

Brokerage Cash Services Upgrade

Sub Firm #	BR Code	FA Code	Account Number	BCS Account Number
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Account Owner Information					Required – Please complete by printing or typing in black ink				
If you are ordering checks, list the name(s) and address as you want them printed on the checks.									
Check Imprint Information					Line 2				
Line 3					Line 4				
Line 5			City		State	ZIP		Country	
Shipping Address (if other than above for Checks and/or Credit Card)									
City					State	ZIP		Primary Owner Date of Birth	
Checkwriting If this is an IRA, an IRA Checkwriting Application must be completed and attached to this form									
<input type="checkbox"/> Yes, I would like Checkwriting privileges. <input type="checkbox"/> No, I would not like Checkwriting privileges.									
Package Style Additional fee may apply.					Express Delivery			Charge	
<input type="checkbox"/> Style: <input type="text"/>									
VISA® ATM/Debit Card					IRAs not eligible for debit card.				
<input type="checkbox"/> Yes, I wish to receive a VISA® ATM/Debit Card. <input type="checkbox"/> No, I would not like a VISA® ATM/Debit Card.					Please check which name you desire:			<input type="checkbox"/> Primary Name <input type="checkbox"/> Secondary Name	
Primary Name									
Secondary Name									
Mother's Maiden Name: (required for security purposes)					Express Delivery			Charge	
Sweep Option									
Statement Options for Monthly Activity					If no selection, Option will default to Summary Only				
<input type="checkbox"/> Summary Only (default) <input type="checkbox"/> Chronological Only <input type="checkbox"/> Full (Summary and Chronological)									
Realized and unrealized gain/loss information will appear on your statement.									
Client Signature and Acknowledgement									
Brokerage Cash Services: By signing this page, I/We agree to the terms of the Brokerage Cash Services Supplement contained in the Client Agreement ("Supplement"); and, in conjunction with the Brokerage Cash Services, I/We authorize Wells Fargo Bank, N.A. to establish a Bank Account in my name and provide the banking-related services described in the Supplement including making any inquiry to determine if the Bank Account should be opened. I/We also agree to the terms of the dispute resolution program described in the Supplement relating to disputes specifically involving the Bank Account.									
Client Signature - 1					Printed Name - 1			Date Signed - 1	
Client Signature - 2					Printed Name - 2			Date Signed - 2	
Client Signature - 3					Printed Name - 3			Date Signed - 3	

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