



Subsidiary of D.J. St. Germain Co., Inc.

ACH AUTHORIZATION AGREEMENT

Please complete the following fields to begin the electronic transfer of funds between your brokerage account and your bank/credit union account. You may begin depositing the funds into your brokerage account from your bank/credit union account or send payments to your bank/credit union account from your brokerage account. All transactions are processed through the Automated Clearing House [ACH] system.

I. ACCOUNT INFORMATION

BROKERAGE ACCOUNT HOLDER'S NAME(S): _____

BROKERAGE ACCOUNT NUMBER:

II. BANK/CREDIT UNION ACCOUNT INFORMATION

ABA NUMBER: _____ DDA NUMBER: _____
BANK/CREDIT UNION NAME: _____ CITY, STATE: _____ ZIP: _____

ACCOUNT TYPE: CHECKING SAVINGS

I (we) hereby authorize Pershing, LLC to initiate credit/debit entries to the bank/credit union account indicated above and further authorize my (our) bank/credit union to debit the same to such account.

This authority is to remain in full force and effect until Pershing has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Pershing and my (our) bank/credit union a reasonable opportunity to act on it. It is understood that if the periodic purchase of mutual funds is selected as a contribution type, this agreement authorizes payment for purchasing securities through my investment professional or financial organization via the Systematic Reinvestment System (SRS).

PLEASE COMPLETE ALL APPLICABLE SECTIONS:

A. STANDING INSTRUCTIONS ONLY

STANDING INSTRUCTIONS ONLY (NOTE: NO ASSETS WILL BE MOVED AT THIS TIME)

B. DISTRIBUTION TYPE

Periodic Distribution to Bank Account (Pay Principal) INCOME DISTRIBUTIONS TO BANK ACCOUNT

NOTE: A Distribution Request form is required for retirement accounts

C. CONTRIBUTION TYPE

PERIODIC PURCHASE OF MUTUAL FUNDS (SRS) NOTE: ACH is contingent upon the execution of periodic mutual fund purchases.)
 PERIODIC DEPOSITS TO BROKERAGE ACCOUNT

FOR APPLICABLE PERSHING RETIREMENT ACCOUNTS ONLY

PARTICIPANT CURRENT YEAR EMPLOYER CURRENT YEAR EMPLOYER PRIOR YEAR
 EMPLOYEE DEFERRAL CURRENT YEAR EMPLOYER DEFERRAL PRIOR YEAR EMPLOYER MATCHING CURRENT YEAR
 EMPLOYER MATCHING PRIOR YEAR QUALIFIED MATCHING QUALIFIED NON-ELECTIVE
 VOLUNTARY AFTER TAX

D. FREQUENCY

SEMI-MONTHLY MONTHLY BI-MONTHLY QUARTERLY SEMI-ANNUALLY ANNUALLY

E. AMOUNT FOR DEPOSITS AND DISTRIBUTIONS

AMOUNT: _____ START DATE: _____



PCPRACH

****PLEASE ADHERE WITH TAPE, EITHER AN ORIGINAL MICROENCODED VOIDED BANK ACCOUNT CHECK OR DEPOSIT TICKET HERE. DO NOT STAPLE. PLEASE INCLUDE THIS WITH THE COMPLETED FORM.**

BANK AND/OR BROKERAGE ACCOUNT OWNER (NOTE: All brokerage and bank account holders must be identified and are required to sign the form.)

NAME: _____ SIGNATURE: _____ DATE: _____

NAME: _____ SIGNATURE: _____ DATE: _____

NAME: _____ SIGNATURE: _____ DATE: _____

NAME: _____ SIGNATURE: _____ DATE: _____

NOTE: For Business accounts, supporting documentation confirming the signature authority on the account is required.