SELECTLINK® COMBINED MAIL APPLICATION

Please provide the following information for the accounts to be included in your SelectLink and/or Combined Mail statement package. As you complete this form, keep in mind that to qualify for the SelectLink and Combined Mail options, all accounts must have the same mailing address.

Identify the accounts that you would like to include in the SelectLink summary by checking the box in the "SelectLink" column. If you would like to have multiple account statements in your household included in the same envelope, but not consolidated on the SelectLink summary page, please mark the box in the "Combined Mail" column. If you would like to have copies of Interested Party statements included within your SelectLink and/or Combined Mail package, please select the box in the "Interested Party" column. NOTE: If you do not want to take advantage of the SelectLink or Combined Mail services, but you would like to establish an Interested Party mailing, contact your investment professional or financial organization.

The name of the first account indicated below will become the account to which all statements will be sent. Return the completed application to your investment professional or financial organization.

ACCOUNT INFORMATION (Please indicate the address	of the first account, which will designate the prima	ary mailing address)	
NAME:			
STREET ADDRESS:			
CITY:	STATE:	ZIP:	
1			
ACCOUNT NUMBER:	SELECTLINK 🗖	COMBINED MAIL INTERESTED PARTY (Please check all that apply.)	
Primary Account Owner's Signature	Joint Account Owner's Signature (if applicable)	Additional Account Owner's Signature (if applicable)	
2			
ACCOUNT NUMBER:	SELECTLINK 🗖	COMBINED MAIL INTERESTED PARTY (Please check all that apply.)	
Primary Account Owner's Signature	Joint Account Owner's Signature (if applicable)	Additional Account Owner's Signature (if applicable)	
3			
ACCOUNT NUMBER:	SELECTLINK 🗖	COMBINED MAIL INTERESTED PARTY (Please check all that apply.)	
Primary Account Owner's Signature	Joint Account Owner's Signature	Additional Account Owner's Signature (if applicable)	



4						
	ACCOUNT NUMBER:		SELECTLINK 🗅	COMBINED MAIL (Please check all that apply.)	INTERESTED PARTY 🗅	
	Primary Account Owner's Signature		unt Owner's Signature if applicable)	Additional Account Owner's Signature (if applicable)		
5						
	ACCOUNT NUMBER:		SELECTLINK 🗆	COMBINED MAIL (Please check all that apply.)	INTERESTED PARTY 🗆	
	Primary Account Owner's Signature		unt Owner's Signature if applicable)	Additional Account (if appl		
6						
	ACCOUNT NUMBER:		SELECTLINK 🗆	COMBINED MAIL (Please check all that apply.)	INTERESTED PARTY	
	Primary Account Owner's Signature Joint Account Owner's Signature (if applicable)		Additional Account Owner's Signature (if applicable)			
7						
•	ACCOUNT NUMBER:		SELECTLINK 🗆	COMBINED MAIL (Please check all that apply.)	INTERESTED PARTY 🗆	
	Primary Account Owner's Signature	Joint Acco	unt Owner's Signature	Additional Account	Owner's Signature	
	(if applicable)		(if applicable)			
8	ACCOUNT NUMBER:		SELECTLINK 🗆	COMBINED MAIL (Please check all that apply.)	INTERESTED PARTY 🗖	
	Primary Account Owner's Signature		unt Owner's Signature if applicable)	Additional Account Owner's Signature (if applicable)		
Please note that ALL account owners' signatures are required. □ Please check the box here and complete another copy of this form if you would like to combine more than eight accounts.						
For Broker-Dealer Use Only						
10101	one. Sould obe only					
	Correspondent Number Group Name	e Pro	ocess by (Print Name)	Process By (Signature)	Date	