

1900 L Street NW
Suite 301
Washington, DC 20036

Visa/Check Application

Phone: (202) 386-7261
Toll Free: (877) 206-2274
Fax: (202) 466-6895

Brokerage Account Number: _____

Applicant

Name on account (This name will appear on your checks)
Applicant (or organization)

Co-applicant (or additional information)

Mailing address

City and State

Zip Code

Home Phone: _____

Business Phone: _____

Security Code (e.g. Mother's Maiden Name): _____

Account Type

Type of Account Registration: *requires completion of appropriate section(s) on the following page
 Individual Joint Trust* Business*

Visa / Checks

Gold Package (\$50 annual fee)
 Checks only
 Checks & Gold Card

The Gold Package requires minimum equity of \$25,000.
Foreign clients are not eligible to apply for this service.

Optional: Print on checks (*neither will be printed unless otherwise indicated*)

Home Phone Number _____ or Business Phone Number _____

Signature(s) Individual and Joint Accounts Only

By signing below, you affirm that:

all information provided on this form is correct and complete; you have authority to open and use this account; you authorize the Brokerage Firm and its affiliates and their subsidiaries (collectively "The Firm") to gather and exchange information; and you understand that this account is governed by the terms and conditions of your Check Writing and Debit Card Service Agreement, the Fund Prospectus, the General Account Agreement (if applicable), and / or other agreements you may have with The Firm. You have read all those documents, and agree to their terms.

X

Signature box for Applicant

X

Signature box for Co-Applicant

Applicant Signature

Date _____

Co-Applicant Signature

Date _____

Internal Use For Legent use only

PNC Acct # _____

Please return to your Brokerage Firm

Cleared through Legent Clearing LLC

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TRUST INFORMATION

Full Title of Trust: _____

Grantors / Sponsors of Trust: _____ Date of Trust Creation: _____
(example: *John Jones and Mary Smith Trustees for the benefit of James Jones.*)

Authorized Individuals

All Trustees* must sign this Application. (Attach additional page if needed.) By signing, we the Trustees authorize The Firm to accept orders and other instructions from each of such Trustees. This includes authorization to sign checks for the Trust unless expressly limited on this document. Unless it is specified otherwise, any one of such Trustees may individually act on behalf of the Trust. However the Trustees acknowledge that The Firm reserves the right to require the joint action of all Trustees with respect to any activity relating to the Trust accounts.

Certifications

The Trustees hereby certify and agree that:

None of The Firm, its service provider or the bank on which checks are drawn (Bank) shall be responsible for any improper or unsuitable use of the account by any Trustee, including the related check-writing privilege. Each Trustee, personally and as Trustee, hereby indemnifies The Firm, its service providers and Bank from and against any liability for claims, judgments, surcharges or settlement amounts arising out of or in connection with improper or unsuitable use of Account privileges and for any expenses, including attorneys' fees, incurred in disputing, settling or defending against same. Each Trustee shall be jointly and severally liable for performing the obligations stated herein, and such obligations shall survive termination of my Account.

We, the Trustees, jointly and severally indemnify The Firm and hold it, its service providers and Bank harmless from any liability for effecting transactions of the type specified above, if The Firm acts pursuant to instructions given by any of the individuals signing this Application.

We are all of the Trustees of the Trust.*

We agree to inform The Firm in writing of any amendment to the Trust, any change in the composition of the Trustees, or any other event which could materially alter the certifications made above.

CHECKING AND VISA SIGNATURE AUTHORIZATIONS (*Trust and Business Accounts Only*)

Authorized Individual(s) ó print name	Signature(s)	Relationship to Trust / Corp / Legal Entity

*Should only one person execute this agreement, it shall constitute a representation that the signer is the sole trustee.
Where applicable, plural references in this certification shall be deemed singular.

Please return to your Brokerage Firm