

# LoanAdvance<sup>®</sup> Check Writing

## STEP 1. LOANADVANCE ACCOUNT INFORMATION

Account Number
----------------

## STEP 2. SELECT CHECK FEATURES

### Check Style

If you chose an account with checks, please select a check style.

- Personal wallet checks (default option)    Business style checks

STARTING CHECK  
NUMBER DEFAULTS  
TO 0101.

### Check Options

The name and address that appears on your checks will be taken from the primary mailing address on your brokerage account unless you select one of the following.

- No address on checks  
 Print the alternate mailing address on my checks from "Alternate Mailing Address" section below

You may check the box below to add one extra line of information on your checks, such as your telephone number. Please enter any additional information you would like to include (maximum of 32 characters, including spaces).

- Additional information \_\_\_\_\_

### Alternate Mailing Address (optional)

All checks will be sent to the primary mailing address for your brokerage account unless an alternate mailing address is entered below for the delivery of the initial order.

Address		
City	State	Zip/Postal Code
Province/County/Subdivision	Country	

IF YOU WANT THIS  
ALTERNATE ADDRESS  
TO APPEAR ON  
YOUR CHECKS, BE  
SURE TO CHECK THE  
APPROPRIATE BOX IN  
"CHECK OPTIONS".

If you are requesting an alternate mailing address, the primary account owner (for individual and joint accounts) or authorized person (for corporate, trusts or other entity accounts) must sign and date here.

Print Name	Date
Signature	

## STEP 3. AUTHORIZATION

The payment of funds is authorized by the signature(s) appearing on the application. Each signatory guarantees the genuineness of the other signatures. The Bank of New York Mellon (the "Bank") is hereby appointed agent by the person(s) signing this form (the "Client(s)") and, as agent, is authorized and directed, upon presentment of checks to the Bank, to direct Pershing, as the Client's agent and nominee, to withdraw funds from the Client's brokerage account in the amount stated on the checks presented to the Bank. These funds will be deposited into an account at the Bank, maintained by Pershing on behalf of the Client, for the purposes of paying the Bank for the checks presented. Pershing is hereby appointed the Client's agent and, where appropriate, messenger for the purpose of affecting such withdrawals. This checking arrangement is subject to, but not limited to, the following terms and restrictions:

The Client(s) agrees that he or she shall be subject to the rules and regulations of the Bank pertaining to this checking arrangement as amended from time to time; that the Bank has the right not to honor checks which do not meet the Bank's normal standards for checks presented to it, that the Bank and Pershing have the right to change, modify, or terminate this check writing service at any time; and that the Bank shall be liable only for its own negligence.

TO OBTAIN AVAILABLE  
LOAN INFORMATION  
OR REPORT YOUR  
CHECKS LOST OR  
STOLEN, PLEASE CALL  
YOUR FINANCIAL  
ORGANIZATION.



PRCHAPPL

Your credit limit is based on the value of the collateral held in the LoanAdvance account or managed account(s) being used as collateral and Pershing's current collateral requirements.

Prior to signing in Step 4, I have received and read the LoanAdvance Account Agreement, as currently in effect and as amended from time to time, which governs my LoanAdvance account, and I agree to be bound by such Account Agreement.

**STEP 4. SIGNATURES OF ACCOUNT OWNER(S), AUTHORIZED PERSONS AND ADDITIONAL SIGNATORIE(S) (MANDATORY)**

Print Name (maximum 21 characters)	Social Security or Tax ID Number	Date of Birth
Signature <b>X</b>	Date	Mother's Maiden Name or Code Name (max 13 characters)

Print Name (maximum 21 characters)	Social Security or Tax ID Number	Date of Birth
Signature <b>X</b>	Date	Mother's Maiden Name or Code Name (max 13 characters)

Print Name (maximum 21 characters)	Social Security or Tax ID Number	Date of Birth
Signature <b>X</b>	Date	Mother's Maiden Name or Code Name (max 13 characters)

Print Name (maximum 21 characters)	Social Security or Tax ID Number	Date of Birth
Signature <b>X</b>	Date	Mother's Maiden Name or Code Name (max 13 characters)

**The primary account owner authorizes the additional signatories on this application by signing below.**

Print Name	Date
Signature <b>X</b>	

**Fees**

Fees may be amended from time to time.

Stop payments .....\$25.00  
 Returned checks (for any reason)....\$25.00  
 Copy of paid check.....\$2.50

**Personal Checks**

Initial order of checks.....None  
 Reorders.....\$12.50

**Business Checks**

Initial order of checks.....\$50.00  
 Reorders.....\$40.00

**FINANCIAL ORGANIZATION USE ONLY**

To be approved by an authorized person at the financial organization. The undersigned organization guarantees that the signature(s) on this application is/are that of the account holder(s) or is/are authorized by the account holder(s). We have reviewed and approved the above listed account and determined that the account is suitable for LoanAdvance Check writing.

Instructions to the Financial Organization; Establish the account using the AMA Suite and fax completed form to Asset Management Department: Domestic: (866) 355-5572 International: (201) 333-8842

Financial Organization	Account Number (office use only)
Print Name	Date
Title	
Signature <b>X</b>	