

SECRETARY'S CERTIFICATE REGARDING CORPORATE RESOLUTIONS (PROFIT OR NONPROFIT)

				Account	#:
				Advisor Code	e:
				Case	#:
Agreement					
I hereby certify that I am the Secretary of		Corr	ooration		; a corporation
duly organized and existing under the laws of the State/Pro	ovince	of	State/Province	, and tha	t the following is
a true copy of a resolution duly adopted by the board of direct	ctors of	said corpor	ration at a me	eeting held the	day of
, at which meeting a quo	orum v	was present	and acting th	nroughout, or by	unanimous consent of the
board of directors dated as of the day of	Mo	unth	,	, and that su	ich resolution has not been
rescinded or modified and is in full force and effect:	IVIO	nur	ieai		
RESOLVED, that the President, Vice President, and the authorized and empowered to open a brokerage account stocks, bonds, debentures, notes, evidences of indebted in the name of or owned by this corporation, to purchase securities (on margin or otherwise), and to make, exemple written instruments necessary or proper to effectuate	unt, tra tednes se stoc ecute, a	ansfer, endor ss, or other se cks, bonds, o and deliver,	se, sell, assig ecurities (incl debentures, r under the co	gn, set over, and luding short sale notes, evidences rporate seal of	deliver any and all shares of es) now or hereafter standing s of indebtedness, and other
Investments Permitted The undersigned agree to the entering of purchases and sales or □ Cash □ Margin Options: □ Wri □ Pur	iting C	rities as well overed ng Long	☐ Creat	ansactions in the ting Spreads ng Uncovered	e following types of accounts:
To help the government fight the funding of terrorism institutions to obtain, verify, and record information that					
What this means for you: When you are authorized to tra and other information that will allow us to identify you. V purposes and/or ask for a copy of your driver's license of	We ma	y also utiliz	ze a third-pa	arty informatio	ne, address, date of birth, n provider for verification
I further certify that the authority hereby conferred is consistent wi sole officer, the following is a true and correct list of the officers of					
\square I am the sole officer.					
If you are changing the beneficial owner or control per Person Entity Update Form.	rson 1	for this ent	ity, please	complete the	Beneficial Owner/Control
PRINT INFORMATION					
A. OFFICER/MANAGER/PARTNER/AUTHORIZED AGEN	IT				
First Name: Midd	dle Inital:		Last Name:		
Street Address:					
City:		State:		ZIP Code:	
Social Security Number:		Date of Birth:			Phone Number:
Please specify if you are: ☐ Employed ☐ Self-employed ☐ Unemployed	d ∏ Ref	tired □ Homer	—————————————————————————————————————	nt	
Employer Name (If self-employed, please provide the name of your business):					
Please choose the occupation and industry of occupation code that most accurat Occupation:	•	cribes your situa		provided on page 4.	
Employer Street Address:		,			
City:		State:			ZIP Code:

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Check here if you are a: ☐ U.S. Citizen ☐ Permanent Resident ☐ Not a U.S. Citizen.		Country of Citizenship (For non-U.S. Citizens and Permanent Residents):			
Country of Dual or Secondary Citizenship (if applicable):		Country of Birth (For non-U.S. Citizens and Permanent Residents):			
Non-U.S. citizens: Do you hold a current U.S. immigration visa? Yes [(Nonresident aliens must submit Form W-8BEN and a copy of a current passpor Number Attachment to Form W-8" [Form TDAI 835].)				•	
Check here if you or your spouse, any member of your immediate f 10% shareholder, or policy-making officer of a publicly traded comp				member of the board of directors,	
Check here if you or your spouse, any member of your immediate f with, a broker-dealer firm, a financial services regulator, securities of provide a copy of the required authorization letter.					
X Signature:			Date:		
B. OFFICER/MANAGER/PARTNER/AUTHORIZED A	GENT				
First Name:	Middle Init	aı:	Last Name:		
Street Address:					
City:		State:		ZIP Code:	
Social Security Number:		Date of Birth:		Phone Number:	
Please specify if you are: ☐ Employed ☐ Self-employed ☐ Unemployed ☐	ployed \square F	Potirod 🗆 Homo	maker		
Employer Name (If self-employed, please provide the name of your business		tellied Home	maker Student		
Please choose the occupation and industry of occupation code that most a	accurately de	•			
Occupation: Employer Street Address:		Industry of Occu	pation:		
City:		State:		ZIP Code:	
Check here if you are a: ☐ U.S. Citizen ☐ Permanent Resident ☐ Not a U.S. Citizen.		Country of Citize	enship (For non-U.S. Citizens and Pe	rmaneni Residentsj:	
Country of Dual or Secondary Citizenship (if applicable):		Country of Birth	(For non-U.S. Citizens and Permane	nt Residents):	
Non-U.S. citizens: Do you hold a current U.S. immigration visa? Yes [(Nonresident aliens must submit Form W-8BEN and a copy of a current passpor Number Attachment to Form W-8" [Form TDAI 835].)					
Check here if you or your spouse, any member of your immediate f 10% shareholder, or policy-making officer of a publicly traded comp				member of the board of directors,	
Check here if you or your spouse, any member of your immediate f with, a broker-dealer firm, a financial services regulator, securities of provide a copy of the required authorization letter.					
X Signature:			Date:		
C. OFFICER/MANAGER/PARTNER/AUTHORIZED AFFIRST Name:	GENT Middle Init	al:	Last Name:		
Street Address:					
City:		State:		ZIP Code:	
Social Security Number:	Date of Birt			Phone Number:	
Please specify if you are:					
☐ Employed ☐ Self-employed ☐ Unem Employer Name (If self-employed, please provide the name of your busine		Retired	maker Student		
Please choose the occupation and industry of occupation code that most a	accurately de	scribes your situa	ation, from the list provided on page 4		
Occupation:		Industry of Occu	pation:		

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Employer Street Address:						
City:	State:		ZIP Code:			
Check here if you are a: ☐ U.S. Citizen ☐ Permanent Resident ☐ Not a U.S. Citizen	Country of Citi	zenship (For non-U.S. Citizens and Per	rmanent Residents):			
Country of Dual or Secondary Citizenship (if applicable):	Country of Birt	h (For non-U.S. Citizens and Permaner	nt Residents):			
Non-U.S. citizens: Do you hold a current U.S. immigration visa?						
Check here if you or your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents, is a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company. Specify the company name, address, city, and state:						
Check here if you or your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents is licensed, employed by, or associated with, a broker-dealer firm, a financial services regulator, securities exchange, or member of a securities exchange. If checked, please specify entity below, and provide a copy of the required authorization letter.						
X Signature:	nature: Date:					
D. TRUSTED CONTACT (Optional)						
By completing this section, you authorize TD Ameritrade to contact the person(s) named below for the following reasons: if there are questions or concerns about my whereabouts or health status; if TD Ameritrade suspects that I may be a victim of fraud or financial exploitation; if TD Ameritrade suspects that I might no longer be able to handle my financial affairs; to confirm the identity of any legal guardian, executor, trustee, authorized trader, or holder of a power of attorney; or if TD Ameritrade has any other concerns or is unable to contact me about my account(s) held at TD Ameritrade. Please review the Client Agreement for the full terms and conditions regarding how TD Ameritrade uses this information.						
NOTE: Your Trusted Contact must be someone other than an account owner and cannot be the Investment Advisor. You may provide more than two Trusted Contact Persons by completing and signing additional Trusted Contact Authorization Forms.						
First Name:	Middle Initial:	Last Name:				
Relationship:						
Primary Telephone Number:	Email Address	:				
Mailing Address:						
City:	State: ZIP Code:		ZIP Code:			
First Name:	Middle Initial:	Last Name:				
Relationship:						
Primary Telephone Number:	per: Email Address:					
Mailing Address:						
City:	State: ZIP Code:					
IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said corporation this day of,						
Secretary's Signature (or sole officer):		Date:				
Printed Name of Secretary:						

[PLACE YOUR CORPORATE SEAL HERE]

Mailing Address: **TD Ameritrade Institutional** PO BOX 650567 Dallas, TX 75265-0567

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Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

Оссі	upation Codes				
A42	Accountant/Auditor/Bookkeeper		Compliance/Regulatory Professional		Nurse
A62	Adjuster		Consultant	011	Office Associate
	Advertiser/Marketer/PR Professional		Counselor/Therapist	021	Other; If Other, include a description
	Air Traffic Controller	C53	Customer Service Representative		in the Occupation box.
A43	Ambassador/Consulate Professional	D11	Dealer	P81	Pharmacist
	Analyst	D61	Dentist		Physical Therapist
	Appraiser		Distributor		Pilot
	Architect/Designer	D41	Doctor/Surgeon/Physician	P32	Police Officer/Firefighter/
A83	Artist/Performer/Actor/Dancer	D51	Driver		Law Enforcement Professional
A93	Assistant/Executive Assistant	E51	Engineer		Politician
	Athlete		Exterminator		Project Manager
	Attorney/Judge/Legal Professional		Factory/Warehouse Worker		Real Estate Professional
	Auctioneer		Farmer/Rancher		Researcher
	Banker/Lending Professional		Financial Planner/Advisor		Salesperson
	Barber/Beautician/Hairstylist		Flight Attendant		Scientist
	Broker/Registered Rep		Human Resources Professional		Seamstress/Tailor
	Business Executive (VP, Director, etc.)	141	Importer/Exporter		Security Guard
	Business Owner	151	Inspector/Investigator		Social Worker
	Caregiver	I81	Investor		Teacher/Professor
C91	Carpenter/Construction Worker/	191	IT Professional/IT Associate		Technician
	Contractor		Janitor		Teller
	Cashier	J41	Jeweler		Tradesperson/Craftsperson
	Chef/Cook		Laborer		Trainer/Instructor
C42	Chiropractor	L41	Landscaper	U21	Underwriter
	Civil Servant		Mechanic	V11	Veterinarian
	Clergy		Military, Officer or Associated	W21	Writer/Journalist/Editor
C72	Clerk	M32	Mortician/Funeral Director		
Indu	stry of Occupation Codes				
	Accounting	F11	Fashion/Clothing	O31	Other; If Other, include a description
A21	Advertising/Marketing	F21	Financial Services		in the Industry of Occupation box
	Aerospace/Defense	F51	Firearms and Explosives		Parking and Car Washes
A41	Agriculture/Forestry		Gaming/Casino/Card Club	P21	Pawn Shops/Brokers
A51	Amusement and Recreation	G21	Government/Public Administration	P31	Personal Care/Hygiene (Beauty,
A61	Animal Services and Veterinary	G31	Grocery/Supermarket		Salon, Cosmetics, Massage, etc.)
	Architecture/Design		Healthcare/Medical Services	P41	Pharmaceuticals
	Arts/Antiques	H21	Hotel/Hospitality		Printing/Publishing
A91	Athletics/Fitness	111	Import/Export	P71	Professional/Civic Organizations
A32	Automotive	121	Information Technology (IT)		(Non-Retail)
	Aviation	131	Insurance		Real Estate
C11	Bar/Nightclub/Adult Entertainment		• • • • • • • • • • • • • • • • • • • •		Religious Organization
	Club		Legal Services/Public Safety	R31	Repair Services - Home, Auto,
	Childcare		Logistics/Supply Chain		and Other
	Cleaning/Janitorial/Housekeeping		Manufacturing		Restaurant/Food Service
	Communications/Telecommunications		Maritime		Retail Sales/Retail Trade
	Construction/Carpentry/Landscaping		Media/Entertainment		Science and Biotechnology
C61	Convenience Store/Liquor Store/		Mining, Oil, and Gas		Security
	Gas Station	M51	Money Services Businesses (Check		Transportation
C71	Customer Service and Support		Cashing, Money Transmitting, Payday		Travel
	Education		Loans, Currency Exchange)		Utilities (Public)
	Embassy/Consulate	N11	Non-Profit/NGO (Non-Government	W11	Wholesale Sales/Trade
	Energy		Agency)/Charity		
	Engineering		/ tgcrioy // Orianty		

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