

IRA RESOURCE CHECKING AGREEMENT

The payment of funds is authorized by the signature appearing on the application.

The Bank of New York Mellon Corporation (the "Bank") is hereby appointed agent by the person signing this card (the "Client's") and, as agent, is authorized and directed, upon presentment of checks to the Bank, to direct Pershing, as the Client's agent and nominee, to withdraw funds from the Client's individual retirement account (IRA) in the amount of checks presented to the Bank. These funds will be deposited into an account at the Bank, maintained by Pershing on behalf of the Client, for the purposes of paying the Bank for the checks presented. Pershing is hereby appointed the Client's agent and, where appropriate, messenger for the purpose of effecting such withdrawals.

This checking arrangement is subject to, but not limited to, the following terms and restrictions:

- The Client is age 59½ or older and resides in the United States of America.
- The Client has established a Participant IRA, Rollover IRA, or Spousal IRA with Pershing LLC as Custodian or subcustodian under a service agent agreement.
- The Client agrees that he or she shall be subject to the rules and regulations of the Bank pertaining to this checking arrangement as amended from time to time; that the Bank has the right not to honor checks which do not meet the Bank's normal standards for checks presented to it; that the Bank and Pershing have the right to change, modify, or terminate this check writing service at any time; and that the Bank shall be liable only for its own negligence.
- The Client agrees that all withdrawals from the IRA will be reported to the IRS as normal distributions. The distribution will be reported by the custodian in the year the Bank posts the check for payment, rather than the date appearing on the check or the date the check is deposited. To be certain that a distribution is reported for a particular tax year, the Client should complete and submit an IRA Distribution Request form, rather than write a check. This is extremely important if the Client needs to satisfy the required minimum distribution and wants to make sure that the distribution is reported in the proper tax year.
- The Client understands the federal and state income tax withholding provisions applicable to IRA distributions and elects under this agreement not to have tax withheld from withdrawals made by writing checks. The Client understands that tax penalties under the estimated payment rules may be imposed by tax authorities if payments of estimated tax and withholding, if any, are not adequate. The Client is urged to consult with a tax advisor on these issues.

AUTHORIZATION LIMIT—Subject to Pershing's policies, the Client can write checks against the following two components: (1) any free credit balances in the IRA; (2) net asset value of the money market fund shares. **To access funds via IRA Resource Checking, the Client must maintain total equity of \$500.** Total equity results from adding the long market value, the value of your money market funds, and the credit balance in the account; and then subtracting any debit balance and short positions. If a check brings the Client's total equity in the IRA below \$500, the check will be returned. **Do not write a check to close your IRA.**

MONEY MARKET FUND REDEMPTIONS—Pershing may automatically redeem fund shares to pay for IRA Resource Checking transactions on the date we post the transaction to the Client's IRA.

ACCOUNT NUMBER: -

SOCIAL SECURITY NUMBER OR TAXPAYER IDENTIFICATION NUMBER: -

ACCOUNT INFORMATION:

Your checks will contain your name and address as they appear on your account registration. If you do not wish to have your address appear on your checks, please check the "No Address" box below.

No Address

If you would like an additional line of information added to your checks (not to exceed 32 characters, including spaces), please include it on the line below.

Other Optional Information (For instance, telephone number)

PREFERRED STARTING CHECK NUMBER: (If left blank your starting check number will be 101)

SIGNATURE:

By signing below, you accept the terms of the attached IRA Resource Checking Agreement.

Signature

Date

FOR THE INTRODUCING FINANCIAL ORGANIZATION:

The undersigned organization guarantees that the signature on this application is that of the account holder or is authorized by the account holder.

Introducing Financial Organization

Name (Please print)

Title

Signature

Date



PRCHIRAR