

Account Services Agreement – IRA

| Sub Firm # | BR Code | FA Code | Account Number |
|------------|---------|---------|----------------|
| | | | |

Account Type

Traditional
 SIMPLE *
 Roth
 SEP
 SAR-SEP
 Inherited
 Spousal

** If SIMPLE IRA, also complete the Employer Information sheet for SIMPLE IRAs*

Advisory Program (if applicable)

Allocation Advisors
 Asset Advisor
 CustomChoice
 DMA
 Fundamental Choice
 FundSource

Private Advisor Network
 Pathways
 PIM
 Quantitative Choice
 Wells Fargo Compass

Owner Information
Primary Owner Name

Social Security or Tax ID No. _____ Date of Birth _____

Mailing Address _____

City _____ State _____ Zip Code _____ Country _____

By signing this agreement I acknowledge entering into a Master Service Agreement relationship and you are opening an Individual Retirement Account whereby First Clearing, LLC will serve as Custodian. You will open this account at my direction and then provide me with copies of the related Owner and Account Profiles (including the IRA Custodial Agreement), and Disclosures (including fees and interest charges for financial instruments or transactions). I agree to promptly review and advise you if any of the Owner and/or Account Profiles information is not accurate or becomes inaccurate. I understand that you will rely on this information and that it is my responsibility to provide accurate and timely updates and that my failure to do so may impact recommendations that are given to me related to investments in my accounts.

If you decide to close or make changes to this account (including allowable account type changes), you will provide such direction to us. The account will be updated accordingly, you will be provided with notification regarding such changes and any fees, where applicable, will be refunded provided you request your account to be closed within 30 days of opening the account. Advisory fees will be refunded pro-rata.

- Account profile, characteristics or activities covered by this agreement include, but are not limited to:
- Managed accounts whereby you will be charged a periodic fee related to the assets under management and for certain account types your Financial Advisor or Money Manager(s) have discretion to purchase or sell securities without discussing such activities with you.
 - On-line access including electronic delivery of documents (for example: statements, confirms, tax forms, prospectus, and proxy)

Transaction Confirmation Waiver
(Only applicable for Allocation Advisors, DMA, Fundamental Choice, FundSource, Pathways, PIM, Private Advisor Network, Quantitative Choice and Wells Fargo Compass programs)

_____ By initialing here, I / we hereby waive the right to receive transaction confirmations on the assets enrolled in the program. See Client Agreement, Page 6, Section IV, Paragraph 2.

IRA Beneficiary Designation (Traditional, Roth, SIMPLE, SEP, SAR-SEP or Inherited)

Name a beneficiary or beneficiaries in this section. Acceptable beneficiaries are an individual, estate, trust or organization. If there is no named beneficiary or no remaining beneficiary then such amount shall be payable in accordance with the FCC Self-Directed IRA Custodial document. If one of the beneficiaries in the same category should predecease the owner or disclaim benefits under this IRA, then such amount shall be payable to the sole remaining beneficiary.

PRIMARY BENEFICIARY: I designate the following to share equally in my account balance unless otherwise indicated.

| NAME & ADDRESS | RELATIONSHIP | DATE OF BIRTH | SOC. SEC. NO. | % OF BENEFITS |
|----------------|--------------|---------------|---------------|---------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |

Check this box if additional beneficiaries are named or information is supplied on a separate signed page using the same format as above. **Must Equal 100%**

The Trustee(s) serving at my death under the Agreement of Trust executed on _____, by me as grantor and _____ as Trustee(s) to be held as part of such Trust and administered and distributed in accordance with its provisions as amended to the time of my death.

Investment products and services are offered through Wells Fargo Advisors Financial Network, LLC ("WFAFN"), member FINRA/SIPC, and a registered broker-dealer and non-bank affiliate of Wells Fargo & Company. WFAFN uses the trade name Wells Fargo Advisors

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CONTINGENT BENEFICIARY: I designate the following to share equally in my account balance unless otherwise indicated.

| NAME & ADDRESS | RELATIONSHIP | DATE OF BIRTH | SOC. SEC. NO. | % OF BENEFITS |
|----------------|--------------|---------------|---------------|---------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |

Check this box if additional beneficiaries are named or information is supplied on a separate signed page using the same format as above. **Must Equal 100%**

The Trustee(s) serving at my death under the Agreement of Trust executed on _____, by me as grantor and _____ as Trustee(s) to be held as part of such Trust and administered and distributed in accordance with its provisions as amended to the time of my death.

Beneficiary Per Stirpes Designation

Yes No You have elected the primary beneficiaries shares in this IRA per stirpes.

Yes No You have elected the contingent beneficiaries shares in this IRA per stirpes.

Per Stirpes is a method of distributing the assets should a beneficiary predecease you. This designation is optional; you are not required to make this election. A per stirpes designation means that if a beneficiary named on this enrollment form dies before you, upon your death, the predeceased beneficiary's share will pass to his or her heirs. For example, if you have named 2 primary beneficiaries, Beneficiary A and Beneficiary B and they are to share equally the assets of the account. Both beneficiaries have 2 children. If you make a per stirpes designation and both beneficiaries survive you, 50% will be paid to Beneficiary A and 50% will be paid to Beneficiary B. If Beneficiary A survives you but Beneficiary B predeceases you, upon your death 50% is paid to Beneficiary A and the other 50% that would normally be paid to Beneficiary B, will be divided equally and paid to the two children of Beneficiary B. To make this election, you must designate a "Personal Representative" or a "role". A "role" is an individual serving in a specific capacity such as an Executor or Trustee. Upon your death, FCC will rely on the instructions provided by this individual for proper distribution instructions. This is a simplified example of per stirpes. It is important that you have a full understanding of your election. Check with your tax or legal advisor if you feel you need more information.

I designate _____ to provide FCC with the proper identity of any unnamed beneficiaries and the extent of their interest in the IRA identified above.

SPOUSAL CONSENT • Required if the IRA owner is married, resides in a community property state and names primary beneficiaries other than their spouse. FOR USE IN COMMUNITY OR MARITAL PROPERTY JURISDICTIONS (including but not limited to AZ, CA, ID, NV, NM, TX, WA, WI, or PR) - IF MARRIED. (Note that in Alaska, community property rules may be adopted by agreement signed by the married couple.) I am the spouse of the IRA accountholder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. I am fully aware and understand that my spouse has not designated me as the sole primary beneficiary. I hereby agree and consent to the naming of the beneficiary, and along with my agreement and consent, do hereby transmute to my spouse all my community property interest in the IRA that I may have. I acknowledge my community property interest in the IRA account and voluntarily elect to relinquish my rights to the community property interest in the IRA account. I also acknowledge and agree that I shall have no claim whatsoever against the custodian for any payment to my spouse's named beneficiary(ies).

| | |
|---------------------------------|------------------------|
| Signature of Spouse X | Date (Required) / / |
|---------------------------------|------------------------|

I AGREE TO THE TERMS AND CONDITIONS OF THIS AGREEMENT. THIS AGREEMENT, CONTAINS BY REFERENCE, A PREDISPUTE ARBITRATION CLAUSE LOCATED ON PAGE 1, PARAGRAPH 5, OF THE CLIENT AGREEMENT. I HEREBY ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT, THE CLIENT AGREEMENT, AND THE TERMS AND CONDITIONS OF THE ADVISORY PROGRAM ACCOUNT, IF APPLICABLE, AND THE PROSPECTUS FOR MONEY MARKET FUND SWEEP OPTIONS. I, THE UNDERSIGNED, AGREE TO BE BOUND BY THE TERMS OF THIS AGREEMENT AS WELL AS THE FIRST CLEARING, LLC ("FCC") SELF-DIRECTED INDIVIDUAL RETIREMENT ACCOUNT DISCLOSURE STATEMENT & INDIVIDUAL RETIREMENT ACCOUNT CUSTODIAL AGREEMENT (FOR THE TYPE OF ACCOUNT I HAVE SELECTED ABOVE), WHICH IS HEREBY INCORPORATED INTO THIS AGREEMENT.

| | | | |
|-------------------------------------|--------------|-----------------------|------------------------|
| Account Owner Signature X | Printed Name | Title (if applicable) | Date (Required) / / |
|-------------------------------------|--------------|-----------------------|------------------------|