Benefits |
| | Address | | City | State ZIP Code | |
| 5. | Beneficiary Name | Relationship | Date of Birth | Social Security Number | % of Benefits |
| | Address | | City | State ZIP Code | |
| 6. | Beneficiary Name | Relationship | Date of Birth | Social Security Number | % of Benefits |
| | Address | | City | State ZIP Code | |

Check this box if additional beneficiaries are named or information is supplied on a separate signed page using the same format as above. **Must Equal 100%**

The Trustee(s) serving at my death under the Agreement of Trust executed on _____, by me as grantor and _____ as Trustee(s) to be held as part of such Trust and administered and distributed in accordance with its provisions as amended to the time of my death.

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

(Office Use Only)

CONTINGENT BENEFICIARY: I designate the following to share equally in my account balance unless otherwise indicated.

| | | | | | |
|----|-----------------------------|--------------|---------------|------------------------|---------------|
| 1. | Contingent Beneficiary Name | Relationship | Date of Birth | Social Security Number | % of Benefits |
| | Address | | City | State ZIP Code | |
| 2. | Contingent Beneficiary Name | Relationship | Date of Birth | Social Security Number | % of Benefits |
| | Address | | City | State ZIP Code | |
| 3. | Contingent Beneficiary Name | Relationship | Date of Birth | Social Security Number | % of Benefits |
| | Address | | City | State ZIP Code | |
| 4. | Contingent Beneficiary Name | Relationship | Date of Birth | Social Security Number | % of Benefits |
| | Address | | City | State ZIP Code | |
| 5. | Contingent Beneficiary Name | Relationship | Date of Birth | Social Security Number | % of Benefits |
| | Address | | City | State ZIP Code | |
| 6. | Contingent Beneficiary Name | Relationship | Date of Birth | Social Security Number | % of Benefits |
| | Address | | City | State ZIP Code | |

Check this box if additional beneficiaries are named or information is supplied on a separate signed page using the same format as above. **Must Equal 100%**

The Trustee(s) serving at my death under the Agreement of Trust executed on _____, by me as grantor and _____ as Trustee(s) to be held as part of such Trust and administered and distributed in accordance with its provisions as amended to the time of my death.

DESIGNATION OF CUSTODIAN FOR MINOR BENEFICIARIES UNDER THE UNIFORM TRANSFERS TO MINORS ACT (UTMA)

If a minor beneficiary is designated, I designate _____ as Custodian for such minor beneficiary under the Uniform Transfers to Minors Act (UTMA) of the State of my domicile. If the foregoing named Custodian is unable or unwilling to serve for any reason, I designate _____ as successor Custodian. If no Custodian is named, or if the foregoing named Custodian(s) are unable or unwilling to serve for any reason, I designate the Executor or Administrator of my Will as Custodian for such minor beneficiary. If no Custodian is named or acting under the foregoing provisions, the guardian of such minor beneficiary, whether appointed under a will or by court, shall become successor Custodian for such minor beneficiary.

Beneficiary Per Stirpes Designation

Yes No You have elected the Primary Beneficiaries shares in this IRA per stirpes.
 Yes No You have elected the Contingent Beneficiaries shares in this IRA per stirpes.

Per stirpes is a method of distributing the assets should a beneficiary predecease you. This designation is optional; you are not required to make this election. A per stirpes designation means that if a beneficiary named on this enrollment form dies before you, upon your death, the predeceased beneficiary's share will pass to his or her descendants. For example, you have named 2 Primary Beneficiaries, Beneficiary A and Beneficiary B, and they are to share equally the assets of the account. Both beneficiaries have 2 children. If you make a per stirpes designation and both beneficiaries survive you, 50% will be paid to Beneficiary A and 50% will be paid to Beneficiary B. If Beneficiary A survives you but Beneficiary B predeceases you, upon your death 50% is paid to Beneficiary A and the other 50% that would normally be paid to Beneficiary B will be divided equally and paid to the two children of Beneficiary B. To make this election, you must designate a "Personal Representative" or a "role". A "role" is an individual serving in a specific capacity such as an Executor or Trustee. Upon your death, Wells Fargo Advisors will rely on the instructions provided by this individual for proper distribution instructions. This is a simplified example of per stirpes. It is important that you have a full understanding of your election. Check with your tax or legal advisor if you feel you need more information.

I designate _____ to provide Wells Fargo Advisors with the proper identity of any unnamed beneficiaries and the extent of their interest in the IRA identified above.

SPOUSAL CONSENT • Required if the IRA owner is married, resides in a community or martial property jurisdiction and names Primary Beneficiaries other than their spouse. This would include but is not limited to residents of AZ, CA, ID, NV, NM, PR, TX, WA, and WI. In Alaska, community property rules may be adopted by agreement signed by the married couple. Spousal Consent not required if establishing Inherited IRA.

I am the spouse of the IRA account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. I am fully aware and understand that my spouse has not designated me as the sole Primary Beneficiary. I hereby agree and consent to the naming of the beneficiary, and along with my agreement and consent, do hereby transmute to my spouse all my community property interest in the IRA that I may have. I acknowledge my community property interest in the IRA account and voluntarily elect to relinquish my rights to the community property interest in the IRA account. I also acknowledge and agree that I shall have no claim whatsoever against the Custodian for any payment to my spouse's named beneficiary(ies).

| | |
|---------------------|-----------------|
| Signature of Spouse | Date (Required) |
| X | |

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

(Office Use Only)

I understand and acknowledge that investments and insurance products in my brokerage account:

- 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 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 understand that Wells Fargo Advisors will rely on this information and that it is my responsibility to provide accurate and timely updates. My failure to do so may affect recommendations that are given to me related to investments in my Account. If I decide to close or make changes to my Account, I will provide notification to Wells Fargo Advisors.

| TRANSACTION CONFIRMATION WAIVER - DISCRETIONARY ADVISORY PROGRAM ACCOUNTS | |
|--|---|
| X | By initialing here, I 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 may rescind my waiver at any time and may request, for no additional cost, confirmations for any transactions effected for up to one year preceding my last statement. See Client Agreement, Confirmations and Reports. |

BY SIGNING THIS DOCUMENT, I/WE AUTHORIZE, ACKNOWLEDGE AND AGREE TO THE TERMS AND CONDITIONS OF THE CLIENT AGREEMENT, IRA ENROLLMENT AND ANY OTHER AGREEMENTS 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 and Monitoring, Statements and 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.***
- **Permission to Share Information with Financial Advisors:** Wells Fargo Bank, N.A. and any of its affiliates is authorized to share non-public personal information, which Wells Fargo Bank and any of its affiliates may have about my/our account(s), including the Wells Fargo Bank deposit account(s), with my/our Wells Fargo Advisors Financial Network, LLC Financial Advisor and other Associated Persons of Wells Fargo Advisors Financial Network, LLC. This authorization to share information will allow my/our Financial Advisor to better serve my/our financial needs. Previous instructions and agreements to the contrary are revoked.

| ACCOUNT ACCEPTANCE |
|--|
| <p>I, the undersigned, acknowledge I 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 Individual Retirement Account Disclosure Statement & Individual Retirement Account Custodial Agreement (for the type of IRA I have selected above), and the Wells Fargo Advisors General Account Agreement and Disclosure Document, which are hereby incorporated into this Agreement.</p> <p>I acknowledge that there may be fees for this account and agree to pay such fees. Administrative fees and charges assessed by First Clearing, LLC on your IRA may diminish the overall account return and could negatively impact any tax deferral benefits. Such fees and charges may particularly impact those accounts with smaller retirement savings balances. It is important that you review all applicable fees and charges relative to your account prior to establishing a First Clearing, LLC as Custodian IRA.</p> <p>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 deposits of any bank and 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 endorsed 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.</p> <p>I certify that my Social Security number shown on this form is correct. By signing below, I acknowledge that I have read and understand the foregoing.</p> |

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

(Office Use Only)

Tax Certification - Check one box below that applies.

- 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 SELF-DIRECTED INDIVIDUAL RETIREMENT ACCOUNT DISCLOSURE STATEMENT & INDIVIDUAL RETIREMENT ACCOUNT CUSTODIAL AGREEMENT (FOR THE TYPE OF IRA IDENTIFIED ABOVE), WHICH IS HEREBY INCORPORATED INTO THIS AGREEMENT.

| | | |
|-------------------------|--------------|-----------------|
| Account Owner Signature | Printed Name | Date (Required) |
| X | | |