

Advantage AccountSM Agreement

Account Registration

For Individual, Joint, Custodian and Guardian Accounts Only.

- Application** Individual Tenants in Common
 Update Custodian/Minor Joint Tenants with Rights of Survivorship
 Tenants by Entirety (If permitted by your State laws) Joint Tenants - Community Property (If required by your State laws)
- Guardian** (If the account is for an individual who has a court appointed guardian conservator or committee, check this box. **APPOINTMENT MUST BE ATTACHED.**)
 IRA (Must be age 59 1/2 or older. Eligible for Basic Package only. IRA forms are also required. Education Savings Accounts and Qualified Retirement Plans not eligible.)

IF TWO OR MORE OWNERS, JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP WILL BE AUTOMATICALLY SELECTED IF YOU FAIL TO SELECT ONE OF THE ABOVE.

Title of Account

Name	Date of Birth / /	Social Security No.	Home Phone
Employer	Position		Business Phone
Name	Date of Birth / /	Social Security No.	Home Phone
Employer	Position		Business Phone
Street Address (Can not be P.O. Box)			
City	State	ZIP	Sub Firm No. Branch Code FA Code Account Number

Sweep Option

(select only One) **Bank Deposit Sweep*** or **Money Market Fund** _____
 *(Eligibility Requirements apply) (Confirm with your financial professional on an appropriate fund (prospectus mailed separately))

Account Plan Descriptions

NOTE: CUSTODIAN AND GUARDIAN ACCOUNTS ARE NOT ELIGIBLE FOR VISA® CHECKCARD OR MARGIN.

- Basic Package**
 • Includes an initial supply of complimentary personal-style checks
 • No CheckCard
 Check here if you do not wish to receive checks.
- Standard Package** (annual fee applies)
 • Includes an initial supply of complimentary personal-style checks.
 • Do you prefer corporate-style checks? (Additional fee applies) Yes No
- 2 VISA® CheckCards will be issued (UP TO TWO ADDITIONAL CARDS \$35)
 Mother's maiden name (identity safeguard) _____
- Please indicate who will sign checks: Either Owner All Owners (If not marked, either signature will be accepted.)

Margin Account: ALL QUALIFIED ACCOUNTS ARE OPENED AS MARGIN ACCOUNTS

NOTE: YOU WILL HAVE A MARGIN ACCOUNT UNLESS YOU ARE INELIGIBLE (Custodian, Guardian, ERISA and IRA accounts are not eligible for Margin) OR YOU DECLINE BELOW. Margin trading entails greater risk and is not suitable for all investors. If the market value of eligible securities in your account declines, you may be required to deposit more money or eligible securities in order to maintain your line of credit. By signing this application, you acknowledge that you have received and read the Advantage Account Terms and Conditions document which explains margin account borrowing. You understand that your securities may be pledged, repledged, hypothecated or rehypothecated as deemed necessary.

I **DECLINE** margin privileges. Please open this account as a cash account only. I understand that the account will **not** have overdraft protection.

If requested, does Client want to provide Client's account name and address to an issuer in which we hold securities in street name? SEC Rule 14b-1 prohibits such issuer from using the name and address for any purpose other than corporate communications. Yes No

Tax Certification: U.S. Person or Resident Alien: By signing below, under penalties of perjury, I certify that:
 1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me); and
 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
 3) I am a U.S. citizen or other U.S. person.
 You must cross out item 2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

Signing Instructions: By signing this agreement, I acknowledge that I have received a copy of, read, understand, and agree to the enclosed Account Terms and Conditions. I authorize First Clearing, LLC, Wachovia Bank, N.A. and VISA® to establish checking privileges and to issue VISA® CheckCard(s) as instructed on this Account Application and affirm that I have the authority to open this account.

* Wachovia Bank, National Association (Wachovia Bank, N.A. until March 20, 2010. Wachovia Bank, a division of Wells Fargo Bank, N.A. effective March 20, 2010)

Signature(s) All Account Owners Must Sign. Sign exactly as account is titled. (If account owner(s) is incapacitated, Power of Attorney must sign below and at right).
 THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE YOUR CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATIONS REQUIRED TO AVOID BACKUP WITHHOLDING
 THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE LOCATED ON PAGE 3, UNDER THE HEADER "ARBITRATION" AND BY REFERENCE, ON PAGE 15 UNDER THE HEADER "ARBITRATION" OF THE ADVANTAGE ACCOUNT TERMS AND CONDITIONS. THE UNDERSIGNED HEREBY ACKNOWLEDGES RECEIPT OF A COPY OF THIS AGREEMENT AND THE ADVANTAGE ACCOUNT TERMS AND CONDITIONS.

ACCOUNT OWNER _____	DATE / /	*TENANTS IN COMMON OWNERSHIP %
PRINT NAME & TITLE _____		
ACCOUNT OWNER _____	DATE / /	*TENANTS IN COMMON OWNERSHIP %
PRINT NAME & TITLE _____		

FOR COMPLETION ONLY IF POWER OF ATTORNEY IS TO BE USED
 The Account Owner(s) certifies that the individual whose signature appears below has Power of Attorney ("POA") for the Owner(s) of this Advantage Account as designated on the accompanying POA document. A POA form is attached to this Agreement if one is needed. **If any Account Owner is incapacitated, an existing POA must be attached and the attorney-in-fact must sign below and at left.** Brokerage form POA is ineffective and unacceptable where an Account Owner is incapacitated. **Only one person may be designated as POA.** Checks on an IRA account cannot be signed by a POA.

ADDITIONAL AUTHORIZED VISA® CARDHOLDER INFORMATION

SIGNATURE _____	SOCIAL SECURITY # _____ - _____ - _____
PRINT NAME _____	DATE OF BIRTH ____/____/____
SIGNATURE _____	SOCIAL SECURITY # _____ - _____ - _____
PRINT NAME _____	DATE OF BIRTH ____/____/____

ATTORNEY-IN-FACT (Power of Attorney) _____	DATE / /
PRINT ATTORNEY-IN-FACT _____	

Sub Firm Number	Branch Code	FA Code	Account Number

POWER OF ATTORNEY* TO PROVIDE FULL TRADING AUTHORIZATION WITH PRIVILEGES TO WITHDRAW MONEY AND SECURITIES

To My Broker-Dealer:

The undersigned (hereinafter referred to as the "customer" or "I") hereby authorizes the person whose signature appears below as his/her agent and attorney ("Authorized Agent") to buy, sell, sell short, tender, exchange, convert, write, exercise or trade in stocks, bonds, option contracts and any other securities on margin or otherwise in accordance with your terms and conditions for my account and risk and in my name or account number on your books. If I am a fiduciary on the account, then I hereby ratify and confirm that this authorization is granted in such fiduciary capacity and within the fiduciary powers and consistent with the fiduciary duties of said fiduciary.

In all such purchases, sales or trades you are authorized to follow the instructions of the aforesaid agent in every respect concerning my account with you; and except as herein otherwise provided, he is authorized to act for me in the same manner and with the same force and effect as I might or could do with respect to such purchases, sales, trades, transfer of securities, and payment of monies (which shall for this purpose include, without limitation, the issuance of checks, use of the ATM/Debit Card and electronic funds transfer), as well as with respect to all other things necessary or incidental thereto.

I hereby ratify and confirm any and all transactions with you heretofore or hereafter made by the aforesaid agent on my behalf or on the behalf of my account with you.

I hereby agree to release and discharge you and your affiliates, including your clearing agent, from any liability or claims in connection with your following the instructions of my Authorized Agent and agree to indemnify and hold you harmless from any losses, claims, damages, and/or liabilities (including attorney fees) based upon your acting under the instructions of my Authorized Agent. I understand and agree that you are in no way responsible for any loss to me occasioned by the actions of my Authorized Agent and that you do not, by implication or otherwise, endorse the operating methods of my Authorized Agent. I further understand and agree that you did not recommend the Authorized Agent to me.

This authorization and indemnity is in addition to (and in no way limits or restricts) any rights which you may have under any other agreement(s) between us.

This authorization and indemnity is also a continuing one and shall remain in full force and effect until revoked by the undersigned by a written notice addressed to you and delivered to your principal office, but such revocation shall not affect any liability in any way resulting from transactions initiated prior to your receipt of such revocation. In case of death of the undersigned this authorization shall continue and you shall not be responsible for any action taken on the basis of this authorization until you have received written notice of death addressed to you and delivered to your principal office.

This authorization and indemnity shall enure to the benefit of your present firm and of any successor firm or firms irrespective of any change or changes at any time in the membership thereof for any cause whatsoever, and of the assigns of your present firm or any successor firm.

If any provision of this authorization and indemnity shall be rendered invalid for any reason, the provisions of this agreement so affected shall be deemed modified or superseded, as the case may be, and all other provisions, and the provisions so modified or superseded shall in all respects continue and be in full force and effect.

This Power of Attorney shall not terminate in the event of my disability or incapacity.

Signature (Account Owner)	Print Name	Date
Signature (Account Owner)	Print Name	Date

Attorney-in-Fact Signature	Print Name	Date
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Witness Signature	Print Name	Date
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APPROVAL:	Firm Principal Signature	Date
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State of _____ }
County/City of _____ } ss: {SEAL}

On this _____ day of _____, _____ before me personally appeared _____, to me known and known by me to be the individual(s) described in and who executed the foregoing instrument, and duly acknowledged to me that he/she/they executed the same.

Notary Signature: _____ **My Commission Expires** _____

* Only one person may be designated.

Arbitration-The following information concerns the arbitration of controversies:

This Agreement contains a predispute arbitration clause. By signing an arbitration agreement, the parties agree as follows:

- **All of the parties to this Agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which the claim is filed.**
- **Arbitration awards are generally final and binding; a party's ability to reverse or modify an arbitration award is very limited.**
- **The ability of the parties to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings.**
- **The arbitrators do not have to explain the reason(s) for their award.**
- **The panel of arbitrators typically will include a minority of arbitrators who were or are affiliated with the securities industry.**
- **The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court.**
- **The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this Agreement.**

No person shall bring a putative or certified class action to arbitration, nor seek to enforce any pre-dispute arbitration agreement against any person who has initiated in court a putative class action; or who is a member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative class action until:

- (i) the class certification is denied; or**
- (ii) the class is decertified; or**
- (iii) the client is excluded from the class by the court.**

Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this Agreement except to the extent stated herein.

Arbitration Provision:

It is agreed that all controversies or disputes which may arise between you and Introducing Firm, Clearing Agent and any Sub-Advisor (and/or any other agent), (collectively, "us") concerning any transaction or the construction, performance or breach of this Agreement or any other agreement between us, whether entered into prior to, on, or subsequent to the date of this Agreement, including any controversy concerning whether an issue is arbitrable, shall be determined by arbitration conducted before, and only before, an arbitration panel set up by the Financial Industry Regulatory Authority ("FINRA") in accordance with its arbitration procedures. Any of us may initiate arbitration by filing a written claim with FINRA. Any arbitration under this Agreement will be conducted pursuant to the Federal Arbitration Act and the Laws of the State of New York.