

TRUST BANK

New Account Setup Form

Page 1 of 8

Plan Name	Market Value of the Plan	Plan Year-End

The undersigned Plan Sponsor hereby certifies the information set forth below and that the individuals and entities listed, in each sub-section of Section 1 Client Information and Authorized Signers, are each authorized to take all actions on behalf of the Plan Sponsor and the Plan Fiduciary, as applicable, including the authority to provide written or electronic directions to Charles Schwab Trust Bank ("Trust Bank") in accordance with the applicable Trust Agreement or Custody Agreement establishing the account at Trust Bank (the "Account") to hold the assets of the Plan listed below.

Is this a Single-Employ	er Plan	Yes	No	
Is this Plan governed b	y ERISA?	Yes	No	
This Plan is:	Qualified		Non-Qualified	Not Qualified
This Plan is:	Participant-Di	rected	Non-Participant-Directed	Both Participant-Directed and Non-Participant-Directed
This Plan type is (e.g., 4	401(k), 457(b)	Governmenta	al, etc.):	

1. Client Information and Authorized Signers

A. Plan Sponsor

Address	City	State Zip Code
Telephone Number	Mobile Number	
Contact Name	Email	
Is the Plan Sponsor firm a publicly traded company?	Is the Plan Sponsor firm a m	arijuana-related business ("MRB")?
No Yes If yes, symbol:	No	
Are you a Plan Fiduciary?		
No Yes		
Are you a government entity?		
No Yes If so, under what state/federal agency?		
Are you a financial institution?		
No Yes If so, what is the name of your regulatory agency?		

Note: 1. Electronic statements, fee disclosure reports (including the annual Form5500 Schedule C fee disclosure report and the 408(b)(2) plan level fee disclosure report) and the Shareholder-Servicing Fee Report are automatically available to plan sponsors for viewing on retirementcenter.schwab.com. 2. Providing a P.O. Box as a mailing address may result in account opening delays, as Schwab must manually contact you to determine a physical mailing address in order to comply with regulatory requirements dealing with identity verification (e.g. OFAC, USA PATRIOT Act). 3. The Plan Sponsor authorized person listed below will be the recipient of all regulatory required shareholder communication.

To the extent applicable, with respects to Accounts already established at Trust Bank, the undersigned Plan Sponsor, acting individually and without notice to any other account holder, hereby reconfirms all existing ACH Debit Accounts enrolled with Trust Bank and associated with the Account as previously submitted by the undersigned Plan Sponsor or the Plan's prior recordkeeper. Recordkeeper identified in Section 1. B. below is authorized to setup and instruct Trust Bank to initiate ACH Pull transactions from the ACH Debit Accounts without further inquiry from Trust Bank. The undersigned Plan Sponsor will provide written documentation supporting the Recordkeeper's and the Plan Sponsor's authority to instruct Trust Bank to initiate ACH Pull transactions to Trust Bank upon request.

Charles Schwab Corporation ("CSC" or "Schwab") is a federally regulated financial institution. Since the passage of the 1970 Controlled Substances Act ("CSA"), marijuana cultivation, distribution, and possession is federally prohibited and considered an illegal activity. As a result, it is a violation of CSC's Bank Secrecy Act & Anti-Money Laundering ("AML") Policy for CSC or any CSC affiliate including Charles Schwab Trust Bank to knowingly open an account for, or enter into, or maintain a relationship with a marijuana-related business ("MRB") or an individual or entity engaging in illegal activity. An MRB is defined as any business that produces a product derived from the cannabis plant, including but not limited to: marijuana, CBD, hemp, hemp seed oil, THC, edibles/beverages, beauty and skin care products, or any other business primarily devoted to servicing the cannabis industry. The undersigned Plan Sponsor represents and warrants that it is not an MRB.

Signature and Date

X Plan Sponsor Authorized Signer

Date

1. ClientInformationandAuthorizedSigners(Continued)

B. Recordkeeper

Recordkeeper Firm Name					
Address	City		State	Zip Code	
Telephone Number	Mobile Number	Fee Disclos	ure Reports*	Shareholder-Se	rvicing Fee Report
		Yes	No	Yes	No
Contact Name	Email			Electronic State	ments
				Yes	No

*Fee disclosure reports (including the annual Form 5500, Schedule C, fee disclosure report and the 408(b)(2) plan-level fee disclosure report) are available for viewing on retirementcenter.schwab.com

By checking this box, the Plan Sponsor authorizes Trust Bank to use a master recordkeeper authorized signature list, provided by the listed recordkeeper and maintained on file with Trust Bank, that designates persons or entities as authorized representatives of the Plan Sponsor and Plan Fiduciary, as applicable, to provide written or electronic directions to Trust Bank in accordance with the applicable Trust Agreement or Custody Agreement.

Signature and Date

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Recordkeeper Authorized Signer (if the above box is checked, no signature is required)			Date
C. Investment Advisor			
Does the Plan have an Investment Advisor associated with it?	Yes	No	If yes, please complete and sign this section.
Is the Investment Advisor related to the Recordkeeper firm?	Yes	No	

Investment Advisor Firm Name				Advisor EIN
Address		City	Stat	te Zip Code
		1		
Telephone Number	Mobile Number	Electronic Statements	Fee Disclosure Reports*	Shareholder-Servicing Fee Report
		Yes No	Yes No	Yes No
Contact Name	Email		Are you a Plan Fiduciary?	Electronic File Download
			Yes No	Yes No

*Fee disclosure reports (including the annual Form 5500, Schedule C, fee disclosure report and the 408(b)(2) plan-level fee disclosure report) are available for viewing on retirementcenter.schwab.com.

If a download is required, provide the Charles Schwab Trust Bank Master Account #0000-___, or Charles Schwab Trust Bank will contact you to establish Master Account.

Signature and Date

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Signature is only required if you are authorized to direct Trust Bank on behalf of the Plan Fiduciary

Date

If the Investment Advisor ("IA") will direct trades, the undersigned Plan Fiduciary (see Section 4 below) hereby designates the IA as an Investment Manager under Section 3(38) of ERISA or, in the alternative, has appointed the IA as a fiduciary under Section 3(21) of ERISA as the Plan Fiduciary's delegate with respect to all trade and other investment directions. If the IA is a 3(38) Investment Manager, please also submit the Investment Management Agreement and the Board Resolution appointing the IA.

If the IA is to be listed as the Broker of Record on any of the Plan investment options where the IA is compensated directly by the fund company, please complete Section 2 and select the appropriate investments in Section 3. Failure to provide this information will cause delays or disruptions to the remuneration (12b-1 and/or finder's fees) from the funds to the IA's Broker-Dealer.

D. Trustee

Trustee Firm Name			
Address		City	State Zip Code
Telephone Number	Mobile Number ()	Fee Disclosure Reports* Yes No	Shareholder-Servicing Fee Report Yes No
Contact Name	Email	Are you a Plan Fiduciary? Yes No	Electronic Statements Yes No

*Fee disclosure reports (including the annual Form 5500, Schedule C, fee disclosure report and the 408(b)(2) plan-level fee disclosure report) are available for viewing on retirementcenter.schwab.com.

Signature and Date	
Χ	
Signature is only required if you are authorized to direct Trust Bank on behalf of the Plan Fiduciary	Date

1. ClientInformationandAuthorizedSigners(Continued)

E. Administrator Authorized Signers

The "Administrator" as defined in the applicable trust or custody agreement for the Plan is the Plan's named fiduciary for investments and plan administration and the plan administrator for purposes of the Employee Retirement Income Security Act of 1974, as amended, ("ERISA"). Please list all authorized signers for the Administrator below. If there are more than three authorized signers, please photocopy this page and attach it to the original.

Authorized Signer Name			Firm Name		
Address		City		State	Zip Code
Telephone Number		Email		Are you a Plan Fiduciary? Yes No	Shareholder-Servicing Fee Report Yes No
Indicate Capacity Plan Sponsor Investment	Advisor Recordkeeper	Trustee Other: _		Fee Disclosure Reports* Yes No	Electronic Statements Yes No

*Fee disclosure reports (including the annual Form 5500, Schedule C, fee disclosure report and the 408(b)(2) plan-level fee disclosure report) are available for viewing on retirementcenter.schwab.com.

Signature and Date				
X Administrator Plan Fiduciary		Da	ite	
Authorized Signer Name		Firm Name		
Address	City		State	Zip Code
Telephone Number	Email		Are you a Plan Fiduciary? Yes No	Shareholder-Servicing Fee Report Yes No
Indicate Capacity	·		Fee Disclosure Reports*	Electronic Statements
Plan Sponsor Investment Advisor Recordkeeper	Trustee Other: _		Yes No	Yes No
*Fee disclosure reports (including the annual Form	n 5500, Schedule C, fee di	sclosure report and the	408(b)(2) plan-level fe	e disclosure report) are

*Fee disclosure reports (including the annual Form 5500, Schedule C, fee disclosure report and the 408(b)(2) plan-level fee disclosure report) are available for viewing on retirementcenter.schwab.com.

Signature and Date

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Administrator Plan Fiduciary

Authorized Signer Name		Firm Name		
Address	City		State	Zip Code
Telephone Number	Email		Are you a Plan Fiduciary? Yes No	Shareholder-Servicing Fee Report Yes No
Indicate Capacity Plan Sponsor Investment Advisor Recordkeeper	Trustee Other:		Fee Disclosure Reports* Yes No	Electronic Statements Yes No

*Fee disclosure reports (including the annual Form 5500, Schedule C, fee disclosure report and the 408(b)(2) plan-level fee disclosure report) are available for viewing on retirementcenter.schwab.com.

Signature and Date

X Administrator Plan Fiduciary

Date

Date

1. ClientInformationandAuthorizedSigners(Continued)

F. Invoice Recipient

Please designate a primary invoice recipient below. The recipient will be able to view Trust Bank Invoices for trust or custody services and receive electronic notification when invoices become available on retirementcenter.schwab.com. Additional invoice recipients can be set up by your Schwab Retirement Center security administrator.

Invoice Recipient Nam	ne				Firm Name			
Address				City	1	State	Zip Code	
Telephone Number			Email					
Indicate Capacity								
Plan Sponsor	Investment Advisor	Recordkeeper	Trustee	Other:				
Signature a	and Date							
X Administrator Plan Fid	duciary					Date		

2. Schwab Retirement Advisor Services (SRAS) Information

Should a Broker of Record be listed on this Plan? Yes No If yes, complete the Advisor Broker-Dealer Firm Information section below. By selecting a Broker of Record, Charles Schwab Trust Bank will establish the Plan account at the fund company. As a result, 12b-1 payments will be paid by the fund directly to the Broker-Dealer identified below:

Advisor Broker-Dealer Firm Information

Broker-Dealer Name	Broker-Dealer Number		
Branch Number			
Address	City	State	Zip Code

Registered Representative Information

Registered Representative Name	Registered Representative Numb	er
Address	City	State Zip Code
Telephone Number ()	Email (required for statements)	Electronic Statements Yes No

If there are multiple Registered Representatives, please provide individual names and contact information.

Registered Representative Name	Email (required for statements)		Electronic Statements
			Yes No
Address	City	State	Zip Code
Registered Representative Name	Email (required for statements)		Electronic Statements
			Yes No
Address	City	State	Zip Code
Registered Representative Name	Email (required for statements)		Electronic Statements
			Yes No
Address	City	State	Zip Code

Please note: The Broker-Dealer listed must have a selling agreement on file with the respective fund family for the Broker of Record to be compensated by the fund company. Each fund family reserves the right to either reject or list accounts as house accounts where a selling agreement is not in place between the Registered Representative's Broker-Dealer and the fund company.

3. Designation of Investment Options

Plan Trading ID Assigned by Recordkeeper

Please list the assets that are to be held at Charles Schwab Trust Bank and check the applicable boxes for each asset. In Kind - If an asset will be transferred in kind, check the box under the "Transferring in Kind" column.

SRAS - If the Registered Representative on in Section 2 is listed as the Broker of Record, check the box under the "SRAS" column.

	Name	Ticker Symbol	Transferring In Kind	SRAS
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3. Designation of Investment Options (Continued)

Individual GICs

Indicate the name of the Carrier/Advisor and provide a copy of a contract and a current statement.

Cash Equivalent Fund

Schwab Bank Savings is a money market deposit account ("MMDA") established at Trust Bank. A MMDA is a type of savings deposit. FDIC Coverage: Funds deposited in the MMDA at Trust Bank are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000 when aggregated with all other deposits held by a Plan Participant in the same capacity at Trust Bank. Participants are responsible for monitoring the total amount of deposits that they hold with Trust Bank, in order to determine the extent of deposit insurance coverage available to them on their deposits, including the MMDA.

4. Conversion Date and Type

Approximately \$	will transfer in cash. Approximately \$	will transfer in kind. Transfer date	
			(mm/dd/yyyy)

Prior Trustee/Custodian (if any)

Institution/Firm	Contact Name		
Address	City	State	Zip Code
Telephone Number	Email		
()			

Pending Matters-The Plan and/or Plan Sponsor listed above is currently subject to the following:

□ IRS/Department of Labor (DOL) investigation

□ Litigation

□ Bankruptcy proceeding

□ Not subject to any IRS/DOL investigation, litigation, or bankruptcy proceeding

Explanation of pending matter(s):

Beneficial Owner Disclosure- Most securities are registered in "street name" or another nominee name which means that issuers of securities do not know the names or addresses of the beneficial owners of the securities that they have issued. Issuers of securities such as mutual funds, exchange traded funds, and other publicly traded securities may request that banks acting as trustee or custodian generate a list of beneficial owners of their securities held by a bank directly or through agents or depositories. Banks are obligated to provide a list of beneficial owners who have not objected to the disclosure of their information to requesting issuers. Generally, issuers may obtain a shareholder's name, address and share position as of the date of the request. As the Plan Fiduciary, you have the right to object to the dissemination of your information from being shared with an issuer upon an issuer's request. You may indicate your objection by checking the appropriate box below. If you do not object by checking the box below, the default position is that you do not object and you may be contacted by issuers. For purposes of the SEC's rules, a "beneficial owner" is the person or entity that has the right to vote securities on behalf of a shareholder.

Dissemination of Beneficial Ownership Information to Requesting Issuers

 \Box Plan Sponsor does NOT want their contact information provided to issuers. (Objects)

Plan Fiduciary Confirmation—As a Plan Fiduciary of the Plan listed above, my signature below confirms my receipt of a fee disclosure report from Charles Trust Bank that complies with ERISA Section 408(b)(2).

Verification—I authorize Charles Schwab Trust Bank and/or its affiliated agents to inquire from any source, including a consumer reporting agency, as to my identity (as required by federal law), creditworthiness, and ongoing eligibility for the account at account opening, at any time throughout the life of the account, and thereafter for debt collection and investigative purposes.

4. Conversion Date and Type (Continued)

Security Procedure – Security Procedure means the procedure described below and established by Charles Schwab Trust Bank and the undersigned Plan Sponsor and/or Named Fiduciary for the purpose of (i) verifying that a distribution instruction (a "payment order") or a communication amending or cancelling a payment order is from an authorized person, or (ii) detecting an error in the transmission or the content of the payment order or communication. Specifically, this Security Procedure is used by Charles Schwab Trust Bank, in conjunction with a distribution or disbursement ("disbursement"), to verify the authenticity of a disbursement request.

Disbursement of Funds – Authorized Persons may request disbursements from the Plan's Trust or Custody account at Charles Schwab Trust Bank. In accepting such disbursement requests, Charles Schwab Trust Bank will use the Security Procedure described below which it believes is reasonably designed to identify the requester as an Authorized Person authorized to transact business on the Plan's account from which the distribution/disbursement is to be made, as further described below.

Procedures – This Security Procedure is intended to authenticate that the person submitting a disbursement or payment directive is an Authorized Person who is authorized to do so. The Authorized Persons for the Plan's account are persons listed or otherwise identified in Section 1 of this New Account Setup Form or persons who have been delegated and granted authority electronically through the Schwab Retirement Center (SRC) website. Specifically, each Authorized Person has been authorized by the Plan Sponsor or Named Fiduciary to issue directives, including disbursement directives. Also, Charles Schwab Trust Bank establishes a link through which instructions files may be electronically submitted to Charles Schwab Trust Bank by the Recordkeeper identified in Section 1 of this New Account Setup Form using secure file transfer protocols. When submitting instructions electronically, the file transfer protocols are encrypted data transfers between the Recordkeeper and Charles Schwab Trust Bank. Charles Schwab Trust Bank also provide access to its the SRC website through which an Authorized Person and the Recordkeeper may submit directives for processing distributions or other payments from the Plan's Account. When an Authorized Person uses other means to request a disbursement, the means by which Charles Schwab Trust Bank accepts disbursement requests from an Authorized Person and the associated Security Procedures are as follows:

- Single User Website Submissions: Distribution and disbursement directives for amounts over \$100,000 submitted through the SRC website will be considered "not in good order" and deleted when they are entered and submitted by the same SRC user. SRC will display the following language on the transaction submission screen alerting the user of this process: "Important Note: All distribution/disbursement directives of \$100,000 or more must have two Users approve the transaction. One User must enter the directive, and another User must approve the directive. Any directive of \$100,000 or more which is entered and submitted by a single User will not be processed and will be deleted by Schwab."
- Email Submissions: Distribution and disbursement directives for amounts over \$35,000 submitted by email will go through an additional verification step. These directives will be reviewed and verified before processing by a Charles Schwab Trust Bank Client Service Manager. The Client Service Manager will verify the Authorized Person by contacting an Authorized Person (who is not the person submitting the initial email directive) to confirm the validity of the emailed directive and get confirmation including a verbal confirmation that the distribution is authorized and should be processed as directed.

The purpose of this Security Procedure is to verify the authenticity of disbursement requests delivered to Charles Schwab Trust Bank by an Authorized Person, including Users through the SRC website and not to detect errors in the transmission or content of a disbursement request. The undersigned Plan Sponsor and/or Named Fiduciary represent and warrant each time an Authorized Person send Charles Schwab Trust Bank a disbursement directive that the Security Procedure is a satisfactory method of verifying the authenticity of such disbursement instructions. The undersigned Plan Sponsor and/or Named Fiduciary agrees that Charles Schwab Trust Bank may act on any distribution requests the authenticity of which has been verified through the use of the Security Procedure described above. The undersigned Plan Sponsor and/or Named Fiduciary Schwab Trust Bank will have no liability to the Plan or the Account for any allegedly unauthorized disbursement. The undersigned Plan Sponsor and/or Named Fiduciary agrees that the undersigned Plan Sponsor and/or Named Fiduciary agrees that the undersigned Plan Sponsor and/or Named Fiduciary agrees that Charles Schwab Trust Bank will have no liability to the Plan or the Account for any allegedly unauthorized disbursement. The undersigned Plan Sponsor and/or Named Fiduciary agrees that the undersigned Plan Sponsor and/or Named Fiduciary will indemnify us and hold Charles Schwab Trust Bank harmless against any claim, loss, suit or expense, in the event that Charles Schwab Trust Bank effects a disbursement after identifying the requester using the Security Procedures described in this Section.

For the purpose of this Security Procedure, a "SRC User" is a person granted access by the Plan Sponsor, Named Fiduciary or other Authorized Person to the SRC website and given authority to submit transactions, including disbursement transactions.

4. Conversion Date and Type (Continued)

FATCA Certification—To satisfy Foreign Account Tax Compliance Act (FATCA) requirements, Charles Schwab Trust Bank requires that the federal Taxpayer Identification Number (TIN), also known as the Employer Identification Number (EIN), be included in this document. For qualified Plans, this will be the Plan Sponsor's EIN or the Plan Trust's EIN; for non-qualified deferred compensation Plans, this will be the Plan Sponsor's EIN. If there is no EIN for the Plan Trust, the Plan Sponsor, if it has a Power of Attorney (IRS Form 2848) on file, may obtain the EIN by applying online at the following IRS site:

http://www.irs.gov/Retirement-Plans/How-to-Obtain-or-Re-Establish-an-EIN-for-a-Retirement-Plan-Trust

Plan Sponsor Taxpayer ID (EIN)	Plan Trust Taxpayer ID (EIN) (if applicable)
Plan Sponsor Name	Plan Name

I Certify Under Penalties of Perjury That:

- 1. the Taxpayer Identification Number(s) shown on this application is correct,
- 2. the Plan is not subject to backup withholding on foreign partners' share of effectively connected income, or to backup withholding due to failure to report interest and dividend income,
- 3. the Plan is a U.S. person* and
- 4. the Plan is exempt from FATCA reporting.

I understand that if (i) I have been notified by the IRS that the Plan is subject to backup withholding and (ii) I have not received a notice from the IRS advising me that backup withholding is terminated, then (iii) I must cross out item 2 above.

- *Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:
- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING.

Plan Fiduciary Signature and Date (Required)	
X	
Signature	Title
Print Name	Date
Plan Name	