

CORPORATE RESOLUTION FOR BROKERAGE ACCOUNTS

Important Information About Procedures for Opening a New Account To help the government fight the funding of terrorism and money-laundering activities, Federal law and contractual obligations to National Financial Services ("NFS") require that your Broker/Dealer verify your identity by obtaining your name, date of birth, address, and a government-issued identification number before opening your account. In certain circumstances, your Broker/Dealer may obtain and verify this information with respect to any person(s) authorized to effect transactions in an account. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is also required.

Your account may be restricted and/or closed if your Broker/Dealer cannot verify this information. Neither your Broker/Dealer nor NFS will be responsible for any losses or damages (including but not limited to lost opportunities) resulting from any failure to provide this information, or from any restriction placed upon, or closing of, your account.

Please complete all sections.

Section 2 authorizes an account to be opened in the name of the Corporation with NFS and identifies those officers or individuals authorized by Resolution to transact business on the account. Section 2 must be signed by the Secretary or President as the Certifying Officer, who may not also be named in the section.

1. ACCOUNT INFORMATION

This section is only required for entity accounts.

▶ ENTITY NAME _____

▶ TAX ID NUMBER _____ ▶ COUNTRY OF TAX RESIDENCE _____

▶ **Legal Address** *No P.O. boxes*

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

COUNTRY _____

▶ COUNTRY OF ORGANIZATION _____ TRUST DATE *Required for Trusts* _____

▶ ENTITY ID DOCUMENT _____ STATE/COUNTRY OF ID ISSUANCE _____

▶ **Mailing Address** *Same as Legal Address*

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

COUNTRY _____

Government ID-Foreign Entities Only (Please attach a copy)

Type of Document _____

Government Issued Identification Number _____

Country of Issuance _____

2. CERTIFICATION

All Authorized Individuals listed in paragraph C must complete the Authorized Individual Information following paragraph E. The officer certifying the resolutions, by signing in section 5, cannot be listed as an Authorized Individual unless they are the sole officer and the sole officer box below is checked.

Check here if you are the sole officer

I, (Name of President or Secretary in Section 2C), (Title) hereby certify the following:

A. that the Corporation identified above is duly organized and existing under the laws of the state of and has the power to take the action called for by the resolutions on this form.

B. that the resolutions on this form were duly adopted by the Board of Directors of said Corporation at a meeting held on - - at which a quorum of said Board of Directors was present and acting throughout; that no action has been taken to rescind or amend said resolutions; and, that the same are now in full force and effect.

C. that each of the following, named individuals, has been duly elected, is now legally holding the office set under his/her name, and that any one of them acting individually be, and they hereby are, authorized to execute any and all instruments necessary, proper and desirable for the purpose, including executing any and all documentation necessary to establish the following account(s): Cash Margin Option (check all that apply) in the name of said Corporation with National Financial Services ("NFS") and to purchase, trade, sell (including short sales in margin accounts), assign, withdraw, transfer and/or deliver any and all stocks, bonds, options, or any other assets or securities, listed or unlisted and to establish check-writing and other account related services in said accounts; further, that any past action in accordance herewith is hereby ratified and confirmed; and further, that any officer of this Corporation (other than those listed here) is hereby authorized to certify this resolution to NFS. This authorization shall continue in force until revoked by the above named Corporation by a written notice, addressed and delivered to NFS, at its main office.

1. Name	<input type="text"/>	Title	<input type="text"/>
2. Name	<input type="text"/>	Title	<input type="text"/>
3. Name	<input type="text"/>	Title	<input type="text"/>

D. that the resolutions herein are not contrary to any provision in the charter or by-laws of this Corporation, and that I have been authorized to make this certification to NFS on behalf of this Corporation.

E. The undersigned agrees that any information given on this account agreement is subject to verification and authorizes my Broker/Dealer and/or NFS to obtain a credit or other financial responsibility report with respect to the registered account holder as well as any individual authorized to transact business on behalf of the registered account holder, and that the undersigned is authorized to express the consent of such authorized individuals to obtain a report, and that such individuals have been notified of the possibility thereof. Upon written request, my Broker/Dealer will provide the name and address of the credit reporting agency used.

3. AUTHORIZED INDIVIDUAL INFORMATION

Use this section to provide personal information on any additional individuals associated with this account (such as a joint owner, authorized individual, minor, administrator, trustee, partner, or participant).

First Authorized Individual

Personal Information

For Tenants in Common, indicate this owner's share: _____

► FULL LEGAL NAME *first, middle, last* ► DATE OF BIRTH *mm/dd/yyyy*

DAY PHONE EVENING PHONE

E-MAIL

Single/Divorced/Widowed Married No. of Dependents: _____

► **Legal Address** *No P.O. boxes* *Same as Primary Holder's Legal Address*

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE/PROVINCE ZIP/POSTAL CODE

COUNTRY

► COUNTRY OF CITIZENSHIP

► SOCIAL SECURITY NO. TAXPAYER ID NO. ► COUNTRY OF TAX RESIDENCE

► TYPE OF GOVERNMENT-ISSUED ID ► ID NUMBER

► STATE/COUNTRY OF ID ISSUANCE ID ISSUANCE DATE ► ID EXPIRATION DATE

► **Mailing Address** *Same as Legal Address of This Account Holder*

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE/PROVINCE ZIP/POSTAL CODE

COUNTRY

Employer Information and Affiliations *Attach additional sheet if needed.*

► **Employment Status** Employed Retired Not Employed

OCCUPATION INCOME SOURCE *If retired or not employed*

EMPLOYER NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE/PROVINCE ZIP COUNTRY

► I am I am not a senior foreign political figure, or a family member or close relative of a senior foreign political figure.

► Check this box if you are a control person or affiliate or an immediate family/ household member of a control person or affiliate of a publicly traded company under SEC Rule 144 (this would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors).

COMPANY NAME COMPANY SYMBOL/CUSIP

► Check this box if you are affiliated with, or employed by, a stock exchange, or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer. *If yes, provide name of entity:* *Same as My Employer.*

AFFILIATED ENTITY NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE/PROVINCE ZIP COUNTRY

Second Authorized Individual**Personal Information**

For Tenants in Common, indicate this owner's share: _____

▶ FULL LEGAL NAME *first, middle, last* ▶ DATE OF BIRTH *mm/dd/yyyy*

DAY PHONE EVENING PHONE

E-MAIL

Single/Divorced/Widowed Married No. of Dependents: _____

▶ **Legal Address** *No P.O. boxes* *Same as Primary Holder's Legal Address*

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE/PROVINCE ZIP/POSTAL CODE

COUNTRY

▶ COUNTRY OF CITIZENSHIP

▶ SOCIAL SECURITY NO. TAXPAYER ID NO. ▶ COUNTRY OF TAX RESIDENCE

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▶ **Mailing Address** *Same as Legal Address of This Account Holder*

ADDRESS LINE 1

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Employer Information and Affiliations *Attach additional sheet if needed.*▶ **Employment Status** Employed Retired Not Employed

OCCUPATION INCOME SOURCE *If retired or not employed*

EMPLOYER NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE/PROVINCE ZIP COUNTRY

▶ I am I am not a senior foreign political figure, or a family member or close relative of a senior foreign political figure.▶ Check this box if you are a control person or affiliate or an immediate family/ household member of a control person or affiliate of a publicly traded company under SEC Rule 144 (this would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors).

COMPANY NAME COMPANY SYMBOL/CUSIP

▶ Check this box if you are affiliated with, or employed by, a stock exchange, or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer. *If yes, provide name of entity:* *Same as My Employer.*

AFFILIATED ENTITY NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE/PROVINCE ZIP COUNTRY

Third Authorized Individual**Personal Information**

For Tenants in Common, indicate this owner's share: _____

▶ FULL LEGAL NAME *first, middle, last* ▶ DATE OF BIRTH *mm/dd/yyyy*

DAY PHONE EVENING PHONE

E-MAIL

Single/Divorced/Widowed Married No. of Dependents: _____

▶ **Legal Address** *No P.O. boxes* *Same as Primary Holder's Legal Address*

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE/PROVINCE ZIP/POSTAL CODE

COUNTRY

▶ COUNTRY OF CITIZENSHIP

▶ SOCIAL SECURITY NO. TAXPAYER ID NO. ▶ COUNTRY OF TAX RESIDENCE

▶ TYPE OF GOVERNMENT-ISSUED ID ▶ ID NUMBER

▶ STATE/COUNTRY OF ID ISSUANCE ID ISSUANCE DATE ▶ ID EXPIRATION DATE

▶ **Mailing Address** *Same as Legal Address of This Account Holder*

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE/PROVINCE ZIP/POSTAL CODE

COUNTRY

Employer Information and Affiliations *Attach additional sheet if needed.*▶ **Employment Status** Employed Retired Not EmployedOCCUPATION _____ INCOME SOURCE *If retired or not employed* _____

EMPLOYER NAME _____

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY _____ STATE/PROVINCE _____ ZIP _____ COUNTRY _____

▶ I am I am not a senior foreign political figure, or a family member or close relative of a senior foreign political figure.▶ Check this box if you are a control person or affiliate or an immediate family/household member of a control person or affiliate of a publicly traded company under SEC Rule 144 (this would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors).

COMPANY NAME _____

COMPANY SYMBOL/CUSIP _____

▶ Check this box if you are affiliated with, or employed by, a stock exchange, or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer. *If yes, provide name of entity:* Same as My Employer.

AFFILIATED ENTITY NAME _____

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY _____ STATE/PROVINCE _____ ZIP _____ COUNTRY _____

4. AUTHORIZED ENTITY (IF ANY)

Provide information on any entity that is an account holder. If completing this section, you will be required to submit additional documentation. Please ask your representative what documentation is needed.

Entity Information *If this account holder is an entity, provide information below.*

▶ ENTITY NAME _____

▶ TAX ID NO. _____ ▶ COUNTRY OF TAX RESIDENCE _____

▶ **Legal Address** *No P.O. boxes*

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

COUNTRY _____

▶ STATE/COUNTRY OF ORGANIZATION _____

▶ TRUST DATE *For Trusts Only* _____

▶ ENTITY ID DOCUMENT _____

▶ STATE/COUNTRY OF ID ISSUANCE _____

▶ **Mailing Address** Same as Legal Address

ADDRESS LINE 1 _____

ADDRESS LINE 2 _____

CITY _____ STATE/PROVINCE _____ ZIP/POSTAL CODE _____

COUNTRY _____

5. RESOLUTIONS**CERTIFIED COPY OF CERTAIN RESOLUTIONS ADOPTED BY THE BOARD OF DIRECTORS WHEREBY THE MAINTENANCE OF TRADING ACCOUNTS HAS BEEN AUTHORIZED****RESOLVED**

First: That the individuals listed in Part 2c of this Corporate Resolution are, and each of them hereby is, authorized and empowered, for and on behalf of this Corporation (herein called the "Corporation") to establish and maintain one or more accounts which may be margin accounts with my Broker/Dealer and NFS (collectively, "You") for the purpose of purchasing, investing in, or otherwise acquiring, selling (including short sales in margin accounts), possessing, transferring, exchanging, or otherwise disposing of, or turning to account of, or realizing upon, and generally dealing in and with any and all forms of securities including, but not by way of limitation, shares, stocks, bonds, debentures, notes, scrip, participation certificates, rights to subscribe, certificates of deposit, mortgages, evidences of indebtedness, commercial paper, certificates of indebtedness and certificates of interest of any and every kind and nature whatsoever, secured or unsecured, whether represented by trust, participating and/or other certificates or otherwise.

The fullest authority at all times with respect to any such commitment or with respect to any transaction deemed by any of the said officers and/or agents to be proper in connection therewith is hereby conferred, including authority (without limiting the generality of the foregoing) to give written or oral instructions to You with respect to said transactions; to borrow money and securities and to borrow such money and securities from or through You and to secure repayment thereof with the property of the Corporation; to bind and obligate the Corporation to and for the carrying out of

any contract, arrangement, or transaction, which shall be entered into by any such officer and/or agent for and on behalf of the Corporation with or through You; to pay by checks, and/or drafts drawn upon the funds of the Corporation such sums as may be necessary in connection with any of the said accounts; (to deliver securities and contracts to You); to deliver securities to/and deposit funds with You; to order the transfer or delivery of securities to any other person whatsoever, and/or to order the transfer of record of any securities, to any name selected by any of the said officers or agents; to affix the corporate seal to any documents or securities to any name selected by any of the said officers or agents; to affix the corporate seal to any documents or agreements, or otherwise to endorse any securities and/or contracts in order to pass title thereto; to direct the sale or exercise of any rights with respect to any securities; to sign for the Corporation all releases, powers of attorney, trading authorizations, Margin Agreements, Options Contracts and/or other documents in connection with any such account, and to agree to any terms or conditions to control any such account; to direct You to surrender any securities to the proper agent or party for the purpose of effecting any exchange or conversion, or for the purpose of deposit with any protective or similar committee, or otherwise; to accept delivery of any securities; to appoint any other person or persons to do any and all things which any of the said officers and/or agents is hereby empowered to do, and generally to do and take all action necessary in connection with the account or considered desirable by such officer and/or agent with respect thereto.

Second: That You may deal with any and all of the persons directly or indirectly by the foregoing resolution empowered, as though they were dealing with the Corporation directly.

Third: That the Secretary of the Corporation is hereby authorized, empowered and directed to certify, under the seal of the Corporation, or otherwise, to You:

- (a) a true copy of these resolutions;
- (b) specimen signatures of each and every person by these resolutions empowered;
- (c) a certificate (which, if required by You, shall be supported by an opinion of the general counsel of the Corporation, or other counsel satisfactory to You) that the Corporation is duly organized and existing, that its charter empowers it to transact the business by these resolutions defined, and that no limitation has been imposed upon such powers by the by-laws or otherwise.

Fourth: That You may rely upon any certification given in accordance with these resolutions, as continuing fully effective unless and until You shall receive due written notice of a change in or rescission of authority so evidenced and the dispatch or receipt of any other form of notice shall not constitute a waiver of this provision, nor

This certification must be signed by the President or Secretary, who may not also be named in Section 2-C, unless you designate that you are the sole officer of the Corporation.

shall the fact that any person hereby empowered ceases to be an officer of the Corporation or becomes an officer under some other title, in any way affect the powers hereby conferred. The failure to supply any specimen signature shall not invalidate any transaction if the transaction is in accordance with authority actually granted.

Fifth: That in the event of any change in the office or powers of persons hereby empowered, the Secretary shall certify such changes to You in writing in the manner herein above provided, which notification, when received, shall be adequate both to terminate the powers of the persons theretofore authorized, and to empower the persons thereby substituted.

Sixth: That the foregoing resolutions and the certificates actually furnished to You by the Secretary of the Corporation pursuant thereto, be and they hereby are made irrevocable until written notice of the revocation thereof shall have been received by You.

Seventh: That the Corporation and its officers indemnifies and holds You harmless from any claim, loss, expense or other liability for effecting any transactions and acting upon any instructions given by the officers or Secretary of the Corporation.

X _____
SIGNATURE OF PRESIDENT OR SECRETARY DATE



Imprint Corporate Seal or please include a copy of Articles of Incorporation with this form.