

ACH Authorization Agreement Instructions

This form is used to request ACH Standing Instructions linking your brokerage account and your bank account.

Please be aware that the use of this form will result in unfettered, bidirectional access between the brokerage and bank/credit union accounts. No additional paperwork, with the exception of an IRA Distribution Form to move money from a Pershing as Custodian Retirement Account, will be required to move funds between the bank account and brokerage account. No notice is given to the bank account holder that funds are being removed from the account.

As You Complete This Form:

- Please refer to the included instructions. Incorrectly completing this form may result in incorrect processing.
- If you are requesting a Periodic Distribution out of your Pershing as Custodian Retirement account, please ensure to complete the IRA Distribution Form
- Please be certain the proper supporting documentation for the bank account is enclosed with the completed paperwork

After Completing This Form:

- Please return the completed ACH Authorization Agreement form to your investment professional or financial organization. This request must be processed within 30 days of your signature and date.
- You may keep a copy of the form for your reference.

Step 1 . Account Information.

Please ensure the Pershing account number is listed in step one. A completed ACH Authorization Agreement is required for each brokerage account. Step 1 also requires the brokerage account title to be populated.

Step 2 .Bank/Credit Union Information.

This section indicates if the bank details are initial ACH set up or an adjustment of previous instructions. It is important to note that the approval process is not impacted by the selection made here.

The ABA(routing number), DDA(bank account number), bank name and account type are required fields that must be filled out. Note that in some cases the bank provides a separate ABA for ACH, which is often printed beside or below the logo on a check. Please review the supporting document carefully to ensure you provide the correct ABA.

Step 3. Type of Request.

Options for distribution type, contribution type, frequency, dollar amount and start date are only required for periodic asset movements. (Note: Periodic Purchase of Mutual Funds, SRS, brings funds in to pay for applicable systematic mutual fund purchases the day before settlement. No dollar amount or start date is required if this option is selected in contribution type. This feature is not available for any Retirement Plan which is not eligible for the participant current year IRA contribution type.)

Clients with Retirement Plans eligible for the current year IRA contribution type should be aware that this type will only allow the contribution limit, which is based on the clients age, to be pulled over. Once that limit has been reached, the system may reduce the final allowable contribution or not pull funds to cover the mutual fund trade.

Step 4. Attaching Supporting Documentation and Signatures.

Acceptable supporting documentation for the bank account includes micro encoded check, deposit slip, or account statement (including the full account name, full account number and bank name, or a letter written by an employee of the bank providing the full account name, number and routing number). This letter must be on bank letterhead, signed by an employee of your bank. This provision is in place to protect your accounts against fraud.

Checks numbered under 100, starter, bill pay, or printer checks are unable to be accepted as support of the bank account.

Additional supporting documentation may be requested in order to activate the link between the two accounts. This documentation could include, but is not limited to: trust documents, death certificates (in cases where one party on a joint account is deceased), and bank letters (confirming signing authority on bank accounts which are entities).

All parties on both the bank and brokerage accounts are required to sign this form on the same page. The signature and submission of this form is implicit authorization to move funds both to and from the linked bank account with no additional scrutiny from your financial professional or Pershing. No additional paperwork is required, with the exception of IRA Distribution forms in some cases. ACH link requests between unrelated accounts will not be honored.

ACH Authorization Agreement

Please complete the following fields to begin the electronic transfer of funds between your brokerage account and your bank/credit union account. You may begin depositing funds into your brokerage account from your bank/credit union account or send payments to your bank/credit union account from your brokerage account. All transactions are processed through the Automated Clearing House (ACH) system.

STEP 1. ACCOUNT INFORMATION

Brokerage Account Number	Brokerage Account Holder's Name(s)
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STEP 2. BANK/CREDIT UNION ACCOUNT INFORMATION

- Set up new instructions.
 Replace existing instructions.

ABA Number	DDA Number	
Bank/Credit Union Name		
City	State	Zip/Postal Code

Account Type: Checking Savings

STEP 3. TYPE OF REQUEST

Please complete all applicable sections.

Standing Instructions Only

- Standing instructions only (no assets will be moved at this time).

Distribution Type

- Periodic distributions to bank account (Pay Principal).
 Income distributions to bank account.

Contribution Type

- Periodic purchase of mutual funds (SRS). ACH is contingent upon the execution of periodic mutual fund purchases.
 Periodic deposits to brokerage account.

**A DISTRIBUTION
REQUEST FORM
IS REQUIRED FOR
RETIREMENT
ACCOUNTS.**

For applicable Pershing retirement accounts only:

- | | | |
|---|---|---|
| <input type="checkbox"/> Participant current year | <input type="checkbox"/> Employer prior year | <input type="checkbox"/> Qualified matching |
| <input type="checkbox"/> Employee deferral current year | <input type="checkbox"/> Employer matching current year | <input type="checkbox"/> Qualified non-elective |
| <input type="checkbox"/> Employee deferral prior year | <input type="checkbox"/> Employer matching prior year | <input type="checkbox"/> Voluntary after tax |
| <input type="checkbox"/> Employer current year | | |

Frequency

- | | |
|--|--|
| <input type="checkbox"/> Monthly - Occurs every month | <input type="checkbox"/> Quarterly - Occurs every 3 months |
| <input type="checkbox"/> Semi-monthly - Occurs twice a month | <input type="checkbox"/> Semi-annually - Occurs twice a year |
| <input type="checkbox"/> Bi-monthly - Occurs every other month | <input type="checkbox"/> Annually - Occurs once a year |

Amount for Periodic Deposits and Principal Distributions

Dollar Amount (leave blank for Income Distributions or Required Minimum Distribution)	Start Date
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PCPRACH

ACH Authorization Agreement

Account Number _____

Voided Check

Attach an original voided check here.

Jane Doe 123 Anywhere Street Anytown, NY	101
Pay to the Order of _____	\$ _____
_____ Dollars	
MY BANK USA	
Memo _____	
1: 123456789 :	12345678910 • 0101
Bank Routing Number	Checking Account Number
	Check Number

WE CANNOT ACCEPT STARTER CHECKS OR COUNTER CHECKS (OR CHECK NUMBERS BELOW 100).

IF A VOIDED CHECK IS NOT AVAILABLE, PLEASE ATTACH A MICRO ENCODED DEPOSIT SLIP OR BANK STATEMENT THAT INCLUDES FULL BANK NAME, FULL ACCOUNT NAME AND FULL ACCOUNT NUMBER, OR A LETTER FROM THE BANK, ON LETTERHEAD AND SIGNED BY A BANK EMPLOYEE, CONFIRMING THE BANK ACCOUNT OWNERSHIP, NUMBER AND ROUTING INFORMATION.

STEP 4. SIGNATURE

I (we) hereby authorize Pershing LLC to initiate credit/debit entries to the bank/credit union account indicated in Step 2 above and further authorize my (our) bank/credit union to debit the same to such account.

This authority is to remain in full force and effect until Pershing has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Pershing and my (our) bank/credit union a reasonable opportunity to act on it. It is understood that if the periodic purchase of mutual funds is selected as a contribution type, this agreement authorizes payment for purchasing securities through my investment professional or financial organization via the Systematic Reinvestment System (SRS).

Print Name	Date
Signature	
X	
Print Name	Date
Signature	
X	
Print Name	Date
Signature	
X	
Print Name	Date
Signature	
X	

ALL REGISTERED OWNERS ON YOUR BROKERAGE ACCOUNT AND U.S. BANK, CREDIT UNION OR OTHER FINANCIAL INSTITUTION ACCOUNT ARE REQUIRED TO SIGN THE SAME FORM.

FOR BUSINESS (E.G., CORPORATIONS, LIMITED LIABILITY COMPANIES, PARTNERSHIPS, ETC.) AND TRUST ACCOUNTS, SEPARATE SUPPORTING DOCUMENTATION CONFIRMING THE SIGNATURE AUTHORITY FOR BOTH THE BROKERAGE AND BANK ACCOUNTS ARE REQUIRED.