



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

HOUSEHOLDING/SELECTLINK® COMBINED MAIL APPLICATION

Please provide the following information for the accounts to be included in your SelectLink and/or Combined Mail statement package. **same mailing address.**

Identify the accounts that you would like to include in the SelectLink summary by checking the box in the "SelectLink" column. If you would like to have multiple account statements in your household included in the same envelope, but not consolidated on the SelectLink summary page, please mark the box in the "Combined Mail" column. If you would like to have copies of Interested Party statements included within your SelectLink and/or Combined Mail package, please select the box in the "Interested Party" column. **NOTE:** If you do not want to take advantage of the SelectLink or Combined Mail services, but you would like to establish an Interested Party mailing, contact The name of the first account indicated below will become the account to which all statements will be sent. Return the completed application to your investment professional or financial organization.

ACCOUNT INFORMATION (Please indicate the address of the first account, which will designate the primary mailing address)

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

1

ACCOUNT NUMBER: - SELECTLINK COMBINED MAIL INTERESTED PARTY
(Please check all that apply.)

Primary Account Owner's Signature Joint Account Owner's Signature (if applicable) Additional Account Owner's Signature (if applicable)

2

ACCOUNT NUMBER: - SELECTLINK COMBINED MAIL INTERESTED PARTY
(Please check all that apply.)

Primary Account Owner's Signature Joint Account Owner's Signature (if applicable) Additional Account Owner's Signature (if applicable)

3

ACCOUNT NUMBER: - SELECTLINK COMBINED MAIL INTERESTED PARTY
(Please check all that apply.)

Primary Account Owner's Signature Joint Account Owner's Signature (if applicable) Additional Account Owner's Signature (if applicable)



4

ACCOUNT NUMBER: —

SELECTLINK COMBINED MAIL INTERESTED PARTY

(Please check all that apply.)

Primary Account Owner's Signature

Joint Account Owner's Signature
(if applicable)

Additional Account Owner's Signature
(if applicable)

5

ACCOUNT NUMBER: —

SELECTLINK COMBINED MAIL INTERESTED PARTY

(Please check all that apply.)

Primary Account Owner's Signature

Joint Account Owner's Signature
(if applicable)

Additional Account Owner's Signature
(if applicable)

6

ACCOUNT NUMBER: —

SELECTLINK COMBINED MAIL INTERESTED PARTY

(Please check all that apply.)

Primary Account Owner's Signature

Joint Account Owner's Signature
(if applicable)

Additional Account Owner's Signature
(if applicable)

7

ACCOUNT NUMBER: —

SELECTLINK COMBINED MAIL INTERESTED PARTY

(Please check all that apply.)

Primary Account Owner's Signature

Joint Account Owner's Signature
(if applicable)

Additional Account Owner's Signature
(if applicable)

8

ACCOUNT NUMBER: —

SELECTLINK COMBINED MAIL INTERESTED PARTY

(Please check all that apply.)

Primary Account Owner's Signature

Joint Account Owner's Signature
(if applicable)

Additional Account Owner's Signature
(if applicable)

Please note that ALL account owners' signatures are required.

Please check the box here and complete another copy of this form if you would like to combine more than eight accounts.

For Broker-Dealer Use Only

_____ Correspondent Number	_____ Group Name	_____ Process by (Print Name)	_____ Process By (Signature)	_____ Date
-------------------------------	---------------------	----------------------------------	---------------------------------	---------------