

CERTIFICATION FORM

For assistance in completing this form, please call a BNY Brokerage Account Representative at **1-800-843-5466**.

BNY Brokerage Services P.O. Box 9008 Hicksville, NY 11802-9008

*Please print all items
except signatures.
Use blue or black ink only.*

- This form is to be completed by corporations, partnerships, estates, or other entities to identify those authorized to make all transactions in the account. Each person designated below is fully authorized to act individually on behalf of this account.
- This form should not be used to change the registration or address of an account.
- **This form is not to be used to open a Trust account. Please use the BNY Brokerage Account Trust Certification Form.**

1. Account Information

Registered Owner or Account Registration is (please check only one):

- ☐ Corporation/Incorporated Association Complete Sections 1, 2, 3 & 4
- ☐ Partnership Complete Sections 1, 2 & 4
- ☐ Estate Complete Sections 1 & 4
- ☐ Other Entity:* _____ Complete Sections 1, 2 & 4
(*Such as Non-Profit Organization, Religious Organization, Sole Proprietorship, Investment Club, Non-Incorporated Association, etc.)
- ☐ Please check here if this is a new account. If so, submit this form with your Account Application.

Name of Registered Owner/Account Registration

Brokerage Account Number (if new account write "new" here)

Taxpayer ID Number

Mailing Address City State Zip Code

Physical Address (If different from Mailing Address)(No P.O. Boxes) City State Zip Code

() ()
Daytime Phone Number Evening Phone Number

E-mail Address

BNY Brokerage Services may, without inquiry, act only upon the instruction of ANY PERSON(S) purporting to be (an) Authorized Person(s) as named in the Certification Form last received and processed by BNY Brokerage Services. BNY Brokerage Services shall not be liable for any claims, expenses (including legal fees) or losses resulting from any instructions it reasonably believes to be genuine. Please read the BNY Brokerage Account Client Agreement and Related Disclosures Booklet for more information.

2. Authorized Person(s) (Does not apply to Estate Accounts)

Your signature in this section must be the same as your signature on your checks, if you have the checkwriting privilege, and on all transaction requests.

The following person(s) are authorized persons of the Registered Owner with full power to act on behalf of the Registered Owner pursuant to Section 4 below.

First Authorized Person

Full Legal Name Title Signature

Date of Birth Social Security Number

2. Authorized Person(s) *(continued)*

First Authorized Person *(continued)*

☐ U.S. ☐ Other (please specify)

Citizenship (Trustees only)

☐ U.S. ☐ Other (please specify)

Tax Residence (Trustees only)

Residential Address (no P.O. boxes)

Street

City

State

Zip Code

Phone Number Evening

Phone Number Daytime

Employment Status

☐ Employed

☐ Self Employed

☐ Retired/Not Employed

Occupation

Type of Business

Business Name, if self employed

Employer's Name

Employer's Address

Please indicate if you are either a senior military, government or political official in the U.S. or any other country or jurisdiction, or are closely associated with such official or an immediate family member of such official (including spouse, parents, siblings, children, and in-laws):

☐ Yes

☐ No

If Yes, please provide name of official, office held, and country _____

Second Authorized Person

Full Legal Name

Title

Signature

Date of Birth

Social Security Number

☐ U.S. ☐ Other (please specify)

Citizenship (Trustees only)

☐ U.S. ☐ Other (please specify)

Tax Residence (Trustees only)

Residential Address (no P.O. boxes)

Street

City

State

Zip Code

Phone Number Evening

Phone Number Daytime

Employment Status

☐ Employed

☐ Self Employed

☐ Retired/Not Employed

Occupation

Type of Business

Business Name, if self employed

Employer's Name

Employer's Address

Please indicate if you are either a senior military, government or political official in the U.S. or any other country or jurisdiction, or are closely associated with such official or an immediate family member of such official (including spouse, parents, siblings, children, and in-laws):

☐ Yes

☐ No

If Yes, please provide name of official, office held, and country _____

2. Authorized Person(s) *(continued)*

Third Authorized Person

Full Legal Name	Title	Signature
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Date of Birth	Social Security Number
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<input type="checkbox"/> U.S. <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> U.S. <input type="checkbox"/> Other (please specify)
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Citizenship (Trustees only)	Tax Residence (Trustees only)
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Residential Address (no P.O. boxes)	Street	City	State	Zip Code
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Phone Number Evening	Phone Number Daytime
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Employment Status	<input type="checkbox"/> Employed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired/Not Employed
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Occupation	Type of Business
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Business Name, if self employed

Employer's Name

Employer's Address

Please indicate if you are either a senior military, government or political official in the U.S. or any other country or jurisdiction, or are closely associated with such official or an immediate family member of such official (including spouse, parents, siblings, children, and in-laws):

☐ Yes ☐ No

If Yes, please provide name of official, office held, and country _____

3. Corporate Certification

For Corporations and Incorporated Associations Only

Either a NOTARY or a CORPORATE SEAL is required in this section.*

*Notary**
(or Corporate Seal)

*Notary**
(or Corporate Seal)

I, _____, Secretary of the Corporation named in Section 1, do hereby certify that, the Board of Directors of the Corporation duly adopted a resolution, which is in full force and effect and in accordance with the Corporation's charter and by-laws, which resolution authorizes (1) the person(s) named in Section 2 to individually effect transactions for the Corporation on the terms described in Section 4; (2) the Secretary to certify, from time to time, the names and titles of the officers of the Corporation and to notify BNY Brokerage Services when changes in office occur; (3) the Secretary to certify that such a resolution has been duly adopted and will remain in full force and effect until BNY Brokerage Services receives a duly executed amendment to the Certification Form. A CERTIFIED COPY OF THE RESOLUTION IS ATTACHED HERETO. I further certify that (a) the Corporation is empowered to engage in all of the transactions enumerated in Section 4; and (b) the Corporation is duly organized and existing and that the quorum of the Board of Directors of the Corporation which took the action called for by the resolution had the power to take such action.

Witness my hand on behalf of the corporation/association this _____ day of _____, _____.

X _____
Secretary

The undersigned officer (other than the Secretary) hereby certifies that the foregoing instrument has been signed by the Secretary of the Corporation/Association.

X _____
Certifying officer of the Corporation or Incorporated Association

**See Notary section on next page.*

4. Certification of Authorized Persons and Indemnification

Notary Public Required.

(please check if applicable)

The undersigned hereby certifies that each/the person(s) named in Section 2 is/are authorized to act individually as the agent and attorney in fact on behalf of the Registered Owner account named in Section 1 ("Authorized Persons") (i) to buy, sell (including short sales) and trade in stocks, bonds, options contracts and any other securities and/or contracts relating to the same on margin or otherwise in accordance with the terms and conditions; (ii) to receive account demands, notices, confirmations, reports, statements of account, and communications of every kind; (iii) to receive or withdraw account money, securities and property of every kind, and to transfer, deliver or dispose of same; (iv) to execute agreements relating to any of the foregoing matters or otherwise and to terminate or modify same or waive any of the provisions thereof; and (v) to generally deal with you on your behalf as fully and completely as if (s)he alone were interested in said account; all without notice to the other(s) interested in the account.

The undersigned further certifies that

☐ **For Margin Accounts:** The Registered Owner named in Section 1 and each person named in Section 2 is legally authorized and empowered to engage in margin transactions, including short sales, for this account pursuant to the terms for a Secured Credit Line Account set forth in the BNY Brokerage Account Client Agreement and Related Disclosures booklet.

☐ **For Cash Management Accounts:** The Registered Owner named in Section 1 and each person named in Section 2 is legally authorized and empowered to establish and use the debit card and checkwriting privileges established for this account pursuant to the terms for a Secured Credit Line Account set forth in the BNY Brokerage Account Client Agreement and Related Disclosures booklet and The Supplemental Services Agreement.

The authority hereby conferred shall remain in force until written notice of its revocation is received at your office.

The undersigned, on behalf of the Registered Owner named in Section 1, hereby indemnifies and holds harmless BNY Mellon Securities Corporation, and the Registered Owner named in Section 1, hereby indemnify and hold harmless BNY Mellon Securities Corporation and any other entity relying upon these instructions, and each of its and their officers, directors, employees and agents from any claims, judgments, surcharges, settlement amounts or other liabilities or costs of defense or settlement (including attorney's fees) arising out of or related to any actual or alleged improper or unsuitable actions taken at such authorized person's instructions. This indemnification shall not be limited by the provision of independent documentation concerning the representations made herein. The representations and obligations stated herein shall survive the termination or dissolution of the Registered Owner named in Section 1 and the BNY Brokerage Account Client Agreement relating to any account established pursuant to this form.

X

Certifying/Partner/Other

X

Certifying/Partner/Other

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

5. Mailing Instructions

Retain a copy of this document for your records. This document will remain in full force and effect until another valid form is received by BNY Brokerage Services. Any modification of the information you provide will require an amendment to this form.

Mail completed form to:

BNY Brokerage Services, P.O. Box 9008, Hicksville, NY 11802-9008

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

BNY Brokerage Services, 144 Glenn Curtiss Blvd., 106-9501, Uniondale, NY 11556-0144