Ameritrade Institutional

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

	(
	Account #:
	Advisor Code:
	Case #:
Agreement	
I hereby certify that I am the Secretary of	
	Corporation
duly organized and existing under the laws of the State/Province of $_$, and that the following is
a true copy of a resolution duly adopted by the board of directors of said o	corporation at a meeting held the day of
,, at which meeting a quorum was pro	esent and acting throughout, or by unanimous consent of the
board of directors dated as of the day of	,, and that such resolution has not been
rescinded or modified and is in full force and effect:	

RESOLVED, that the President, Vice President, and the Treasurer of this corporation, or any one of such officers, are hereby fully authorized and empowered to open a brokerage account, transfer, endorse, sell, assign, set over, and deliver any and all shares of stocks, bonds, debentures, notes, evidences of indebtedness, or other securities (including short sales) now or hereafter standing in the name of or owned by this corporation, to purchase stocks, bonds, debentures, notes, evidences of indebtedness, and other securities (on margin or otherwise), and to make, execute, and deliver, under the corporate seal of this corporation, any and all written instruments necessary or proper to effectuate the authority hereby conferred.

Investments Permitted

The undersigned agree to the entering of purchases and sales of securities as well as all other transactions in the following types of accounts:					
🗆 Cash	🗆 Margin	Options:	Writing Covered	□ Creating Spreads	
			Purchasing Long	Writing Uncovered	

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person authorized to trade on an account.

What this means for you: When you are authorized to trade on an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents.

I further certify that the authority hereby conferred is consistent with the charter or by-laws of this corporation. Unless indicated below that I am a sole officer, the following is a true and correct list of the officers of this corporation as of the present date and a record of the officers' signatures:

 \Box I am the sole officer.

If you are changing the beneficial owner or control person for this entity, please complete the Beneficial Owner/Control Person Entity Update Form.

PRINT INFORMATION

A. OFFICER/MANAGER/PARTNER/AUTHORIZED AGENT					
First Name:	Middle Inital:		Last Name:		
Street Address:					
City:				ZIP Code:	
Social Security Number:	Date of Birth:			Phone Number:	
Please specify if you are:					
Employed I Self-employed I Unemployed Retired Homemaker I Student					
Employer Name (If self-employed, please provide the name of your business):					
Please choose the occupation and industry of occupation code that most accurately describes your situation, from the list provided on page 4.					
Occupation: Industry of Occupation:					
Employer Street Address:					
City:	State:			ZIP Code:	



eck 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 Permane	nanent 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 passport Number Attachment to Form W-8" [Form TDAI 835].)						
Check here if you or your spouse, any member of your immediate for 10% shareholder, or policy-making officer of a publicly traded compared to the provide the provided to t				member of the board of directors,		
Check here if you or your spouse, any member of your immediate for with, a broker-dealer firm, a financial services regulator, securities e provide a copy of the required authorization letter.						
X Signature:	K Signature: Date:					
B. OFFICER/MANAGER/PARTNER/AUTHORIZED A						
First Name:	Middle Init	al:	Last Name:			
Street Address:						
City:		State:		ZIP Code:		
Social Security Number:		Date of Birth:		Phone Number:		
Please specify if you are:		l	naker 🗆 Student	1		
Employer Name (If self-employed, please provide the name of your busine	,					
Please choose the occupation and industry of occupation code that most a	ccurately de			ł.		
Occupation: Employer Street Address:		Industry of Occu	pation:			
City:		State:		ZIP Code:		
Check here if you are a:			Country of Citizenship (For non-U.S. Citizens and Permanent Residents):			
Country of Dual or Secondary Citizenship (if applicable):	Cour		Country of Birth (For non-U.S. Citizens and Permanent Residents):			
Non-U.S. citizens: Do you hold a current U.S. immigration visa? (Nonresident aliens must submit Form W-8BEN and a copy of a current passport Number Attachment to Form W-8" [Form TDAI 835].)				· · · · · · · · · · · · · · · · · · ·		
Check here if you or your spouse, any member of your immediate failed to the 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 fa with, a broker-dealer firm, a financial services regulator, securities e provide a copy of the required authorization letter.						
X Signature:			Date:			
C. OFFICER/MANAGER/PARTNER/AUTHORIZED A	GENT					
First Name:	Middle Init	al:	Last Name:			
Street Address:	1					
City:				ZIP Code:		
Social Security Number:				Phone Number:		
Please specify if you are:						
Employed Self-employed Unemployed Retired Homemaker Student Employer Name (If self-employed, please provide the name of your business): Employer Name (If self-employed, please provide the name of your business): Employer Name (If self-employed, please provide the name of your business):						
Please choose the occupation and industry of occupation code that most a Occupation:	ccurately de	scribes your situa Industry of Occu		ŀ.		

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 Permane	nt Residents):	
Non-U.S. citizens: Do you hold a current U.S. immigration visa? Yes No Specific (Nonresident aliens must submit Form W-8BEN and a copy of a current passport. If a U.S. add Number Attachment to Form W-8" [Form TDAI 835].)			· · · · · · · · · · · · · · · · · · ·	
Check here if you or your spouse, any member of your immediate family, include 10% shareholder, or policy-making officer of a publicly traded company. Specify			member of the board of directors,	
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:		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 acco				
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:	
First Name:	Middle Initial:	Last Name:	•	
Relationship:				
Primary Telephone Number:	Email Address:			
Mailing Address:				
City:	State:		ZIP Code:	
I 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 TDAI 9303 REV. 11/18				

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

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Occupation Codes

- A42 Accountant/Auditor/Bookkeeper
- A62 Adjuster
- A82 Advertiser/Marketer/PR Professional
- A33 Air Traffic Controller
- A43 Ambassador/Consulate Professional
- A53 Analyst
- A63 Appraiser
- A73 Architect/Designer
- A83 Artist/Performer/Actor/Dancer
- A93 Assistant/Executive Assistant
- A44 Athlete
- A64 Attorney/Judge/Legal Professional
- A74 Auctioneer
- L51 Banker/Lending Professional
- B21 Barber/Beautician/Hairstylist
- B31 Broker/Registered Rep
- B41 Business Executive (VP, Director, etc.)
- B51 Business Owner
- C81 Caregiver
- C91 Carpenter/Construction Worker/ Contractor
- C22 Cashier
- C32 Chef/Cook
- C42 Chiropractor
- C52 Civil Servant
- C62 Clergy
- C72 Clerk

Industry of Occupation Codes

- A11 Accounting
- A21 Advertising/Marketing
- A31 Aerospace/Defense
- A41 Agriculture/Forestry
- A51 Amusement and Recreation
- A61 Animal Services and Veterinary
- A71 Architecture/Design
- A81 Arts/Antiques
- A91 Athletics/Fitness
- A32 Automotive
- B11 Aviation
- C11 Bar/Nightclub/Adult Entertainment Club
- C21 Childcare
- C31 Cleaning/Janitorial/Housekeeping
- C41 Communications/Telecommunications
- C51 Construction/Carpentry/Landscaping
- C61 Convenience Store/Liquor Store/
- Gas Station C71 Customer Service and Support
- E11 Education
- E21 Embassy/Consulate
- E31 Energy
- E41 Engineering

- C82 Compliance/Regulatory Professional
- C92 Consultant
- C43 Counselor/Therapist
- C53 Customer Service Representative
- D11 Dealer
- D61 Dentist
- D31 Distributor
- D41 Doctor/Surgeon/Physician
- D51 Driver
- E51 Engineer
- E71 Exterminator
- F71 Factory/Warehouse Worker
- F81 Farmer/Rancher
- F91 Financial Planner/Advisor
- F22 Flight Attendant
- F32 Human Resources Professional
- I41 Importer/Exporter
- I51 Inspector/Investigator
- 181 Investor
- I91 IT Professional/IT Associate
- J31 Janito
- J41 Jeweler L31 Laborer
- L31 Laborer L41 Landscaper
- M91 Mechanic
- M22 Military, Officer or Associated
- M32 Mortician/Funeral Director
- F11 Fashion/Clothing
- F21 Financial Services
- F51 Firearms and Explosives
- G11 Gaming/Casino/Card Club
- G21 Government/Public Administration
- G31 Grocery/Supermarket
- H11 Healthcare/Medical Services
- H21 Hotel/Hospitality
- I11 Import/Export
- I21 Information Technology (IT)
- 131 Insurance
- J11 Jewelry, Gems, and Precious Metals
- L11 Legal Services/Public Safety
- L21 Logistics/Supply Chain
- M11 Manufacturing
- M21 Maritime
- M31 Media/Entertainment
- M41 Mining, Oil, and Gas
- M51 Money Services Businesses (Check Cashing, Money Transmitting, Payday Loans, Currency Exchange)

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N11 Non-Profit/NGO (Non-Government Agency)/Charity N21 Nurse

P22 Pilot

P32

P42

P52

R81

R71

S41

S51

S61

S71

S81

T41

T51

T61

T71

T81

1121

V11

W21

P11

P21

P31

R41

R51

S21

T11

T31

U11

O11 Office Associate

P81 Pharmacist

Politician

Researcher

Salesperson

Scientist

P91 Physical Therapist

Project Manager

Seamstress/Tailor

Trainer/Instructor

Writer/Journalist/Editor

Parking and Car Washes

Pawn Shops/Brokers

Security Guard

Social Worker Teacher/Professor

Technician

Underwriter

Veterinarian

P41 Pharmaceuticals

P51 Printing/Publishing

(Non-Retail)

and Other

Security

Travel

Transportation

Utilities (Public)

W11 Wholesale Sales/Trade

R21 Religious Organization

R11 Real Estate

Teller

O21 Other; If Other, include a description in the Occupation box.

Law Enforcement Professional

Police Officer/Firefighter/

Real Estate Professional

Tradesperson/Craftsperson

O31 Other; If Other, include a description

Personal Care/Hygiene (Beauty,

P71 Professional/Civic Organizations

R31 Repair Services - Home, Auto,

Restaurant/Food Service

Retail Sales/Retail Trade

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S11 Science and Biotechnology

Salon, Cosmetics, Massage, etc.)

in the Industry of Occupation box