

# PROCASH PLUS® ACCOUNT APPLICATION

## 1. PROCASH PLUS® ACCOUNT ESTABLISHMENT

You may choose to open a Platinum, Gold, or Silver account. Each plan level provides a selection of convenience features and money-saving benefits. Please provide the following information as it appears on your current account statement:

BROKERAGE ACCOUNT NUMBER:  -

PRIMARY ACCOUNT OWNER'S NAME  
(PLEASE PRINT)

DATE

JOINT ACCOUNT OWNER'S NAME  
(IF APPLICABLE, PLEASE PRINT)

DATE

JOINT ACCOUNT OWNER'S SOCIAL SECURITY NUMBER:  -  -

## 2. ACCOUNT FEATURES SELECTION

**ACCOUNT LEVEL** (please select one option under the appropriate ProCash Plus Account Level):

### Platinum Level Options

- Platinum Checks and a Platinum Card
- Platinum Checks ONLY
- Platinum Card ONLY

### Gold Level Options

- Gold Checks and a Gold Card
- Gold Checks ONLY
- Gold Card ONLY

### Silver Level Options

- Silver Checks ONLY

### 2A. CHECK TYPE

If you elected to receive checks, please choose from the following options.

- Personal wallet checks (default option)
- Business style checks
- Duplicate checks

### 2B. CHECK OPTIONS

The name and address that will appear on your checks will be taken from your brokerage account. You may choose to not include your address (by checking the box below) or include an additional line.

- No address on checks
- Additional information:

\_\_\_\_\_  
YOU MAY ADD ONE ADDITIONAL LINE OF INFORMATION ON YOUR CHECKS (SUCH AS YOUR TELEPHONE NUMBER).  
PLEASE INDICATE ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO INCLUDE ON THE LINE ABOVE. (MAX 32 CHARACTERS)

### 2C. DEBIT CARD OPTIONS FOR CORPORATE ACCOUNTS (OPTIONAL)

**FOR CORPORATE ACCOUNTS ONLY:** If you elected to receive a debit card, and would like the name of the corporation to appear on the MasterCard® in addition to the cardholder's name, please print the name of the corporation on the line below. (Max 21 characters)

### 2D. ALTERNATE MAILING ADDRESS

Alternate client mailing address for initial order of checks and/or debit cards (if different from the primary residence that appears on your brokerage account statement):

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_

PROVINCE/COUNTY/SUBDIVISION: \_\_\_\_\_ COUNTRY \_\_\_\_\_

X  
PRIMARY ACCOUNT OWNER MUST SIGN IF AN ALTERNATE MAILING ADDRESS IS REQUESTED

## 3. PROCASH PLUS® REWARDSUITE™ (OPTIONAL)

**RewardSuite™** is a client loyalty program awarding one point for every \$1 spent with MasterCard Debit Card on eligible purchases. Points can be redeemed for air travel, travel-related gift certificates, gift cards to national dining and retail establishments, or one-percent cash back. Visit [www.myrewardsuite.com](http://www.myrewardsuite.com) for additional details.<sup>1</sup>

Enroll in RewardSuite™

<sup>1</sup>Please review the financial terms card for applicable fees. Not available for ProCash Plus Silver accounts.



#### 4. SECURITY (MANDATORY)

For security purposes, please indicate your mother's maiden name or provide a code name below. This information is mandatory for all account types and is used to verify your identity.

\_\_\_\_\_  
MOTHER'S MAIDEN NAME OR CODE NAME OF PRIMARY ACCOUNT OWNER

\_\_\_\_\_  
MOTHER'S MAIDEN NAME OR CODE NAME OF JOINT ACCOUNT OWNER

\_\_\_\_\_  
MOTHER'S MAIDEN NAME OR CODE NAME OF ADDITIONAL ACCOUNT OWNER

\_\_\_\_\_  
MOTHER'S MAIDEN NAME OR CODE NAME OF ADDITIONAL ACCOUNT OWNER

#### 5. ACCOUNT AGREEMENT

To open a ProCash Plus account, please read the following section carefully and sign in section 6 to accept the terms.

I hereby authorize my financial organization to open a brokerage account with Pershing LLC ("Pershing") in the name(s) listed as account holder(s) on this application. I further authorize J.P. Morgan Chase Bank, N.A. (the "Bank") to issue checks and MasterCard® debit card(s) as indicated on this application. Prior to signing below, I have received and read the ProCash Plus Account Agreement, as currently in effect and as amended from time to time, which governs my ProCash Plus account, and I agree to be bound by such Account Agreement.

Interest on debit balances will be charged and compounded in accordance with the ProCash Plus Account Agreement, as applicable.

New York Stock Exchange Rule 407 prohibits certain account holders from engaging in margin transactions without their employer's prior written consent. Pershing may suspend execution of any trades in my account pending receipt of this consent.

I UNDERSTAND THAT PERSHING WILL GRANT ME MARGIN PRIVILEGES FOR MY PROCASH PLUS GOLD OR PLATINUM ACCOUNT (NOT AVAILABLE AUTOMATICALLY FOR PROCASH PLUS SILVER ACCOUNTS; FURTHER DOCUMENTATION REQUIRED) UNLESS PROHIBITED BY LAW, OR BY MY REQUEST AS INDICATED BY CHECKING THE BOX BELOW.

I do not want margin privileges.

This agreement, with respect to all portions of ProCash Plus, including interest charges on loans Pershing may make to me, will be governed by, and interpreted under, the laws of the State of New York. The terms of my agreement with J.P. Morgan Chase Bank are governed by Ohio law.

By signing this application, I acknowledge that securities not fully paid for by me may be loaned to Pershing or loaned out by Pershing to others.

By signing this application, I accept the terms of the enclosed Account Agreement, Financial Terms card, and RewardSuite program rules where applicable.

I AGREE THAT THIS PROCASH PLUS ACCOUNT AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, WHICH IS LOCATED IN PARAGRAPHS 31 AND 32 IN THE AGREEMENT. I ACKNOWLEDGE RECEIVING A COPY OF THIS AGREEMENT.

#### 6. ACCOUNT OWNER(S) SIGNATURE(S) (PLEASE PROVIDE ALL ACCOUNT OWNER SIGNATURES)

\_\_\_\_\_  
PRIMARY ACCOUNT OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

Check this box if you do not want a debit card

\_\_\_\_\_  
JOINT ACCOUNT OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

Check this box if you do not want a debit card

\_\_\_\_\_  
ADDITIONAL ACCOUNT OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

Check this box if you do not want a debit card

\_\_\_\_\_  
ADDITIONAL ACCOUNT OWNER'S SIGNATURE

\_\_\_\_\_  
DATE

Check this box if you do not want a debit card

#### 7. ADDITIONAL SIGNATORIES (FOR CHECK WRITING ONLY)

If you have an individual or joint account and would like to add other signatories (for individuals who are not listed on the account registration), please have the additional signatories sign below.

1.

\_\_\_\_\_  
SIGN HERE

\_\_\_\_\_  
DATE

2.

\_\_\_\_\_  
SIGN HERE

\_\_\_\_\_  
DATE

The primary account owner authorizes the additional signatories on this application by signing below.

X

\_\_\_\_\_  
PRIMARY ACCOUNT OWNER'S SIGNATURE (IF APPLICABLE)

\_\_\_\_\_  
DATE

##### FINANCIAL ORGANIZATION USE ONLY

To be approved by an authorized person at the financial organization.

The undersigned organization guarantees that the signature(s) on this application is/are that of the account holder(s) or is/are authorized by the account holder(s). We have reviewed and approved the above listed account and determined, where applicable, that the account is suitable for margin trading.

\_\_\_\_\_  
FINANCIAL ORGANIZATION

\_\_\_\_\_  
NAME (PLEASE PRINT)

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ACCOUNT NUMBER (FOR OFFICE USE ONLY)

#### 8. ADDITIONAL DOCUMENTATION

Contact your investment professional or financial organization for additional documents that may be required. Certain restrictions may apply.