

Account Number

Periodic Withdrawal Request Nonretirement

Use this form to establish, change or delete a periodic withdrawal plan on your nonretirement account held through National Financial Services LLC ("NFS"). Use one form for each account. 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 Owner(s)

If this is a business/trust account, provide entity name here and authorized individual name(s)/signature(s) in Section 4.

Account Owner Name
Additional Owner Name <i>if applicable</i>

2. Withdrawal Request

Type of Request

- Check one. Establish a new periodic withdrawal plan
- Fill out ONLY sections with changes. Change an existing periodic withdrawal plan
- Skip to Section 4. Delete an existing periodic withdrawal plan

Plan ID

If you have multiple plans and are changing or deleting an existing plan, include the plan ID number. Obtain the plan ID number from your investment representative.

Frequency and Amount of Withdrawals

Note: If the first payment is prior to the plan being established or pre-note being completed, the first payment will occur on the next scheduled date in the frequency indicated.

Withdrawal Amount <i>each period</i>
\$

- Check one. Monthly *Every month.*
- Quarterly *Select the month that begins the first quarter below.*
- Annually *Select one month below.*
- Custom *Select two or more months below.*

You must select the payment month(s) unless you have selected "Monthly" above.

- Jan Feb Mar Apr May Jun
- Jul Aug Sep Oct Nov Dec

Provide the date of the first withdrawal (Effective Date).

Effective Date <i>MM DD YYYY</i>

Provide the date of the final plan withdrawal (End Date). Optional.

End Date <i>MM DD YYYY</i>

Funding for the Periodic Withdrawal Requested *Payments will be made by liquidating from the selection.*

- Check one. A. Core account ONLY *Default*
- B. Core account AND all your money market mutual funds and other mutual funds proportionately
- C. Money market mutual funds and/or other mutual funds in the proportions noted below:

Use whole number percentages only.

Fund Name	CUSIP or Fund Symbol	Percentage
		.0%
		.0%
		.0%

Total
.0%

Total Must add up to 100%.

continued on next page



3. Payment Method *continued*

3. Alternate Instructions *Not applicable when using standing instructions.*

Avoid any account number or SSN that compromises a customer's identity.

Payee		
Attention <i>maximum 32 characters total including "Attn:"</i>	OR	Care of <i>maximum 32 characters total including "C/O"</i>
Attn:		C/O
Address		
City	State/Province	Zip/Postal Code

Electronic Funds Transfer (EFT)

Check one. Use standing instructions on file

Line Number

If you have multiple standing instructions, obtain the line number from your investment representative.

OR

Establish new standing instructions

Complete this section if establishing new Standing Instructions. **▶ Bank Standing Instructions**

Bank Standing Instructions allow you to move money between your brokerage account and a bank account via EFT (processed via the Automated Clearing House, "ACH"). It may take 7-10 business days to establish EFT standing instructions and 2-3 business days after the date the withdrawal is processed for funds to reach the bank or brokerage account.

Check one. Checking Savings

Obtain the correct routing number from the bank. **▶**

Bank Routing Number	Bank Name
Bank Account Number	Owner(s) Name(s) Exactly as on Bank Account

4. Signature(s) and Date(s) *Form cannot be processed without signature(s) and date(s).*

By signing below, you:

- Authorize and request the withdrawals to be made on your account as instructed on this form. You agree that neither this fund, nor the Broker/Dealer with whom this account is established, nor National Financial Services ("NFS") (clearing and executing agent), will be liable for any loss, liability, cost, or expense for acting upon such instructions.
- Understand that you will not receive an immediate transaction confirmation for each transaction and that the details of each transaction will be provided on a periodic statement sent to you no less than quarterly.
- Authorize if your account is being settled through the EFT/ACH system, you hereby authorize and request NFS to make payment of amounts representing the proceeds of securities transaction(s) entered into by you or to secure payment for the cost(s) of said securities transaction(s) by initiating credit or debit entries to your account indicated in the bank named above (Bank).
- Understand and agree that NFS cannot confirm the account registration at the receiving bank or financial institution.
- Authorize and request the Bank to accept any such credit or debit entries initiated by NFS to such account and to credit or debit, as requested, the same amount to such account, without responsibility for the correctness thereof or for the existence of any further authorization relating thereto.
- Indemnify NFS, and its officers, directors, employees, agents, affiliates, shareholders, successors, assigns and representatives, from any liability for acting upon the authorization provided for these instructions.

Either the account owner(s) or authorized individual(s) of the account must sign and date below.

Print Account Owner/Authorized Individual Name <i>First, M.I., Last</i>	
Account Owner/Authorized Individual Signature	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶

Print Additional Account Owner/Authorized Individual Name <i>First, M.I., Last</i>	
Additional Account Owner/Authorized Individual Signature	Date <i>MM - DD - YYYY</i>
SIGN ▶	▶