

INDIVIDUAL TRANSFER ON DEATH ACCOUNT AGREEMENT

If you have any questions please call a BNY Brokerage Account Representative at 1-800-843-5466.

I. ACCOUNT INFORMATION

ACCOUNT TITLE	ACCOUNT NUMBER
---------------	----------------

II. Please use this form to add or change beneficiaries on any existing account or when opening a new account. Please indicate the following:

☐ New Instructions to add Transfer on Death Beneficiaries to my existing Brokerage Account.

☐ New Instructions to change existing Transfer on Death Beneficiaries on my Brokerage Account.

TOD is only available on accounts registered to an individual or to joint owners with rights of survivorship or tenants by entirety with an address in any state within the United States other than Louisiana. TOD registration is not available for residents of Louisiana. If an account owner adds a TOD registration to his account while a resident of a state other than Louisiana and later becomes a resident of Louisiana, then the TOD registration shall be void at such time as the account owner becomes a resident of Louisiana.

III. AUTHORIZATION

I authorize Pershing, LLC ("Pershing"), a subsidiary of The Bank of New York Mellon Corporation, as clearing agent for BNY Mellon Securities Corporation ("Broker"), my broker, to open a transfer on death account according to the terms and conditions set forth herein. This Agreement does not supersede or in any way affect any other agreements executed by me for my account, and I agree that I continue to be bound by any such agreements.

1. During my lifetime I shall retain full ownership of the securities held in my account. Only I may give instructions to transfer, purchase, or sell securities, money, or other property for my account.

2. Upon receipt of notice of my death, as defined hereunder, Pershing shall, without requiring any further instruction from any other person or entity, transfer all money, securities, and other property from my account to separate new account(s) opened for the following person ("Beneficiary") or persons ("Beneficiaries") or, if permitted by applicable law, Contingent Beneficiary or Contingent Beneficiaries, subject to the terms and conditions set forth herein. In keeping therewith, the terms Beneficiary and Beneficiaries shall include Contingent Beneficiary and Contingent Beneficiaries, if applicable. If more than one Beneficiary is named and no percentages are indicated, payment shall be made in equal shares to the Beneficiaries or, in the event of death of a Beneficiary, the respective Contingent Beneficiary that survive me.

Each Contingent Beneficiary listed below a beneficiary shall be treated as Beneficiary in the event that the Beneficiary named above him or her should predecease me.

IV. BENEFICIARIES

A. BENEFICIARY NAME	PERCENTAGE	<input type="checkbox"/> PER STIRPES
---------------------	------------	--------------------------------------

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

PHONE NUMBER	E-MAIL ADDRESS
--------------	----------------

SOCIAL SECURITY NUMBER	or	TAX PAYER IDENTIFICATION NUMBER
------------------------	----	---------------------------------

CONTINGENT BENEFICIARY NAME	<input type="checkbox"/> PER STIRPES
-----------------------------	--------------------------------------

SOCIAL SECURITY NUMBER	or	TAX PAYER IDENTIFICATION NUMBER
------------------------	----	---------------------------------

B. BENEFICIARY NAME	PERCENTAGE	<input type="checkbox"/> PER STIRPES
---------------------	------------	--------------------------------------

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

PHONE NUMBER	E-MAIL ADDRESS
--------------	----------------

SOCIAL SECURITY NUMBER	or	TAX PAYER IDENTIFICATION NUMBER
------------------------	----	---------------------------------

CONTINGENT BENEFICIARY NAME	<input type="checkbox"/> PER STIRPES
-----------------------------	--------------------------------------

SOCIAL SECURITY NUMBER	or	TAX PAYER IDENTIFICATION NUMBER
------------------------	----	---------------------------------

C. BENEFICIARY NAME	PERCENTAGE	<input type="checkbox"/> PER STIRPES
---------------------	------------	--------------------------------------

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

PHONE NUMBER	E-MAIL ADDRESS
--------------	----------------

SOCIAL SECURITY NUMBER	or	TAX PAYER IDENTIFICATION NUMBER
------------------------	----	---------------------------------

CONTINGENT BENEFICIARY NAME	<input type="checkbox"/> PER STIRPES
-----------------------------	--------------------------------------

SOCIAL SECURITY NUMBER	or	TAX PAYER IDENTIFICATION NUMBER
------------------------	----	---------------------------------

D. BENEFICIARY NAME	PERCENTAGE	<input type="checkbox"/> PER STIRPES
---------------------	------------	--------------------------------------

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

PHONE NUMBER	E-MAIL ADDRESS
--------------	----------------

SOCIAL SECURITY NUMBER	or	TAX PAYER IDENTIFICATION NUMBER
------------------------	----	---------------------------------

CONTINGENT BENEFICIARY NAME	<input type="checkbox"/> PER STIRPES
-----------------------------	--------------------------------------

SOCIAL SECURITY NUMBER	or	TAX PAYER IDENTIFICATION NUMBER
------------------------	----	---------------------------------

E. BENEFICIARY NAME	PERCENTAGE	<input type="checkbox"/> PER STIRPES
---------------------	------------	--------------------------------------

ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

PHONE NUMBER	E-MAIL ADDRESS
--------------	----------------

SOCIAL SECURITY NUMBER	or	TAX PAYER IDENTIFICATION NUMBER
------------------------	----	---------------------------------

CONTINGENT BENEFICIARY NAME	<input type="checkbox"/> PER STIRPES
-----------------------------	--------------------------------------

SOCIAL SECURITY NUMBER	or	TAX PAYER IDENTIFICATION NUMBER
------------------------	----	---------------------------------

RESPONSIBLE INDIVIDUAL _____

If your beneficiary designation is per stirpes, you understand that if your beneficiary(ies) dies before you, the beneficiary's share of the account will pass to his or her respective heirs. In the field below, please provide the name of the individual responsible for advising Pershing LLC on any questions relating to per stirpes.

RESPONSIBLE INDIVIDUAL _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

You understand that the per stirpes instructions given to Pershing LLC by the responsible individual named above shall be binding on all beneficiaries of this account and of your estate and may be relied on by Pershing LLC. Pershing LLC shall not be liable for any payment made at the direction of this individual. If you do not name a responsible individual or the individual you named is unwilling or unable to advise Pershing on questions regarding per stirpes, then you understand that Pershing will rely on instructions from the executor of your estate regarding any per stirpes designation.

SPOUSAL CONSENT (If you live in a community or marital property state, including: AZ,CA,ID,NV,NM,TX,WA,WI, and you have designated someone other than your spouse as your Sole Beneficiary in Section IV above.)

If you are married, reside in a community property or marital property state, and you designate someone other than your spouse as your Sole Beneficiary(ies), your spouse must sign this form below.

By signing below, I (**spouse** of the Account Owner) hereby consent to any designation of Beneficiary(ies) made above, and I waive all community and marital property rights of any kind in and any claims to the assets in this account after the death of the Account Owner.

Name of Spouse: _____

Signature of Spouse _____

REQUIRED NOTARIZATION OF SPOUSE'S SIGNATURE

State of _____

ss: _____

County of _____

On this _____ day of _____, in the year _____, before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

My Commission expires _____

in Beneficiary, my death, or other information regarding my account on the date on which it receives a copy, sent by mail, fax, or other acceptable means, of the required documentation. In the case of my death, Pershing must receive a copy of the death certificate and any other documentation required to complete the distribution of the proceeds of my account. In the event of any changes in Beneficiary, Pershing must receive a new Transfer on Death Account Agreement executed by the account holder. Pershing is not obligated to accept change(s) and/or revocation of beneficiary designation by the account owner by the provisions of a Will or a codicil to a Will.

3. During my lifetime, the securities in my account are to be registered and held in the name of Pershing LLC or other street or nominee name. If necessary to facilitate delivery or transfer of the securities, however, Pershing has the right at any time, and without further authorization, to register the securities held in my account in my name or otherwise in accordance with transfer agent requirements, without the names of any of the Beneficiaries thereon. I understand that such right is necessary as not all issuers, states, transfer agents, or financial organizations recognize transfer on death registration.
4. If any of the Beneficiaries should predecease me, then my account will pass to the surviving Beneficiary or Beneficiaries. Contingent beneficiaries will be paid only if all primary beneficiaries (and their heirs if per stirpes is selected) do not survive the participant. I understand that Pershing LLC will use the "per capita" method of beneficiary designation, in which a particular beneficiary's rights end with the death of that Beneficiary and Contingent Beneficiary unless I have designated "per stirpes" as the distribution method. A predeceased Beneficiary's or Contingent Beneficiary's estate shall have no claim to or interest in my account. If no Beneficiary survives me, then the proceeds of my account shall pass to my estate. If I choose per stirpes, and the Beneficiary and Contingent Beneficiary predecease me, the portion of the account designated for the deceased Beneficiary shall pass to his or her heirs in equal parts.
5. In the event that any securities or other property in my Account cannot, for any reason, be partitioned and transferred to any of the Beneficiaries equally, Pershing shall, to the extent necessary, liquidate securities or other property and transfer the proceeds of that sale equally among the Beneficiaries.
6. If any Beneficiary hereunder is or becomes married to me, then the dissolution of our marriage shall have no effect on the designation of Beneficiary unless and until Pershing receives notice to the contrary by receipt of a new Transfer on Death Account Agreement. Pershing shall not be obligated to change a beneficiary designation by the provisions of a Divorce Agreement, except where ordered by a court of competent jurisdiction.
7. If this account or any other of my accounts held at Pershing reflect a debit balance upon my death, Pershing may use its discretion to liquidate any securities in this or any of my accounts required to satisfy that debit prior to distribution of any money, securities or other property to the Beneficiary or Beneficiaries.

1. If any Beneficiary is a minor in the relevant jurisdiction at the time of Pershing's receipt of notice of my death, and Pershing is notified of such fact, that Beneficiary's shares shall be transferred to a custodial account or other fiduciary or guardianship account for his or her benefit upon receipt of appropriate documentation.

2. Pershing shall be considered to be on notice of any changes

8. Pershing shall have the right to require execution of further documents by any Beneficiary or the legal representative of any Beneficiary, including but not limited to a Margin Agreement, prior to any distribution of the money, securities, or other property in my Account.
9. In connection with Pershing's acting in compliance with this Agreement, or any document Pershing reasonably believes amends this Agreement, I and my estate agree to indemnify and hold Pershing, its affiliates, directors, officers, agents, and employees, and their heirs, executors, administrators, successors, and assigns, harmless against any loss, claim, suit, damage or expense (including reasonable attorney's fees), including but not limited to:
- the Beneficiary or Beneficiaries and/or my heirs, successors, spouse(s), and offspring from any actions taken in opening and maintaining my account, registering my securities or other property, or making the distributions upon receipt of notice of my death;
 - any conflicting designation of Beneficiary or Beneficiaries and their respective Contingent Beneficiary or Contingent Beneficiaries made in my Will or codicil of my Will, revocable living trust, or any other document signed by me.
10. Pershing has no obligation: to locate Beneficiaries; to question or investigate the circumstances of my death as it is reported to them; to determine the age or any other facts about a Beneficiary as per New York Stock Exchange Rule 405 or to the applicable "Know Your Customer" rules; to appoint, if applicable, a custodian or guardian for any minor Beneficiary; to locate or notify any spouse(s), children, or other heirs of mine upon my death; to verify the legality of any distribution under the applicable probate, estate and transfer on death laws of any state where transfer takes place; or to determine which state's law is applicable.
11. I understand that if I choose per stirpes I will name a Responsible Individual to give instructions to Pershing regarding the disbursement of the account assets. Pershing shall be entitled to rely on the instructions given by the Responsible Individual. Pershing shall not be liable for any payment made at the direction of this individual. If I do not name a Responsible Individual or the individual I name is unwilling or unable to advise Pershing on questions regarding the per stirpes distribution, then I understand that Pershing will rely on instructions from the executor of my estate regarding any per stirpes designation.
12. Not all states recognize transfer on death registration, and I acknowledge that Pershing is not making any representation as to the validity of this registration as a means of transferring on death in my case. I also acknowledge that I am not relying upon Pershing for any assurance of the validity of the transfer on death registration and will consult with my own attorney or advisor with respect to its appropriateness for me. If I live in a state which does not recognize Transfer on Death registration, the assets in the account shall be transferred in accordance with the laws of the State of New Jersey. If I am a non-U.S. individual establishing this account, I acknowledge and agree that neither Pershing nor my broker-dealer are responsible for compliance with the laws of succession or forced heirship, if any, in my country or domicile and the assets in this account

shall be transferred in accordance with the laws of the state of New Jersey. I acknowledge and understand that this account may be subject to the U.S. Non-Resident Alien Estate tax and agree that neither Pershing nor my broker-dealer are responsible for my compliance with U.S. tax laws.

13. ARBITRATION DISCLOSURES

THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE. BY SIGNING AN ARBITRATION AGREEMENT THE PARTIES AGREE AS FOLLOWS: 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.

- ARBITRATION AWARDS ARE GENERALLY FINAL AND BINDING; A PARTY'S ABILITY TO HAVE A COURT REVERSE OR MODIFY AN ARBITRATION AWARD IS VERY LIMITED.
- THE ABILITY OF THE PARTIES TO OBTAIN DOCUMENTS, WITNESS STATEMENTS AND OTHER DISCOVERY IS GENERALLY MORE LIMITED IN ARBITRATION THAN IN COURT PROCEEDINGS.
- 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.
- THE PANEL OF ARBITRATORS WILL TYPICALLY INCLUDE A MINORITY OF ARBITRATORS WHO WERE OR ARE AFFILIATED WITH THE SECURITIES INDUSTRY.
- 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.
- THE RULES OF THE ARBITRATION FORUM IN WHICH THE CLAIM IS FILED, AND ANY AMENDMENTS THERETO, SHALL BE INCORPORATED INTO THIS AGREEMENT.

14. ARBITRATION AGREEMENT

ANY CONTROVERSY BETWEEN US AND YOU OR PERSHING SHALL BE SUBMITTED TO ARBITRATION BEFORE ANY NATIONAL SECURITIES EXCHANGE ON WHICH A TRANSACTION GIVING RISE TO THE CLAIM TOOK PLACE (AND ONLY BEFORE SUCH EXCHANGE), OR THE FINANCIAL INDUSTRY REGULATORY AUTHORITY.

NO PERSON SHALL BRING A 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 CUSTOMER 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. THE LAWS OF THE STATE OF NEW YORK GOVERN.

V. SIGNATURE

I AGREE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, WHICH IS LOCATED IN PARAGRAPHS 13 AND 14 IN THIS AGREEMENT.

In addition, the owner(s) of the account(s) listed in Section 1 above understand(s) that TOD registrations are only available for accounts owner(s) who reside(s) in any state within the United States other than Louisiana. TOD registrations are not available for residents of Louisiana.

ACCOUNT OWNER'S SIGNATURE

DATE

FOR NOTARY PUBLIC USE ONLY:

Sworn to (or affirmed) before me this

_____ day of _____, 20____

(Give official capacity of official administering oath.)

My commission expires _____

(AFFIX SEAL.)

X _____
Signature of Notary Public

Please mail this completed form to:

BNY BROKERAGE SERVICES
PO Box 9008
Hicksville, NY 11802-9008

For Registered, Certified or Overnight Mail, please mail to:

BNY BROKERAGE SERVICES
144 Glenn Curtiss Boulevard, 106-9501
Uniondale, NY 11556-0144