

# 5. Individual Disclosure

For all Individual, Joint and IRA Accounts.

For all Authorized Traders of an Account

For all Natural Persons that are Principals or 25% or more beneficial owners of an entity.

Please complete for each individual referenced above; please attach additional pages, as necessary.  
 For all individuals, please provide a copy of driver's license or passport (for non-U.S. citizens), and utility bill.  
 Please see Important Disclosure below, which must be signed by each individual.

Name		
Home Address		
Business Phone #	Cellphone #	Email Address
SSN	Passport #	
Date of Birth	Place of Birth	Citizenship
Description of Investment Experience		
Is the individual, his/her spouse, or any other immediate family members, including parents, in-laws, siblings and dependents a senior military, governmental or political official in a non-U.S. country?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the individual or his/her spouse employed by a FINRA member firm or any other financial services company?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please provide CRD#		
Is the individual a 10% shareholder or a policymaking executive officer of a publicly traded company?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please provide company name		

## Important Disclosure

By signing here, I hereby authorize Triad Securities Corp. to conduct background and credit checks, which may involve public and non-public information from consumer and securities industry reporting agencies, in connection with the opening of an account of which I am or will be the owner, co-owner, beneficial owner, authorized trader, principal or otherwise. Such background check may, where appropriate, include the review of my Form U4 and a search of the CRD system.

Signature \_\_\_\_\_

Print name \_\_\_\_\_

NFS  
1000 016

Account Number
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Premiere Select® IRA

# Trading and Money Movement Authorization

Use this form to grant trading and money movement authorization to a Third Party Agent ("Agent"), who is not your investment representative, for your Premiere Select® Traditional, Roth, Rollover, SEP or SIMPLE IRA, IRA Beneficiary Distribution Account or Roth IRA Beneficiary Distribution Account ("IRA" or "account") held through National Financial Services LLC ("NFS").

Read the attached Terms and Conditions before completing this form. Important: The IRA owner cannot be a nonresident alien or a minor. This authority is not available on Premiere Select Retirement Plan accounts (Profit Sharing and Money Purchase Plan accounts) or Retirement Plan Beneficiary Distribution Accounts. Type on screen or fill in using CAPITAL letters and black ink.

## 1. Account Owner

Enter name on account.	First Name	Middle Name	Last Name

**Limited Trading Authority**

By signing this form, you authorize the Agent named in Section 2 to have the following authority:

- Buy and sell securities in your IRA.
- Trade or exercise options in your IRA, to the extent your account is approved for options.

**Full Trading and Money Movement Authority**

By signing this form, you authorize the Agent named in Section 2 to have the following authority:

- Buy and sell securities in your IRA.
- Trade or exercise options in your IRA, to the extent your account is approved for options.
- Make federal, state or foreign tax withholding elections.
- Initiate distributions from the IRA named on this form, including:
  - Disbursement of checks made payable to you and sent to your mailing address of record.
  - Disbursement of funds electronically to accounts you own individually or you have already established as a standing instruction.
  - Transferring funds from your IRA to accounts you own individually that are maintained at your Broker/Dealer. This includes Roth conversions and IRA recharacterizations.

## 2. Third Party Agent Information *Signature required in Section 3.*

Enter full name as evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card).	First Name	Middle Name	Last Name
	Social Security Number	Date of Birth MM/DD/YYYY	Phone
	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	

**Legal Address**

Provide the residential address. Cannot be a P.O. Box or Mail Drop.

Address			
City	State/Province	Zip/Postal Code	Country

continued on next page



## 2. Third Party Agent Information *continued*

### Mailing Address

Complete only if different from Legal Address above.

Same as Legal Address

Address			
City	State/Province	Zip/Postal Code	Country

### Employment Information

Check one and provide information.

Employed       Retired       Not Employed

Occupation	Income Source (if retired or not employed)	Employer Name	
Address			
City	State/Province	Zip/Postal Code	Country

### Affiliations and Corporate Control Status

Check all that apply and provide information.

- You are, or an immediate family/household member is, a senior foreign political figure.
- 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
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- Check this box if any of these scenarios apply to you. You are registered with or employed by a Financial Industry Regulatory Authority ("FINRA") member firm ("associated person"), you are the spouse of an associated person, you are a child who resides in the same household or is financially dependent on the associated person, you are related to an associated person who has control over your account or an associated person materially contributes financial support to you and has control over your account, or you are affiliated with or employed by FINRA, any other self-regulatory organization ("SRO") or a municipal securities dealer.
- Same as employer above. *If different, provide the information below.*

Entity Name			
Address			
City	State/Province	Zip/Postal Code	Country

### 3. Signatures and Dates *Form cannot be processed without signatures and dates.*

USA PATRIOT Act Notice: To help the government fight money laundering and the funding of terrorism, federal law and contractual obligations between your Broker/Dealer and us require us to obtain your name, date of birth, address and a government-issued id number before opening your account, and to verify the information. In certain circumstances, we or your Broker/Dealer may obtain and verify comparable information for any person authorized to make transactions in an account or beneficial owners of certain entities. Further documentation is required for certain entities such as trusts, estates, corporations, partnerships and other organizations. Your account may be restricted if we cannot obtain and verify this information. We or your Broker/Dealer will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if your account is restricted or closed.

In the section below, "NFS," "us," and "we" refer to National Financial Services LLC and its officers, directors, employees, agents, affiliates, shareholders, successors, assigns and representatives as the context may require; "you" refers to the IRA owner indicated on the account form and any authorized individuals; "Broker/Dealer" refers to the correspondent managing your account.

By signing below, you:

#### IRA Owner

- Acknowledge that you have received and read the Trading and Money Movement Authorization Terms and Conditions, and that you understand and agree to their terms.
- Authorize NFS to act on the instructions provided in this form.
- Designate the individual identified in Section 2 of this form as your Agent, granting that individual the ability to place money movement transactions consistent with the authority stated on this form, and acknowledge and agree that any disclosure, required or otherwise, may be provided solely to the individual acting on your behalf as part of the scope of his or her authority.
- Understand that the Agent named on this form also has authority to provide withholding elections for specific transactions.
- Certify that the information supplied on this form is complete and accurate.
- Acknowledge that we may remove any Agent from this, or any account, at any time and for any reason.
- Indemnify and hold harmless your Broker/Dealer, NFS, Fidelity Management Trust ("FMTC"), their officers, directors, employees, agents, affiliates, shareholders, successors, assigns, and representatives from any claim, loss, expense or other liability for effecting transactions and acting upon any instructions given by the Third Party Agent.

#### Third Party Agent

- Acknowledge that you have received and read the Trading and Money Movement Authorization Terms and Conditions, and that you understand and agree to their terms.
- Agree to be bound by the current and future terms of all agreements, and by any applicable disclosures, between the IRA owner and NFS relating to the account owner's IRA. This includes the Premiere Select Retirement Account Customer Agreement and Premiere Select IRA Custodial Agreement and Disclosure Statement or Premiere Select Roth IRA Custodial Agreement and Disclosure Statement, as applicable.
- Authorize us or your Broker/Dealer to obtain a credit report about you at any time.
- Grant permission to obtain credit information, verify information you have provided, and perform a background check on you.
- Acknowledge that we may refuse to approve you as Agent, or may remove you from this or any other account, at any time and for any reason.
- Agree to act in compliance with all applicable laws and regulations.

The IRA account owner and the Third Party Agent must sign below.

Print Third Party Agent Name: <i>First, M.I., Last</i>	
Third Party Agent Signature	Date: <i>MM - DD - YYYY</i>
<b>SIGN</b> ▶	▶

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

<b>For Branch Use Only</b>		
Accepted in accordance with firm policies.		
Print Registered Rep. No./Name	Registered Rep. Signature	Date: <i>MM DD YYYY</i>

## Trading and Money Movement Authorization Terms and Conditions

### Who's Who in These Terms and Conditions

In this document, "us," and "we" refers to National Financial Services LLC ("NFS"), as the context may require. "IRA owner" or "account owner" refers to the registered owner of the Premiere Select Traditional, Roth, Rollover, SEP or SIMPLE IRA, IRA Beneficiary Distribution Account or Roth IRA Beneficiary Distribution Account. "Third Party Agent" or "Agent" is the individual identified as such in the Premiere Select IRA Trading and Money Movement Authorization form.

### Terms and Conditions – IRA Owner

#### Our commitments to you

Under this agreement, we have certain rights and responsibilities. When we accept your Premiere Select IRA Trading and Money Movement Authorization form, we are agreeing to accept orders on your account from your Agent according to the terms described in these Terms and Conditions. We also agree to provide, upon written request, the name and address of any credit reporting agency from whom we have obtained information pertaining to this account.

Note that we assume no responsibility for reviewing or monitoring any investment decision or activity of the Agent, nor do we provide any tax, legal, or investment advice or recommendations. We further assume no duty to inquire into the authority of the Agent to engage in particular transactions or investment strategies, or to monitor the terms or any oral or written agreement between you and the Agent.

#### Your commitments to us

By signing this form, you, the IRA owner:

- Acknowledge that you have received and read these Terms and Conditions, and that you understand and agree to their terms.
- Authorize us to accept instructions from your Agent on your behalf. This authorization shall be applicable to all assets you hold in the specified IRA.
- Accept full responsibility for understanding the risks associated with granting account access, and assume sole liability for the financial, tax, and other consequences of all actions and instructions of the Agent.
- Acknowledge that your IRA account will be charged for each trade that is executed in your IRA account, including trades ordered by an Authorized agent, and you agree to pay these charges.
- Ratify and confirm any and all transactions made by your designated Agent.

### Terms and Conditions – Third Party Agent

#### Your commitments to us

By signing this form, you, the authorized Third Party Agent:

- Acknowledge that you have received and read these Terms and Conditions, and that you understand and agree to its terms.
- Agree to be solely responsible to the IRA owner for instructions placed on the IRA.
- Agree to act on the IRA only as specifically authorized by the IRA owner and in compliance with all applicable laws, regulations, and NFS policies.
- Permit us to obtain credit information, verify information you have provided, and perform a background check on you, and to reject or remove you as Agent from this or any other account, at any time and for any reason we see fit.
- Agree to notify us in writing immediately upon the death or disability of the IRA owner.

### Terms and Conditions – IRA Owner and Third Party Agent

#### Trading and Money Movement Authority

Upon granting Full Trading and Money Movement Authority, I authorize my Third Party Agent to distribute money from this IRA and make applicable tax withholding elections as defined in the Premiere Select IRA Trading and Money Movement Authorization form.

#### Duration of Third Party Agent's Authorization

The Third Party Agent's authorization will remain in effect until any of the following occurs:

- We receive written notice signed by the IRA owner withdrawing this trading and money movement authority.
- We receive written notice of resignation from the Agent.
- We receive written notice of the death or incapacity of the IRA owner or the Agent.
- We become aware of sufficient cause, in our judgment, to remove the Agent.

These Terms and Conditions and their enforcement are governed by the laws of the Commonwealth of Massachusetts, except with respect to their conflicts-of-law provisions.

These Terms and Conditions are in addition to any other agreements between the parties and does not restrict any rights that may be created, either now or in the future, by these agreements or by any law.

You, the Third Party Agent, understand that NFS reserves the right to request authorization from the IRA owner prior to executing any transaction requested by an authorized Agent, and to cease accepting instruction from an authorized Agent at NFS' discretion and for its sole protection.

We may amend or terminate this agreement at any time. Outside of changes originating in these ways, no provision of this agreement can be amended or waived except in writing by an authorized representative of NFS.

NFS may transfer its interests in this account or agreement to any of its successors and assigns, whether by merger, consolidation, or otherwise. You may not transfer your interests in your account or agreement except with the prior written approval of NFS, or through inheritance, corporate dissolution, or similar circumstance, as allowed by law, in which case any rights and obligations in existence at the time will accrue to, and be binding on, your heirs, executors, administrators, successors, or assigns.