

## Important information about procedures for opening an investment account

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. **What this means for you: When you open an account, you will need to provide your name, address, date of birth and other information that will allow us to identify you.**

This box will contain the 3-digit bank number supplied by UMB

|   |   |   |
|---|---|---|
| 4 | 8 | 5 |
|---|---|---|

## 1 Broker Information

### Track Data

Firm Name (Please do not use abbreviations.) \_\_\_\_\_

Branch Address, City, State, ZIP \_\_\_\_\_

**60010** \_\_\_\_\_

Dealer Number \_\_\_\_\_ Branch Number \_\_\_\_\_

FC Last Name \_\_\_\_\_ FC First Name \_\_\_\_\_

FC Number \_\_\_\_\_ Cum Disc # **70089**

( ) \_\_\_\_\_

FC Phone Number \_\_\_\_\_

## 2 Account Registration Select and complete the appropriate section.

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 6 | 7 | 1 | 0 | 2 | 5 |
|---|---|---|---|---|---|

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Account Number

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Taxpayer ID/Social Security Number

### Corporation/Other Entity/Trust\*

Name of Corporation or Other Entity \_\_\_\_\_ Taxpayer ID Number \_\_\_\_\_

Type of Organization (i.e., corporation, association, partnership) \_\_\_\_\_

*\*A legally established trust must exist to support this registration. You may be required to provide an attorney-certified copy of this trust document to complete future transactions.*

### Individual or Joint Account

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Joint Owner's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Joint Owner's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Address

Street Address \_\_\_\_\_

Attention (if applicable) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

( ) \_\_\_\_\_

Business Number \_\_\_\_\_

( ) \_\_\_\_\_

Home Number \_\_\_\_\_

US Citizen     Resident Alien

Authorized Signer \_\_\_\_\_

*Attach a separate sheet to assign multiple authorized signers.*

Name of Authorized Signer \_\_\_\_\_ Social Security Number \_\_\_\_\_

US Residential Address\* \_\_\_\_\_ Date of Birth \_\_\_\_\_

*\*P.O. Box not acceptable*

## 3 Money Fund Choice

- |  |   |  |   |  |
|--|---|--|---|--|
| <input type="checkbox"/> Money Market        | <input type="checkbox"/> Government & Agency      | <input type="checkbox"/> Tax-Exempt          | <input type="checkbox"/> Treasury               | <input type="checkbox"/> Tax-Exempt California |
| <input type="checkbox"/> Tax-Exempt New York | <input type="checkbox"/> Tax-Exempt Pennsylvania  | <input type="checkbox"/> Tax-Exempt Florida  | <input type="checkbox"/> Tax-Exempt New Jersey  | <input type="checkbox"/> Tax-Exempt Michigan   |
| <input type="checkbox"/> Tax-Exempt Ohio     | <input type="checkbox"/> Tax-Exempt Massachusetts | <input type="checkbox"/> Tax-Exempt Virginia | <input type="checkbox"/> Tax-Exempt Connecticut |  |

## 4 Checkwriting

### ESTABLISH CHECKWRITING

CHECKWRITING (Check reorder fee: \$5 for 100 checks)

How many signatures are required? *(If no box is checked, the fund will require one signature on checks for accounts with multiple owners.)*

Only one (1)     Two (2)

**For office use only:**

Account Number

Client Name

Office Number

FC Number

**5 Certification and Signature (required)**

• I certify under penalties of perjury that:

(1) The Social Security number or tax ID number shown above is correct and may be used for any account opened for me by the Fund; (2) I am not subject to backup withholding either because (a) I am exempt from backup withholding, or (b) the Internal Revenue Service (the "IRS") has not notified me that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me I am no longer subject to backup withholding; and (3) I am a US person (including a US resident alien). [Cross out (2) if you are subject to backup withholding.]

The undersigned certifies that I (we) have full authority and legal capacity to purchase shares of the Fund and select the features on this application and affirm that I (we) have received a current prospectus and agree to be bound by its terms. Further, by signing this form, the undersigned state that he or she has received, read and accepts and specifically incorporates herein the Checkwriting Privilege Terms and Conditions, the Electronic Fund Transfer Act Disclosures.

A joint tenant account requires all signatures to be signed exactly as listed in Section 2 on reverse side of this application.

By signing this form, I understand and consent to the collection, verification and retention of information (as set forth in this application) that identifies each person who opens an account. I certify that all information and disclosures made on this form are true and accurate.

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

X

1. Authorized Signature

Title (if applicable)

Date

X

2. Authorized Signature

Title (if applicable)

Date

X

3. Authorized Signature

Title (if applicable)

Date

X

4. Authorized Signature

Title (if applicable)

Date