Account Number				
		1 1		

Corporate and Unincorporated Organization Resolution

Use this form to authorize an account to be opened in the name of the Corporation or Unincorporated Organization ("Company") with National Financial Services LLC ("NFS"), and identify those officers or individuals authorized by Resolution to transact business on the account.

Complete all sections. Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information or signatures, use a copy of the relevant page.

1	Account	Inform	ation
	— ()		alloll

 Account In 	formation					
	Entity Name					
	Taxpayer ID Number	Country of Tax Residence		Country of Organizat	ion	
	Entity ID Document	State/Country of ID Issuance			Trust Date required for Trusts MM DD YYYY	
	Legal Address					
Provide the residential address.	Address					
Cannot be a P.O. Box or Mail Drop.	City	State/Province	Zip/Postal Co	de	Country	
	Mailing Address					
Complete if different	Address					
from Legal Address.						
	City	State/Province	Zip/Postal Co	de	Country	
	Type of Organization					
Check one.	☐ Corporation A corporate sea	al or articles of incorporati	on must be p	orovided with this	s form.	
	☐ Unincorporated Organization	n A Notary is required in S	Section 5.			
2. Certificatio	\n					
z. certificatio	711					
	Complete this section to authori Services, LLC.	ze that an account be ope	ned in the n	ame of the Com	pany with National Financial	
Provide name of President,	Name		Title			
Secretary, or other Authorized Individual.						
	I hereby certify the following:				State	
	A. that the Company identified a and has the power to take the					
	B. that the Company is one of th					
Check one.	Check one. ▶ ☐ Publicly traded company					
	Privately held company					
	C. that the resolutions on this for	m were duly adopted by t	he Board of	Directors or Gov	erning Body of said Company at	
	a meeting held on: Date MM DD YYYY	7				
	at which a quorum of said Boa rescind or amend said resoluti	ard of Directors was prese ions; and, that the same a	nt and acting re now in full	g throughout; tha I force and effect	at no action has been taken to and do not conflict with the	
	by-laws of said Company as st	tated in				
	Name of Document under which Organ	nization is Operating				
					continued on next page	

1.764903.105 Page 1 of 6 006470101

2. Certification continued D. that each of the following, named individuals, has been duly elected (if applicable), is now legally holding the office set under his/her name, and that any one of them acting individually, is authorized to establish the following account(s): Check all that apply. ☐ Cash ☐ Margin ☐ Option in the name of the Company with National Financial Services ("NFS"). Each individual is also authorized to purchase, trade, sell (including short sales in margin accounts), assign, withdraw, transfer and/or deliver any and all stocks, bonds, options, or any other assets or securities, listed or unlisted and to establish check-writing and other accountrelated services in the designated accounts. Also, any officer of this Company (other than those listed here) is hereby authorized to certify this resolution to NFS. This authorization shall continue in force until revoked by the abovenamed Company by a written notice, addressed and delivered to NFS, at its main office. E. that the resolutions are not contrary to any provision in the charter or by-laws of this Company, and that I have been authorized to make this certification to NFS on behalf of this Company. F. that any information given on this account agreement is subject to verification and authorizes my Broker/Dealer and/or NFS to obtain a credit or other financial responsibility report with respect to the registered account owner as well as any individual authorized to transact business on behalf of the registered account owner. The undersigned is authorized to express the consent of such authorized individuals to obtain a report, and that such individuals have been notified of the possibility thereof. Upon written request, my Broker/Dealer will provide the name and address of the credit reporting agency used. 3. Authorized Individual Information Complete this section for each person authorized to transact on the account. First Authorized Individual Check if applicable. ☐ Sole Officer First Name M.I. Last Name Social Security Number Date of Birth MM DD YYYY Phone Country of Citizenship Country of Tax Residence ID Number Type of Government-Issued ID State/Country of ID Issuance ID Issuance Date MM DD YYYY ID Expiration Date MM DD YYYY **Legal Address** Address Provide the residential address. Cannot be a P.O. Box State/Province Zip/Postal Code Country or Mail Drop. **Mailing Address** Address Complete if different from Legal Address.

continued on next page

Country

1.764903.105 Page 2 of 6 006470102

State/Province

Zip/Postal Code

City



3. Authorized Individual Information continued

	Employment Information						
Check one and provide information.	☐ Employed	Retired] N	lot Employed		
previde internidue.ii	Occupation			Inco	ome Source if retired or not emp	loyed	
	Employer Name						
	Address						
	City		State/Province	Zip/	/Postal Code	Cour	ntrv
						1	,
	Affiliations and Corporate	e Control Status					
Check all that apply and provide information.	You are a control person	You are, or an immediate family/household member is, a senior foreign political figure.					
	shareholder, policy-ma	aking officer, and r	nembers of the	e boa	ard of directors.		
	Company Name				C	USIP or Symb	ool
	You are affiliated with, Regulatory Authority (F Same as employer a	INRA), or a munic	ipal securities o	deale		change o	Financial Industry
	Entity Name		, p. c. i de c. i e i i				
	Address						
	City		State/Province	Zip/	Postal Code	Country	
econd Authorized Indiv	idual						
	First Name M.I. Last Name						
	Social Security Number	Date of Birth	MM DD YYYY	Phone			
		Julius of Billian					
	Email						
	Country of Citizenship				Country of Tax Residence		
	Type of Government-Issued ID	ID Number			State/Country of ID Issuance		
	ID Issuance Date MM DD YYYY	ID Expiration Date	MM DD YYYY		<u> </u>		
	Legal Address			-			
Provide the	Address						
residential address.	-		I	1		1-	
Cannot be a P.O. Box or Mail Drop.	City		State/Province	Zip/	/Postal Code	Country	
	Mailing Address		1	ļ			
Complete if different	Address						
from Legal Address.	City		State/Province	Zin/	/Postal Code	Country	
	,			1		Louistry	

1.764903.105 Page 3 of 6 006470103

3. Authorized Individual Information continued **Employment Information** Check one and Employed Retired Not Employed provide information. Occupation Income Source if retired or not employed Employer Name Address Zip/Postal Code City State/Province **Affiliations and Corporate Control Status** Check all that apply and You are, or an immediate family/household member is, a senior foreign political figure. provide information. You are a control person or affiliate or an immediate family/household member of a control person or associate of a publicly traded company under SEC Rule 144. This would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors. Company Name CUSIP or Symbol 📙 You are affiliated with, or employed by, a stock exchange, or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer. ☐ Same as employer above. If different, provide the information below. Entity Name Address Zip/Postal Code City Country 4. Authorized Entity if any Provide information on any entity that is authorized on the account. If completing this section, you will be required to submit additional documentation. Ask your investment representative what documentation is needed. **Entity Information** Entity Name Taxpayer ID Number Country of Tax Residence Country of Organization Entity ID Document State/Country of ID Issuance Trust Date for Trusts only MM DD YYYY Legal Address Address Provide the residential address. Cannot be a P.O. Box State/Province Zip/Postal Code Country or Mail Drop. **Mailing Address** Address Complete if different

1.764903.105 Page 4 of 6 006470104

State/Province

Zip/Postal Code

Country

from Legal Address.

City

5. Resolutions

Certified copy of certain resolutions adopted by the board of directors or governing body or the members whereby the establishment and maintenance of trading accounts has been authorized. Resolved:

First: That the individuals listed in Section 3 of this form are, and each of them hereby is, authorized on behalf of this Company to establish and maintain one or more accounts which may be margin accounts with the Broker/ Dealer and National Financial Services "NFS. The account(s) will be used for the purpose of purchasing, investing in, or otherwise acquiring, selling (including short sales in margin accounts), possessing, transferring, exchanging, or otherwise disposing of, or turning to account of, or realizing upon, and generally dealing in and with any and all forms of securities including, but not limited to, shares, stocks, bonds, debentures, notes, scrip, participation certificates, rights to subscribe, certificates of deposit, mortgages, evidences of indebtedness, commercial paper, certificates of indebtedness and certificates of interest of any and every kind and nature whatsoever, secured or unsecured, whether represented by trust, participating and/ or other certificates or otherwise.

The fullest authority at all times with respect to any such commitment or transaction, deemed by any of the officers and/or agents to be proper in connection with, is hereby conferred, including authority (without limiting the generality of the foregoing) to give written or oral instructions to NFS with respect to transactions.

The "authorized individuals" named in Section 3 are authorized to borrow money and securities and to borrow such money and securities from or through NFS and to secure repayment thereof with the property of the Company.

The authorized individuals may bind and obligate the Company to and for the carrying out of any contract, arrangement, or transaction, which is entered into by any officer and/or agent for and on behalf of the Company with or through NFS. The authorized individuals may pay by checks, and/or drafts drawn on the funds of the Company such sums as may be necessary in connection with any of the said accounts.

The authorized individuals may deliver securities and contracts to NFS and deliver securities to and deposit funds with NFS.

The authorized individuals may order the transfer or delivery of securities to any other person whatsoever, and/or to order the transfer of record of any securities, to any name selected by any of the said officers or agents, affix the corporate seal to any documents or securities to any name selected by any of the said officers or agents and affix the corporate seal to any documents or agreements, or otherwise to endorse any securities and/or contracts in order to pass title.

The authorized individuals may direct the sale or exercise any rights with respect to any securities and sign for the Company all releases, powers of attorney, trading authorizations, Margin Agreements, Options Contracts and/or other documents in connection with any such account, and to agree to any terms or conditions to control any account.

The authorized individuals may direct NFS to surrender any securities to the proper agent or party for the purpose of effecting any exchange or conversion, or for the purpose of deposit with any protective or similar committee.

The authorized individuals may accept delivery of any securities and appoint any other person or persons to do any and all things which any of the said officers and/or agents is hereby empowered to do.

Second: That NFS may deal with all of the persons directly or indirectly by the foregoing resolution empowered, as though they were dealing with the Company directly.

Third: That the Secretary of the Company is hereby authorized, empowered and directed to certify, under the seal of the Company, or otherwise, to NFS:

- A. A true copy of these resolutions
- B. Specimen signatures of each and every person by these resolutions empowered
- C. A certificate (which, if required by NFS, shall be supported by an opinion of the general counsel of the Company, or other counsel satisfactory to NFS) that the Company exists, that its charter empowers it to transact the business by these resolutions, and that no limitation has been imposed upon such powers by the by-laws or otherwise.

Fourth: That NFS may rely upon any certification within these resolutions, NFS receives written notice of a change in or rescission of authority, no other form of notice is acceptable, nor shall the fact that any individual previously authorized ceases to be an officer of the Company or becomes an officer under some other title, in any way affect the powers hereby conferred. The failure to supply NFS with written notification of changes does not invalidate any transaction if the transaction is in accordance with authority actually granted.

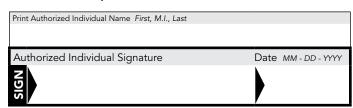
Fifth: That in the event of any change in the office or powers of persons empowered, the Secretary shall notify changes to NFS in writing. When received, NFS will terminate the powers of the persons previously authorized, and to empower the persons taking the place of the previous persons.

Sixth: That the foregoing resolutions and the certificates furnished to NFS by the Secretary of the Company are made irrevocable until written notice of the revocation has been received by NFS

Seventh: That the Company and its officers indemnify and hold NFS harmless from any claim, loss, expense or other liability for effecting any transactions and acting upon any instructions given by the officers or Secretary of the Company.

Signature for Corporation

This certification must be signed by the President, Secretary or other authorized individual. A Corporation must include a Corporate Seal or Articles of Incorporation.



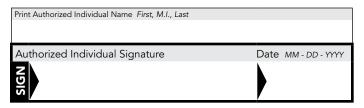
CORPORATE SEAL

continued on next page

5. Resolutions continued

Signature for Unincorporated Organization

This certification must be signed by the President, Secretary or other authorized individual. An Unincorporated Organization must also have the authorized individual's signature notarized.



Statement of Notary Public In this section, "You" and "you" refer to the Notary Public.

You certify that the individual signing above appeared before you on the date indicated below, that they are known to you to be the individuals they claim to be, and that they represented to you that they made the certifications above their signature of their own free will.

State	County	Identification
Print Notary Name	First, M.I., Last	Commission Expires MM DD YYYY
Notary Signat	ture	Date MM - DD - YYYY
SIGN		

NOTABY SEAL / STAMP