

Checkwriting IRA Premier Application

IPC

Account Number

Instructions: Individual Retirement Account (IRA) customers with a cash sweep feature who are over 59 $\frac{1}{2}$ years of age that reside in the United States may take advantage of checkwriting service. You may write as many checkwriting drafts ("checks") as you like for amounts of \$100 or more, up to the available balance in your account with no service charge. Note: Any checks that you write are considered IRA distributions and will be reported to the IRS on Form 1099-R.

Mail the completed form to LPL Financial, Attn: Trade Direct, P.O. Box 6025 Fort Mill, SC 29715-6025 or fax to (858) 202-8500.

Note: IRA checkwriting is only available for Traditional IRAs, SEP IRAs, and SAR SEPs; IRA checkwriting is NOT available for Roth IRAs, SIMPLE-IRAs, Beneficiary IRAs, or Coverdell ESAs.

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Account Information

Account Registration

Social Security/Tax ID Number (Must match account registration)

Client Information

Client Name

Date of Birth

Home Phone Number

Work Phone Number

Client Physical Address

Certification and Signature Card

By signing below, I hereby request checks drawn on UMB Bank, n.a. (the "Bank") or any of its bank affiliates, to be written against the money market balance or Insured Cash Account balance from the IRA identified in Section 1 and to accept checks presented for payment. I further authorize the Bank to direct LPL, as agent for the custodian, to make the necessary distributions from my IRA to pay the checks. I understand the federal income tax withholding provisions applicable to IRA distributions and elect under this agreement not to have tax withheld from withdrawals made by writing checks. I understand that the IRS may impose tax penalties under the estimated payment rules if payments of estimated tax and withholding, if any, are not adequate. I understand that if I wish to have federal income tax withheld on an IRA distribution, I should not use IRA checkwriting but should instead complete an IRA distribution request form available from LPL.

By signing this application below and using my first check, I agree to be bound by the LPL IRA Checkwriting Agreement and the Traditional IRA Custodial Agreement (Form 5305-A), as currently in effect and as amended from time to time. I further agree to be bound by the money market prospectus or Insured Cash Account documentation. I certify that I am at least 59 $\frac{1}{2}$ and therefore the IRS 10% penalty for early withdrawal does not apply to distributions from my IRA. I understand that I will be responsible for payment to the IRS (as well as any applicable state and local taxing authority) for any income taxes due on distributions resulting from checks that I write. I understand that if I am a resident of Michigan, I must have an MIW4 on file. Without an MIW4 on file, no Checkwriting will be established.

Under penalty of law, I agree not to write any checks and/or request distributions which in total would exceed the money market balance or Insured Cash Account balance of my IRA. It is understood that this authorization may be terminated by me at any time by written notification to LPL. Any such notification shall be effective only with respect to entries after receipt of such notification and a reasonable time to act on it.

By signing this form, I certify under penalties of perjury that:

- 1) The Social Security or tax identification number shown on this form is correct and may be used for any account opened for me by the Funds or LPL or any DI or Settlement Bank or agent or vendor; and
- 2) that unless the box below is checked, I am not subject to backup withholding 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 that I am no longer subject to backup withholding, and
- 3) I am a US person (including a US resident alien).

☐ I am subject to backup withholding.

Ship Overnight (\$15 Fee) ☐ Charge the fee to: ☐ LPL Financial Advisor ☐ Account Holder

By signing below, I hereby authorize and direct the Bank to request that the agent for the custodian of my IRA or its agent redeem money market shares or withdraw funds from my Insured Cash Account in my LPL IRA to cover checks drawn by me, upon receipt of, and to the amount of checks drawn upon this account. In so acting, the Bank shall be liable only for its own negligence. I understand and agree that I will be subject to the Bank's rules, regulations and associated laws governing check collection including the Uniform Commercial Code as enacted in the State of Missouri.

By signing below, I acknowledge receiving a copy of this agreement.

Your signature indicates that you have read, understand and agree to the terms stated in the Checkwriting Account Agreement attached hereto and incorporated herein. The Internal Revenue Service does not require your consent to any provision of this document other than the certification of your Social Security number.

Client Signature

Client Name (print)

Date

Account Number

630-076



Member FINRA/SIPC

F142-CTD
Revised 0817

Checkwriting Account Agreement

1. Checkwriting Privilege Terms and Conditions

1. Checkwriting authorization. By requesting the checkwriting privilege, you authorize us to honor and pay checks drawn on your Money Fund ("Fund") account or your Insured Cash Account (either or both "Account"). You acknowledge that checks are authorizations to redeem shares of the Fund or are withdrawals from the Insured Cash Account. You appoint UMB Bank, n.a. or its bank affiliates (collectively "the Bank") as your agent for the purposes of this Checkwriting Account Agreement. The Bank is authorized upon presentment of checks to transmit such checks or payment information derived from such checks to redeem shares or withdraw funds in the Account in an amount sufficient to pay such checks and to effect their payment. You also agree that Bank may honor electronic payments to and from the Account as authorized by you, when such payments are processed in accordance with law and the applicable payment systems rules. By requesting the checkwriting privilege, you authorize us to redeem Fund shares or withdraw funds in the Account to pay a check or other such electronic debit. Redemption of Fund shares or withdrawal of funds is always subject to the acceptance of the Fund, LPL, or its agents or vendors. We reserve the right to terminate your checkwriting privilege at any time and the Fund or its transfer agent, our agents or vendors may require us to do so. If you are a Money Fund shareholder, your participation in our checkwriting service does not create a deposit or banking relationship between you and the Bank or between you and the Fund or its transfer agent. For depositor or banking relationship information for Insured Cash Account customers, please see the Insured Cash Account documentation. These terms and conditions ("Terms") may be amended by us and shall be binding on you and the Account after we mail revised Terms to you. Further, we agree that payments made from the Account under this Checkwriting Account Agreement are governed by the laws, including the Uniform Commercial Code, as enacted in the State of Missouri, as amended from time to time.
2. Sufficient funds. By requesting the checkwriting privilege, you agree that you will not write checks or authorize other electronic debits on your Account in amounts exceeding the amounts of funds and other assets then in the Account and available for payment. If a check or other electronic debit is presented to us for payment on the same day as a redemption of Fund shares in your Account (pursuant to your request or in order to settle a trade), the redemption will be effected before the check or other debit is paid or a withdrawal of funds from your Insured Cash Account will occur before the check or other debit is paid. If the value of your Account after the redemption or withdrawal is less than the amount of the check or debit, the check or debit will be returned unpaid and marked to indicate insufficient funds, and a returned item fee will be charged against your Account.
3. Authorized signers. You must provide a proper sample signature on a signature card prior to participating in our checkwriting services. In providing such sample signature(s), you represent and warrant that each signature set forth therein is a proper sample and a fair representation of that individual's signature. Only one signature will be required on your checks.
4. Indemnification. By requesting the checkwriting privilege, you agree to indemnify and hold harmless us, our agents, vendors, and affiliates, the Bank, the Fund, the Fund's transfer agent and any of their affiliates, directors, officers, employees and agents, from and against any loss, claim or liability that arises in connection with the processing, clearing, payment or dishonor of any check written or other electronic debit authorized by the authorized signer(s) or reasonably believed to have been written or made by the authorized signers. In the event we, our agents, vendors, and affiliates, the Fund, or the Bank is deemed liable for any unauthorized payment or any failure to honor a stop payment order that has been properly given, such liability shall not exceed the face amount of the check or other payment improperly made.
5. Account statements. By requesting the checkwriting privilege, you agree to examine your account statements promptly when received and to notify us promptly, and at most within thirty (30) days of receipt of a statement, of any checks charged against the Account that you did not write and of any other errors, omissions, alterations, forgeries or other fraudulent occurrences. Failure to notify us within that time will preclude any claim against us, our agents, vendors, and affiliates, the Fund, the Fund's transfer agent, the Bank and any of their affiliates, directors, officers, employees and agents by reason of any unauthorized or missing signature, alteration or error of any kind.
6. Loss of checks. By requesting the checkwriting privilege, you agree to notify us promptly, and at most within 24 hours, of the loss or theft of any of your checks or your checkbook. In order to notify us, please write or call us at the address and telephone number listed in bold typeface in the LPL Contact Information section of this disclosure.

You agree, further, to report a theft of your checks or checkbooks promptly to the police, to obtain a copy of the police report resulting from your report and to provide a copy of such police report to us upon request.
7. Cooperation in event of fraud. By requesting the checkwriting privilege you agree that, in the event of any fraudulent occurrence in your Account, including, but not limited to, the writing of forged checks against your Account, the altering of checks written against your Account, or the forging of endorsements on checks written against your Account, you will report such fraudulent occurrence promptly to the police, obtain a copy of the police report resulting from your report and provide a copy of such police report to us upon request. Further, you will cooperate with the police and with us, our agents, vendors, and affiliates, the Fund, the Fund's transfer agent, the Bank, and any of our agents in any investigation of such fraudulent occurrence, and you will complete and swear required affidavits promptly, accurately and thoroughly. You understand that, if you fail to do any of these things, you may encounter delays in regaining access to assets in your Account.
8. LPL Contact Information: LPL Financial LLC
1055 LPL Way
Fort Mill, SC 29715 or
call (800) 877-7210

ELECTRONIC FUND TRANSFER ACT DISCLOSURES The Funds and Insured Cash Account will accept Automated Clearing House ("ACH") debit entries for Accounts that have elected the checkwriting redemption privilege. An example of an ACH debit is a transaction in which you have given your insurance company or health club the right to withdraw your monthly payment from your Account. Sometimes, you may give a merchant from whom you wish to purchase goods the right to convert your check to an ACH debit. You may also authorize a third party to initiate an individual payment in a specific amount from your Account by providing your account information and authorization to such third party via the Internet or telephone. The important information and disclosures set forth below apply to such electronic fund transfers and the Accounts to which they are made. For purposes hereof the terms "we," "us" and "our" shall mean (i) any Funds held in your Account at any time; (ii) the Fund's transfer agent and/or shareholder service agent; (iii) your financial advisor or broker holding Shares of the Fund in an omnibus account or street name on your behalf, if applicable; (iv) LPL and its vendors associated with the Insured Cash Account; and (v) their respective affiliates, officers, directors, employees and agents.



1. Use of account numbers. Upon receipt of an ACH debit entry referencing your account number, you authorize us to redeem Fund shares in your Account or withdraw funds from your Insured Cash Account to pay the entry to the third party originating the debit. You agree that we will make the payment on the basis of the account number that you provide to your merchant and will not compare this account number with the name on the Account. Neither we nor any other person or system handling the transaction is required to determine if there is a discrepancy between the name and the account number shown on the transfer instructions.
2. Sufficiency of account balance. The payment of any ACH debit entry will be subject to sufficient funds being available in the designated Account; we will not be able to honor an ACH debit entry if sufficient funds are not available. You agree not to initiate or authorize any ACH debit entry transaction on your Fund account in amounts exceeding the amount of Shares of the Fund then in the Account and available for redemption or exceeding balances in your Insured Cash Account. We may refuse to honor ACH debit entry transactions whenever the right of redemption or withdrawal has been suspended or postponed, or whenever the Account is otherwise impaired. Your Fund account statement or LPL Account Statement will show ACH debit entries to your Account; you will not receive any other separate notice. (Merchants are permitted to convert your checks into ACH debits only with your prior consent.)
3. Preauthorized transfers originated by third parties. You may authorize payment of a specific amount to be made from your Account directly by us to third parties on a continuing periodic basis. To arrange for this service, you should contact the person or company you will be paying. Any preauthorized transfers will be subject to sufficient Shares of the Fund or Insured Cash Account balances being available in the designated Account. A preauthorized transfer will continue to be made from the Account in the same amount and frequency as initially established until you terminate the preauthorized transfer instructions with the person or company whom you have been paying. If regular preauthorized payments may vary in amount, the person or company you are going to pay should tell you ten (10) days before each payment will be made and how much the payment will be. If you have told us in advance that a third party will make regular payments out of your Account, you may stop any of these payments by writing or calling us at the address and telephone number listed in bold typeface in the LPL Contact Information section of this disclosure. We must receive your request at least three (3) business days or more before the payment is scheduled to be made. If you call, we may also require that you put your request in writing so that we will receive it within fourteen (14) days after you call. If you order us to stop one of these payments three (3) business days or more before the transfer is scheduled and we do not do so, we will be liable for your loss or damages but not in an amount exceeding the amount of the payment. A stop payment order will stop only on the designated periodic payment. If you wish to terminate the periodic preauthorized transfers, you should do so with the person or company to whom you have been making payment.
4. In case of errors or questions about your transactions. Telephone or write us at the address and telephone number listed in bold typeface in the LPL Contact Information section of this disclosure as soon as you can if you think your statement is wrong or shows an improper transfer or if you need more information about a transfer listed on the statement.

Our business days are Monday through Friday except holidays. We must hear from you no later than sixty (60) days after the problem or error first appeared. If you do not notify us within sixty (60) days after the posting date of the transaction, you may not get back any money you have lost, and you may not get back any additional money you lose after the sixty (60) days if we could have stopped some- one from taking that money if you had notified us in time. Tell us your name and account number. Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe it is an error or why you need more information. Tell us the dollar amount of the suspected error. If you tell us orally, we may require that you send your complaint or questions in writing within ten (10) business days. We will determine whether an error occurred within ten (10) business days after we hear from you and will correct any error promptly. If we need more time, however, we may take up to forty-five (45) days (90 days for certain types of transactions) to investigate your complaint or question. If we decide to do this, we will credit your Account within ten (10) business days for the amount you think is in error so that you will have the use of the money during the time it takes us to complete our investigation. If we ask you to put your complaint or questions in writing and we do not receive it within ten (10) business days, we may not credit your Account. We will tell you the results within three (3) business days after completing our investigation. If we determine that there was no error, we will send you a written explanation. You may ask for copies of documents that we used in our investigation.

5. Liability. In the event we do not complete a transfer from your Account on time or in the correct amount according to our agreement with you, we may be liable for your losses or damages. We will not be liable to you if (i) there are not sufficient funds available in your Account, (ii) circumstances beyond our control (such as fire or flood or malfunction of equipment) prevent the transfer, (iii) you or another shareholder or customer have supplied a merchant with incorrect Account information, or (iv) a merchant has incorrectly formulated an ACH debit entry. In any case, our liability shall not exceed the amount of the transfer in question.
6. Disclosures of information to third parties. We will disclose information to third parties about your Account or the transfers you make: (1) where it is necessary for completing the transfers, (2) in order to verify the existence or condition of your Account for a third party such as a credit bureau or a merchant, (3) in order to comply with government agencies or court orders, (4) in accordance with our privacy policy, or (5) if you have given us written permission.
7. Fees and charges.
 - Returned/NSF checks or electronic debits — \$20 each
 - Stop payment — \$10 each
8. Governing law. You acknowledge and agree that ACH debit entry transactions are governed by the Fund's prospectus and the rules of the National Automated Clearing Association ("NACHA") Operating Rules and any local ACH operating rules then in effect as well as Regulation E of the Federal Reserve Board. The acceptance and processing of ACH debit entry transactions is established solely for your convenience, and we reserve the right to suspend, terminate or modify your ability to redeem Fund shares or withdraw funds from our Insured Cash Account by ACH debit entry transactions at any time.

