

C-Share Standard Asset Allocation Program Application



Initial Investment is \$5,000 for IRAs and \$10,000 for all other accounts

Overnight Mail Dunham Trust Company ("DTC") c/o Dunham 10251 Vista Sorrento Pkwy, Ste. 200 San Diego, CA 92121	Regular Mail Dunham Trust Company ("DTC") c/o Dunham P.O. Box 910309 San Diego, CA 92191	Phone: 800-442-4358 Fax: 858-964-0505 Email: customercare@dunham.com Checks Payable to: Dunham Funds
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1. Type of Account

(Please Select Only One)

Personal Accounts

(Go to Section 2)

- Individual
- Joint Tenants WROS
- Joint Tenants in Common
- Joint Community Property
- Joint Tenants by Entirety
- Custodial (UGMA/UTMA)
- Other: _____

Retirement Accounts

(Go to Section 2)

- Traditional IRA
- Roth IRA
- SEP IRA
- SIMPLE IRA
- Beneficiary IRA
- Beneficiary Roth IRA
- Other: _____

Trust/Other Accounts

(Go to Section 4)

- Revocable Trust
- Irrevocable Trust
- Defined Benefit Plan
- Guardianship/Conserv.
- Estate
- Other: _____

Business Accounts

(Go to Section 4)

- Corporation
- Partnership
- 501(c) Organization
- LLC
- Limited Partnership
- Other: _____

2. Account Owner Information

(For Entity Accounts, skip to Sections 4-6)

First Name	Middle Name	Last Name	Maiden (If Applicable)	Existing Dunham Client? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (mm/dd/yyyy)		Social Security Number/TIN	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Home Address (No P.O. Boxes)				
City			State	Zip Code
Email			Home Phone	Cell Phone
Mailing Address - if different from Home Address (P.O. Boxes acceptable)				
City			State	Zip Code
Drivers License Number	State	Expiration Date	Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien	
For non-U.S. Citizens, Country of Citizenship: Alien ID: (IRS Form W-8 required)			U.S. Immigration Visa type: Nonresident Aliens must submit passport copy.	
<input type="checkbox"/> Check here if you/immediate family member are licensed or employed by a registered broker/dealer. If so, 407/compliance letter required.			<input type="checkbox"/> Check here if you are a director, officer or 10% shareholder of publicly traded company.	

<input type="checkbox"/> Check here if you/immediate family member are employee, officer, trustee, director or similar of Dunham & Associates Holdings, Inc. or affiliate.		<input type="checkbox"/> Check here if you/immediate family are/or associated with senior foreign political figure.	
Please specify if you are: <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student Occupation if employed:		Employer Name	
Employer Street Address (or "none", if not employed)		City	State Zip Code

3. Account Co-Owner/Custodian Information

First Name		Middle Name	Last Name	Maiden (If Applicable)	Account Owner's Spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Birth (mm/dd/yyyy)		Social Security Number/TIN		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Home Address (No P.O. Boxes)					
City			State	Zip Code	
Email			Home Phone	Cell Phone	
Mailing Address - if different from Home Address (P.O. Boxes acceptable)					
City			State	Zip Code	
Drivers License Number		State	Expiration Date	Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien	
For non-U.S. Citizens, Country of Citizenship: Alien ID: (IRS Form W-8 required)			U.S. Immigration Visa type: Nonresident Aliens must submit passport copy.		
<input type="checkbox"/> Check here if you/immediate family member are licensed or employed by a registered broker/dealer. If so, 407/compliance letter required.			<input type="checkbox"/> Check here if you are a director, officer or 10% shareholder of publicly traded company.		
<input type="checkbox"/> Check here if you/immediate family member are an employee, officer, trustee, director or similar of Dunham & Associates Holdings, Inc. or affiliate.			<input type="checkbox"/> Check here if you/immediate family are/or associated with senior foreign political figure.		
Please specify if you are: <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student Occupation if employed:			Employer Name		
Employer Street Address (or "none", if not employed)			City	State	Zip Code

4. Entity Information (If not Entity, skip to Section 7)

Appendix E must also be completed by a person opening a new account on behalf of an entity.

Name of Entity/Trust		
Creation Date (mm/dd/yyyy)	Entity Tax ID	Entity Contact Name
Street Address (No P.O. Boxes)		

City	State	Zip Code
Email Address	Phone	Fax
Mailing Address - if different from Street Address (P.O. Boxes acceptable)		
City	State	Zip Code
<input type="checkbox"/> U.S. Entity <input type="checkbox"/> Foreign Entity - Country (IRS Form W-8 required)	Cell Phone	

5. Trustee/Officer/Agent Information

First Name	Middle	Last Name	Maiden (If Applicable)	Title in Organization: <input type="checkbox"/> Trustee <input type="checkbox"/> Officer <input type="checkbox"/> Partner
Date of Birth (mm/dd/yyyy)	Social Security Number/TIN		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Home Address (No P.O. Boxes)				
City	State		Zip Code	
Email	Home Phone		Cell Phone	
Mailing Address - if different from Home Address (P.O. Boxes acceptable)				
City	State		Zip Code	
Drivers License Number	State	Expiration Date	Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien	
For non-U.S. Citizens, Country of Citizenship: Alien ID: (IRS Form W-8 required)			U.S. Immigration Visa type: Nonresident Aliens must submit passport copy.	
<input type="checkbox"/> Check here if you/immediate family member are licensed or employed by a registered broker/dealer. If so, 407/compliance letter required.			<input type="checkbox"/> Check here if you are a director, officer or 10% shareholder of publicly traded company.	
<input type="checkbox"/> Check here if you/immediate family member are an employee, officer, trustee, director or similar of Dunham & Associates Holdings, Inc. or affiliate.			<input type="checkbox"/> Check here if you/immediate family are/or associated with senior foreign political figure.	
Please specify if you are: <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student Occupation if employed:			Employer Name	
Employer Street Address (or "none", if not employed)		City	State	Zip

6. Co-Trustee/Officer/Agent Information (If only one, skip to Sec. 7)

First Name	Middle	Last Name	Maiden (If Applicable)	Title in Organization: <input type="checkbox"/> Trustee <input type="checkbox"/> Officer <input type="checkbox"/> Partner	
Date of Birth (mm/dd/yyyy)		Social Security Number/TIN		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Home Address (No P.O. Boxes)					
City			State	Zip Code	
Email			Home Phone	Cell Phone	
Mailing Address - if different from Home Address (P.O. Boxes acceptable)					
City			State	Zip Code	
Drivers License Number		State	Expiration Date	Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien	
For non-U.S. Citizens, Country of Citizenship:			U.S. Immigration Visa type:		
Alien ID: (IRS Form W-8 required)			Nonresident Aliens must submit passport copy.		
<input type="checkbox"/> Check here if you/immediate family member are licensed or employed by a registered broker/dealer. If so, 407/compliance letter required.			<input type="checkbox"/> Check here if you are a director, officer or 10% shareholder of publicly traded company.		
<input type="checkbox"/> Check here if you/immediate family member are an employee, officer, trustee, director or similar of Dunham & Associates Holdings, Inc. or affiliate.			<input type="checkbox"/> Check here if you/immediate family are/or associated with senior foreign political figure.		
Please specify if you are: <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student Occupation if employed:			Employer Name		
Employer Street Address (or "none", if not employed)		City	State	Zip	

7. Financial Information - Account Owner/Trustee/Officer

Investment Experience Indicate number of years experience investing in:					
Stocks:	Bonds:	Mutual Funds:	Partnerships:	Real Estate:	Other:
Annual Household Income					
<input type="checkbox"/> Less than \$100,000	<input type="checkbox"/> \$100,000 - \$199,999	<input type="checkbox"/> \$200,000 - \$299,999	<input type="checkbox"/> \$300,000 or greater		
Federal Tax Bracket					
<input type="checkbox"/> Less than 15%	<input type="checkbox"/> 16% - 27%	<input type="checkbox"/> 28% or greater			
Liquid Net Worth – Excluding primary residence, home furnishings and automobiles					
Please indicate the Investor's approximate current liquid net worth (for joint accounts please include combined amounts)					
<ul style="list-style-type: none"> For Individual, IRA, and Custodial accounts, include amounts for the primary owner / Custodian For Joint Accounts, include combined amounts For Revocable Trusts, include amounts for all Grantors / Trustors For all other Entities, include amounts for the Entity 					
<input type="checkbox"/> Less than \$1,500,000	<input type="checkbox"/> \$1,500,000 - \$2,099,999			<input type="checkbox"/> \$2,100,000 or greater	

8. Financial Information – Account Co-Owner/Trustee/Officer

(If only one, skip to Section 9)

Investment Experience Indicate number of years experience investing in:					
Stocks:	Bonds:	Mutual Funds:	Partnerships:	Real Estate:	Other:
Annual Household Income					
<input type="checkbox"/> Less than \$100,000	<input type="checkbox"/> \$100,000 - \$199,999	<input type="checkbox"/> \$200,000 - \$299,999	<input type="checkbox"/> \$300,000 or greater		
Federal Tax Bracket					
<input type="checkbox"/> Less than 15%	<input type="checkbox"/> 16% - 27%	<input type="checkbox"/> 28% or greater			
Liquid Net Worth – Excluding primary residence, home furnishings and automobiles					
Please indicate the Investor's approximate current liquid net worth (for joint accounts please include combined amounts)					
<ul style="list-style-type: none"> • For Individual, IRA, and Custodial accounts, include amounts for the primary owner / Custodian • For Joint Accounts, include combined amounts • For Revocable Trusts, include amounts for all Grantors / Trustors • For all other Entities, include amounts for the Entity 					
<input type="checkbox"/> Less than \$1,500,000	<input type="checkbox"/> \$1,500,000 - \$2,099,999	<input type="checkbox"/> \$2,100,000 or greater			

9. Communications

Electronic Communications: <input type="checkbox"/> Yes, please send me instructions to establish an online user ID and password. I understand I will need to choose e-delivery once I have established a user ID and password online and will not be able to receive electronic communications until such time. <input type="checkbox"/> No, please send all communications in physical form via U.S. mail.
Proxy Authorization/Prospectus Delivery Shareholder communications, including prospectuses, proxies and corporate action notifications, with respect to the Funds held in the Account shall be promptly forwarded to Account Owner for voting or other action.
Combined Statement Delivery/Householding This service, referred to as "Householding", combines mailings of prospectuses, e-mail announcements, account statements, tax-related statements, proxies, annual/semi-annual reports, and other eligible documents for accounts within your household into one envelope, when available. Please list any Account Names and Account Numbers for any accounts you would like Householded that are held with the Transfer Agent. Account Names/Numbers: _____.

10. Funding

Approximate Assets to be Placed under Management: \$ _____.
Source of Funds
<input type="checkbox"/> Checks: Please make checks payable to Dunham Funds
<input type="checkbox"/> Check Enclosed <input type="checkbox"/> Personal Check to Follow <input type="checkbox"/> Check to Follow from Institution : _____.

11. Automatic Investments

Your Account allows you to add regularly to your investment by authorizing us to deduct money directly from your bank account every month. Your bank must be a member of the Automated Clearing House (ACH) system. If you choose this option, please complete Section 13 and attach a voided check. Funds will be invested as indicated in Section 16.

Please transfer \$ _____ (\$100 minimum) from my bank account on the 5th or 20th day of each month.

12. Account Authorizations

Account Owner acknowledges and agrees that Dunham Funds is authorized to act upon instructions received from Account Owner or their authorized Financial Representative designated in Sections 21 and 22. Such authority includes, among other things, the authority to purchase, sell and exchange assets in the Account, the authority to change the Account Strategy, the authority to contribute or transfer additional assets to the Account, the authority to disburse funds out of the Account by check, wire or other form to Account Owner's address of record or accounts at other financial institutions; and take any other actions incidental to the foregoing. Such directions may be submitted to Dunham Funds via written, oral, electronic, or other means.

Accounts below the applicable minimums (\$5,000 for qualified Accounts and \$10,000 for all other accounts), will be charged an annual \$50 below minimum fee. Accounts will be assessed on the anniversary date of the Account.

Unless you initial here _____, you may use the phone to redeem shares or make exchanges among any portfolios with the same registration. Note: Subject to certain restrictions, anyone you supply with the required Account information may make phone exchanges or redemptions on your behalf. In addition, IRAs will require an IRA Distribution Form for redemptions.

13. Bank Information (Please attach a voided check from your account)

I authorize Dunham Funds to send redemption proceeds when requested via the ACH system of which my bank is a member.

Name of Depository Institution	Type of Account <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Address		
City	State	Zip Code
Account Name	Account Number	ABA Number

Attach Voided Check Here

14. Trusted Contact Person Information (optional)

By choosing to provide information about a trusted contact person, you authorize us to contact the trusted contact person listed below and disclose information about your account to that person in the following circumstances: to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by FINRA Rule 2165 (Financial Exploitation of Specified Adults).







First Name	Middle Name	Last Name
Relationship to Account Owner: <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Friend <input type="checkbox"/> Other:		
Home Address (No P.O. Boxes)		
City	State	Zip Code
Email	Home Phone	Mobile Phone

15. Investment Objective/Allocation

Please complete below or attach C-Share Addendum.

Please select one Investment Objective/Allocation for this account.

- | | | |
|---|---|---|
| <input type="checkbox"/> Capital Preservation
(Emphasizes current income, low risk and prevention of capital loss)
Core Fixed Income* | <input type="checkbox"/> Balanced Income
(Emphasizes current income with low-to-moderate risk in equities)
20% Core Equity / 80% Core Fixed Income | <input type="checkbox"/> Growth & Income
(Emphasizes current income with moderate risk in equities)
40% Core Equity / 60% Core Fixed Income |
| <input type="checkbox"/> Balanced Growth
(Emphasizes current income, moderate risk, weighted more in securities)
60% Core Equity / 40% Core Fixed Income | <input type="checkbox"/> Growth
(Emphasizes long-term growth with moderate-to-high risk in equities)
80% Core Equity / 20% Core Fixed Income | <input type="checkbox"/> Aggressive Growth
(Emphasizes maximum growth and capital appreciation in equities and, therefore, has the highest risk of Investment Objective choices)
Core Equity |

Sample Portfolio Mix	Relative Risk/Volatility:					
	Low	Low to Moderate	Moderate	Moderate to High	High	
Representative allocations for Investment Objectives defined above:						
<input type="checkbox"/> Equity <input type="checkbox"/> Fixed	Capital Preservation 	Balanced Income 	Growth & Income 	Balanced Growth 	Growth 	Aggressive Growth 

* The Dunham Monthly Distribution Fund, an investment in the Core Fixed Income Strategy, utilizes an absolute return style to achieve its investment objective and may invest a significant portion of its assets in equity securities.

16. Initial Investment Selection

Please complete this section with your financial representative after reviewing the Dunham Funds Class C-Share Prospectus and the current quarterly Dunham C-Share Standard Asset Allocation Strategies. Please establish my Account with the enclosed check (or wire transfer when received) to be allocated using the specific Allocation Percentages selected below in effect as of the date I execute this agreement.

Name of Fund:	Allocation %
Dunham Corporate/Government Bond Fund	%
Dunham Monthly Distribution Fund	%
Dunham Floating Rate Bond Fund	%
Dunham High-Yield Bond Fund	%
Dunham International Opportunity Bond Fund	%
Dunham Dynamic Macro Fund	%
Dunham Long/Short Credit Fund	%
Dunham Large Cap Value Fund	%
Dunham Focused Large Cap Growth Fund	%
Dunham International Stock Fund	%
Dunham Real Estate Stock Fund	%
Dunham Small Cap Value Fund	%
Dunham Emerging Markets Stock Fund	%
Dunham Small Cap Growth Fund	%
	100%

17. Automatic Investment/Reallocation/Redemptions

Accounts will be automatically reallocated to the initial Allocation Percentages noted above at the end of each calendar quarter. During a quarter, any contributions or withdrawals will be automatically allocated to or redeemed from the Account according to these percentages. If you would like to reallocate your portfolio to a different or updated strategy, please complete and submit the C-Share Standard Asset Allocation Change Form.

18. Dividend and Capital Gain Distributions

(NOTE: For IRA Accounts, please complete an IRA Distribution Form in order to request the payout of Dividends and/or Capital Gains).

I elect to have Dividend & Capital Gains payments handled in the following manner (both will be reinvested **UNLESS** otherwise selected). **Choose ONE only:**

- Pay all dividends and capital gains to me by check to address of record.
- Pay all dividends to me by check to address of record and reinvest all capital gains.

19. Arbitration of Disputes

Account Owner acknowledges this Agreement contains a predispute arbitration clause. By signing an arbitration Agreement, the Parties agree as follows:

1. All Parties to this Agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed.
2. Arbitration awards are generally final and binding; a Party's ability to have a court reverse or modify an arbitration award is very limited.
3. The ability of the Parties to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings.
4. The arbitrators do not have to explain the reason(s) for their award unless, in an eligible case, a joint request for an explained decision has been submitted by all parties to the panel at least 20 days prior to the first scheduled hearing date.
5. The panel of arbitrators may include a minority of arbitrators who were or are affiliated with the securities industry.
6. The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court.
7. The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this Agreement.

ANY CONTROVERSY THAT SHALL ARISE BETWEEN THE ACCOUNT OWNER, DUNHAM TRUST COMPANY ("DTC") and DTC's AFFILIATES (INCLUDING BUT NOT LIMITED TO CONTROVERSIES CONCERNING ANY ACCOUNT, ORDER OR TRANSACTION, OR THE CONTINUATION, PERFORMANCE OR BREACH OF THIS OR ANY OTHER AGREEMENT BETWEEN THE ACCOUNT OWNER AND DUNHAM FUNDS, DUNHAM & ASSOCIATES INVESTMENT COUNSEL, INC. AND/OR AFFILIATES, WHETHER ENTERED INTO OR ARISING BEFORE, ON OR AFTER THIS ACCOUNT IS OPENED) SHALL BE SUBMITTED TO ARBITRATION BEFORE AND ONLY BEFORE THE FINANCIAL INDUSTRY REGULATORY AUTHORITY. ARBITRATION MUST BE COMMENCED BY SERVICE UPON THE OTHER PARTY OF A WRITTEN DEMAND FOR ARBITRATION OR A WRITTEN NOTICE OF INTENTION TO ARBITRATE, THEREIN INDICATING THE ARBITRATION TRIBUNAL. NO PERSON SHALL BRING PUTATIVE OR CERTIFIED CLASS ACTION TO ARBITRATION, NOR SEEK TO ENFORCE ANY PREDISPUTE ARBITRATION AGREEMENT AGAINST ANY PERSON WHO HAS INITIATED IN COURT A PUTATIVE CLASS ACTION; OR WHO IS A MEMBER OF A PUTATIVE CLASS WHO HAS NOT OPTED OUT OF THE CLASS WITH RESPECT TO ANY CLAIMS ENCOMPASSED BY THE PUTATIVE CLASS ACTION UNTIL: (i) THE CLASS CERTIFICATION IS DENIED; (ii) THE CLASS IS DECERTIFIED; OR (iii) THE CLIENT IS EXCLUDED FROM THE CLASS BY THE COURT. SUCH FORBEARANCE TO ENFORCE AN AGREEMENT TO ARBITRATE SHALL NOT CONSTITUTE A WAIVER OF ANY RIGHTS UNDER THIS AGREEMENT EXCEPT TO THE EXTENT STATED HEREIN. ANY ARBITRATION AWARD SHALL BE FINAL AND BINDING, AND ANY COURT HAVING JURISDICTION MAY ENTER JUDGMENT THEREON.

20. Signature(s) and Certification (Required)

Form W-9 Certification: Check this box if you have been notified by the IRS that you are currently subject to backup withholding.

I certify under penalties of perjury that:

1. My Social Security or Tax Identification Number reflected in the above application is correct
2. I am not subject to backup withholding due to failure to report interest and dividend income
3. I am a U.S. person (including a U.S. resident alien), and
4. The FATCA code entered on this form (if any) indicating that the payee is exempt from FATCA reporting is correct.



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

I, the undersigned account owner or owners (who are referred to herein as the "Account Owner" for convenience even if more than one owner), hereby acknowledge that this Account and related Custodial Account is opened pursuant to and is to be maintained and governed in conjunction with the Custodial Account Agreement incorporated herein.

I further acknowledge that: (1) I have received a current Prospectus for the Funds available in the Program and agree to be bound by the terms therein; (2) I have received a copy of the Broker Dealer's Form CRS and related Disclosures; (3) I agree to the pre-dispute arbitration clause that appears in the Arbitration of Disputes in Section 19 ; (3) I have received and retained a copy of this Application, including the Privacy Policy; (4) I have received the current Quarterly Dunham C-Share Standard Asset Allocation Strategies; (5) I understand that this Agreement includes a 7 (seven) day right of rescission/revocation for IRA, Roth IRA, SEP IRA, and SIMPLE IRA accounts upon written notice to Dunham Funds and a 5 (five) day right of rescission for all other account types upon written notice to Dunham Funds; (6) the Financial Representative designated in sections 21 and 22 is acting in a broker-dealer capacity with respect to this 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, we will ask for your name, address, date of birth, social security number/ Tax ID number and other information that will allow us to identify you. We may also ask to see other identifying documents. Until you provide the information or documents we need, we may not be able to open an account or effect any additional transactions for you. When opening an account for a foreign business, enterprise or a non-U.S. person that does not have an identification number, we require alternative government-issued documentation certifying the existence of the person, business or enterprise.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE FUND PROSPECTUS(ES) AND AGREE TO THE TERMS THEREIN AND HEREIN.

	Signature of Owner/Trustee/Authorized Representative/Custodian	Date
	Signature of Owner/Trustee/Authorized Representative/Custodian	Date

21. Financial Representative Information

The undersigned Financial Representative agrees to the terms and conditions set forth herein, including the Custodial Agreement, as applicable, and acknowledges that said Agreement contains pre-dispute arbitration provisions.

I attest that, as the Financial Representative, I have developed an investment profile of my Client. I believe the selected Funds or strategies are in the Client's best interest given my Client's current financial status, investment history, investment objective, time horizon, liquidity and risk tolerance. This analysis includes the selection of any alternative investment strategy. I understand that I am responsible for being available during normal business hours for consultation with my Client, and I agree to contact my Client at least annually to inquire about any changes in my Client's financial or other status and to verify that the investment choices remain in the best interest of my Client.

Furthermore, I certify, to the best of my knowledge, the following: the individual(s) signing the application(s) are the applicant(s) and the signature(s) are genuine; the information provided on the application(s) is accurate; the source of funds for the account(s) do not represent proceeds of unlawful activity; the individual(s) signing the application(s) have the capacity and authority to execute the application(s).

Financial Representative	Financial Representative Name (print name)		Rep ID	Branch ID
	Financial Representative Signature			Date
	Financial Representative Email Address			Phone Number
Financial Representative	Joint Financial Representative Name (print name)			Rep ID
	Joint Financial Representative Signature			Date
	Joint Financial Representative Email Address			Phone Number
Business Address		City	State	Zip Code

22. Broker-Dealer ("BD") Firm Information

The undersigned Broker-Dealer Firm agrees to the terms and conditions set forth herein, including the Custodial Agreement, as applicable, and acknowledges that said Agreement contains pre-dispute arbitration provisions.

Principal/ OSJ	Broker-Dealer Firm Name			TIN
	Name of Authorized BD Representative			<input type="checkbox"/> Home Office OSJ <input type="checkbox"/> Branch OSJ
	Authorized BD Signature			Date
	Business Address		City	State Zip Code

Certification Regarding Beneficial Owners of Legal Entity Accounts - Appendix E

1. What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

2. Who has to complete this form?

This form must be completed by the person(s) opening a new account on behalf of a legal entity with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; or (v) an introducing broker in commodities. For the purposes of this form, **a legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

3. What information do I have to provide?

This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of foreign persons) for the following individuals (i.e., the beneficial owners): (i) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (e.g., each natural person that owns 25 percent or more of the shares of a corporation); **and** (ii) an individual with significant responsibility for managing the legal entity customer (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer). The number of individuals that satisfy this definition of "beneficial owner" may vary. Under section (i), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (i), **you must provide the identifying information of one individual under section (ii)**. It is possible that in some circumstances the same individual might be identified under both sections (e.g., the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (ii)), and up to a total of five individuals (i.e., one individual under section (ii) and four 25 percent equity holders under section (i)). The financial institution may also ask to see a copy of a driver's license or other identifying document for each beneficial owner listed on this form

4. Certification of Beneficial Owner(s)

Persons opening an account on behalf of a legal entity must provide the following information:

Name and Title of Natural Person Opening Account:
Name and Address of Legal Entity for Which the Account is Being Opened:

The following information for each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the legal entity listed above (If no individual meets this definition, please write "Not Applicable."):

First Name	Middle Name	Last Name
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Date of Birth (mm/dd/yyyy)		Social Security Number/TIN or Passport Number	
Home or Business Address (No P.O. Boxes)			
City		State	Zip Code

The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under section (4) above may also be listed in this section)

First Name	Middle Name	Last Name	Title
Date of Birth (mm/dd/yyyy)		Social Security Number/TIN or Passport Number¹	
Home or Business Address (No P.O. Boxes)			
City		State	Zip Code

I, hereby certify, to the best of my knowledge, that the information provided above is complete and correct.

Sign Here	Signature of Natural Person Opening the Account	Date
------------------	--	-------------

¹ In lieu of a passport number, foreign persons may also provide an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality of residence and bearing a photograph or similar safeguard.

Legal Entity Identifier _____