PARTNERSHIP ACCOUNT FORM

I. ACCOUNT INFORMATION

ACCOUNT TITLE: _____

ACCOUNT NUMBER: ☐☐☐ – ☐☐☐☐☐☐

II. AUTHORIZATION

In consideration of your carrying an account in the name of _____ ,

a duly organized partnership of which each of the following named persons, to wit:

_____ _____

_____ _____

shall have authority on behalf of the partnership account, through you as broker-dealer, to buy, sell, and otherwise deal in stocks, bonds, and other securities and commodities, and options to buy or sell said securities, whether covered or uncovered, on margin or otherwise (including short sales); to receive on behalf of the partnership account demands, notices, confirmations, reports, statements of account, and communications of every kind; to receive on behalf of the partnership account money, securities, and property of every kind, and to dispose of the same; to execute on behalf of the partnership agreements relating to any of the foregoing matters or otherwise and to terminate or modify the same or waive any of the provisions thereof; and generally to deal with you on behalf of the partnership account as fully and completely as if he or she alone were interested in said account, all without notice to the other or others interested in said account. The authority hereby conferred shall remain in force until written notice of its revocation addressed to you and delivered at your office at

OFFICE ADDRESS: _____

III. CERTIFICATION

The undersigned hereby certifies that the members of said partnership are as indicated above:

The undersigned further authorizes you, in the event of death or retirement of any of the members of said partnership, to take such proceedings, require such papers, retain such portion of, or restrict transactions in said account as you may deem advisable to protect you against any liability, penalty, or loss under any present or future law or otherwise. It is further agreed that in the event of the death or retirement of any member of the said partnership, the remaining members will immediately cause you to be notified of such fact. If any portion of this document shall be held to be unenforceable, then the remainder of the document shall survive and be held enforceable and bind the partnership.

Subject to the provisions hereof, all notices or communications for the undersigned with respect to the partnership account are to be directed to:

NAME: _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

IV. SIGNATURE

SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____

NOTE: Signatures of all general partners must appear.

NACTPARA