

# MONEY MARKET CHECK WRITING SIGNATURE CARD



## Money Market Funds Check Writing

ACCOUNT LAST NAME	AUTHORIZED SIGNATURE 1	DATE / /
ACCOUNT FIRST NAME		
JOINT ACCOUNT NAME(S) (if applicable)	AUTHORIZED SIGNATURE 2	DATE / /
SOCIAL SECURITY NUMBER (Tax ID Number)		
BROKERAGE ACCOUNT NUMBER	AUTHORIZED SIGNATURE 3	DATE / /
<b>FOR INTERNAL USE ONLY</b> CHECKING ACCOUNT NUMBER	<b>To ensure timely delivery of your checkbook, please follow these instructions.</b>	
<input type="checkbox"/> All checks will require one signature unless this box is checked. If checked, how many signatures are required? ____ Signatures required.	<ol style="list-style-type: none"><li>1. Provide all required information in the specified boxes. Please PRINT neatly.</li><li>2. Have authorized signers sign in the appropriate box in BLUE or Black ink.</li><li>3. Return this completed card to your brokerage firm.</li></ol>	

### Money Market Funds Check Writing Terms and Conditions

The person(s) signing this card (the Client(s)) authorizes Penson Financial Services, Inc. (Penson) to obtain a consumer report at the time of application to verify my creditworthiness and to obtain a consumer report from time to time for updates, renewals, extensions, and collection activity on any approved account. Upon my written request, Penson will disclose to me whether it obtained a report, and if so, the name and address of the consumer-reporting agency that provided it. In the event that my account is denied, as a result of the consumer report verification, I authorize Penson to provide to my introducing broker the reason(s) for such denial.

The payment of funds is authorized by the signature(s) appearing on the reverse side. If this Card is signed by more than one person, each signature guarantees the genuineness of the other signatures.

The Bank is hereby authorized and directed by the person(s) signing this Card (the Client(s)) to present checks drawn on this brokerage account to the account indicated on the reverse side of this Card. The Client understands that the Bank's sole responsibility shall be to compare the signature on this Card. If the Bank determines that the signature on the check reasonably resembles the signature on this Card, the Bank shall present the check to Penson. The Bank shall be liable only for direct damages resulting solely from its own gross negligence or willful misconduct.

Presentation of the check(s) to Penson by the Bank shall be deemed by it to be a request by the Client to Penson to redeem shares registered in the name of the Client(s) in the amounts of such checks and to deposit the proceeds of such redemptions in the brokerage account. The Client(s) agrees to be subject to the rules and regulations of the Bank, the brokerage firm and Penson pertaining to this brokerage account as amended from time to time, the laws of the State of Delaware, without regard to principles of conflict of law, and to the extent not inconsistent with the laws of the State of Delaware. The Bank reserves the right to change, modify or terminate this Service at any time. Penson reserves the right to change, modify or terminate this check writing account and authorization at any time.

Shares purchased by check (including certified or cashier's check) will not be redeemed within 15 calendar days of such purchase by check writing or any other method of redemption. The Bank shall not be liable for the payment or return of any check that does not comply with the provisions of this paragraph.

## Penson Financial Services, Inc.



### Attention: Correspondent Representative

Send the original of this completed signature card to the following address:

Penson Financial Services, Inc.  
Money Market Funds Department  
1981 Marcus Avenue, 1st Floor  
Lake Success, New York 11042