



REGISTERED INVESTMENT ADVISOR AUTHORIZATION FORM

Full Name of Account	Account Number
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I hereby authorize Clearing Firm to (i) execute trades and process transactions in the Account as directed by Advisor; (ii) remit checks, wire funds, and to otherwise make disbursements of funds held in the Account to (1) banks, broker dealers, investment companies, or other financial institutions to an account of identical registration, or (2) you at your address of record at Advisor’s instruction; (iii) provide Advisor with issuer-related communications, including those that require a voting decision or other action, and to perform all actions relating to those communications, including the voting of shares and proxy material, and (iv) pay investment advisory and other fees from the Account at, and in the amount of, Advisor’s instruction, without inquiry or investigation, in accordance with the terms of the Customer Account Agreement and Advisor Authorization.

REGISTERED INVESTMENT ADVISOR INFORMATION

Registered Investment Advisor Name	IARD#
Address	EIN
Phone Number	Email Address

AUTHORIZED SIGNATURES

Primary Account Holder Signature	Date
Name of Primary Account Holder Name	
Joint Account Holder Signature	Date
Joint Account Holder Name	