



NON-QUALIFIED ACCOUNT APPLICATION

Complete and return to:
 Constellation Trust Company
 17605 Wright Street, Suite 3
 Omaha, NE 68130
 FAX: (402) 431-4440
 PHONE: (402) 891-6186

To help the government fight the funding of terrorism and money laundering activities, federal laws require all financial organizations to obtain, verify, and record information that identifies each person who opens an account. When you open this account, we have asked you for your name, address, date of birth, social security number, and other information that will allow us to identify you. We will use this information you provide to us to verify your identity. We may also request a copy of your driver's license or other identifying documents.

1 Primary Account Registration Information or Minor Account Owner

			U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Constellation Trust Company, Custodian, for the benefit of:			Employed <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>First</i>	<i>M.I.</i>	<i>Last</i>	
Address:			
City:	State:	Zip Code:	
Social Security Number:	Date of Birth:	Email Address:	
Contact Phone:	Employer Name:		
Employer Address:			
City:	State:	Zip Code:	

2 Joint Account Registration Information or Custodian - If applicable

			U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
Constellation Trust Company, Custodian, for the benefit of:			Employed <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>First</i>	<i>M.I.</i>	<i>Last</i>	
Address:			
City:	State:	Zip Code:	
Social Security Number:	Date of Birth:	Email Address:	
Contact Phone:	Employer Name:		
Employer Address:			
City:	State:	Zip Code:	

3 Account Type (check appropriate box-select only one type of account)

<input type="checkbox"/> Individual Account	<input type="checkbox"/> Community Property	<input type="checkbox"/> UGMA/UTMA	<input type="checkbox"/> TOD ⁴
<input type="checkbox"/> Joint Tenants with Rights of Survivorship	<input type="checkbox"/> Tennants in Common	<input type="checkbox"/> Guardianship ³	<input type="checkbox"/> Trust
<input type="checkbox"/> Corporation ¹	<input type="checkbox"/> Estate ²	<input type="checkbox"/> Conservatorship ³	
<input type="checkbox"/> Qualified Plan ⁵ (Specify) _____			
<input type="checkbox"/> Legal Trust, Estate , or Corporation Name: (Specify) _____			
Tax ID: _____		Under Agreement Dated: _____	
Type of Trust or Plan: _____			
<input type="checkbox"/> Other (Specify) _____			

¹ Must include the CTC Certification Regarding Beneficial Owners of Legal Entity Accounts Form.
² Must include Estate name, Estate Tax ID, Death certificate, and Letters of testamentary.
³ Must include copy of court certified letter of guardianship.
⁴ Must include signed CTC Non-Probate TOD form and agreement.
⁵ CTC acts in a custodial capacity only for qualified plans. 5500 and 1099 tax reporting are not included by CTC. Plan must have a TPA to administer these functions. The TPA will also provide an IRS approved plan agreement and documents to establish the plan.

4

Custodian Fees

Service	Fee	
Annual Custodial Fee*	\$200	*The annual custodial fee will be covered by your Investment Advisory Firm. Upon cancellation of your investment advisory firm, the custodial fee will be charged quarterly in the amount of \$50 unless an outgoing transfer occurs within 90 days from cancellation. **In connection with CTC's administration of American Funds F3 shares, CTC charges an annual administration fee of .10% based on the value of the account's assets invested in such F3 shares. Such amount will be charged on a quarterly basis. ***Interest earned with respect to cash positions held in your account will continue to accrue up through the month prior to your cancellation.
Annual F3 Administration Fee**	10bps	
Cash Transfers	No Charge	
Establishment Fee	No Charge	
Other Non-Managed Assets	\$85.00	
Overnight to Address of Record	\$25.00	
Paper Statement Fee	\$25.00	
Scheduled Periodic Distributions (limited to 1 per month)	No Charge	
Stop Pay & Reissue	\$25.00	
Transfer Out / Cancellation Fee***	\$100	
Wire Fee	\$12.50	

5

Representative Designation and Dealer Identification - (Optional)

I hereby instruct Constellation Trust Company, pursuant to the provisions of this Section to honor all instructions pertaining to this custodial account by my Representative designated below. I understand that I retain the sole responsibility to direct my Representative to execute trades or other investments for my custodial account, and Constellation Trust Company may rely upon all requests received from my Representative as having been authorized by me. I will indemnify and hold harmless Constellation Trust Company and each of its officers, directors, employees, and agents, against any and all losses, claims, damages, liabilities, penalties, actions, proceedings, judgments, or costs, including attorneys' fees, which these parties may incur by relying upon the representations of my Representative, or for acting on any authorizations I have given on this form. This designation shall remain in effect until Constellation Trust Company shall receive written notice of its revocation signed by me.

Representative Name:		Representative ID Number:
Representative Address:		Email Address:
City:	State:	Zip Code:
Business Phone Number:		Business Fax Number:
Broker/Dealer Name:		
Broker/Dealer Address:		
City:	State:	Zip Code:

Statement of Representative.

I will act at all times with proper authority given by the Client for all actions initiated by me pertaining to this custodial account. I will indemnify and hold harmless Constellation Trust Company and any of its agents, officers, directors, managers, employees, against any and all losses, claims, damages, liabilities, actions, proceedings, judgments, or costs, including attorneys' fees, which these parties may incur by relying upon my instructions. I certify that I have verified the identity of the Customer(s) whose signature(s) appear below through viewing appropriate identifying documentation such as a driver's license or passport.

Representative Signature: _____ Date: _____

6

Authorization of Investment Advisor

I hereby authorize my Advisor (identified below) to be my agent and attorney-in-fact, and in such capacity, to give instructions to Constellation Trust Company, or its agents, for any transactions, and to take all other actions necessary or incidental thereto. Constellation Trust Company or its agents may rely on such instructions without obtaining my approval, counter-signature, or co-signature. I understand that in such capacity the Advisor is not acting as an agent or employee of Constellation Trust Company. I will indemnify and hold harmless Constellation Trust Company and each of its officers, directors, employees, and agents against any and all losses, claims, damages, liabilities, penalties, actions, proceedings, judgments, or costs, including attorneys' fees, which these parties may incur by relying upon the representations of the Advisor, or for acting on any authorizations I have given on this form. This duty to indemnify and hold harmless shall survive the termination of this appointment and the termination of all authorizations granted by me to Constellation Trust Company or its agents. I hereby authorize Constellation Trust Company to pay my Advisor's fee directly from my custodial account as directed by my Advisor.

Statement by Advisor.

I will provide Constellation Trust Company or its agents with true and accurate invoices of the management fees owed to me for services provided to the custodial account, which are to be deducted directly from the custodial account. I will send the custodial account owner(s) notification of the amount of each invoice I provide to Constellation Trust Company or its agents. I will indemnify and hold harmless Constellation Trust Company and its officers, directors, employees, and agents against any and all losses, claims, damages, liabilities, actions, proceedings, judgments, or costs, including attorneys' fees, which these parties may incur by relying upon my representations. If I am the investment advisor or representative, I certify that I have verified the identity of the Customer(s) whose signature(s) appear below through viewing appropriate identifying documentation such as a driver's license or passport.

Advisor's Firm Name:		Phone Number:
Address:		
City:	State:	Zip Code:
Advisor Signature: _____		Date: _____

7 Duplicate Statements or Alternative Address

Duplicate Statements Alternative Address

If you would like all correspondence sent to a duplicate address or an alternative address set forth in Section 1, please specify the address below:

Customer Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

8 Custodial Services

Generally, the following custodial services are provided under your Custodial Account Agreement:

- Custody of Account Assets
- Administration of Account Assets, including facilitating Deposits, Buys, Sells, Exchanges, Redemptions, and Distributions
- Quarterly Statements detailing all Account activity

9 Privacy Policy of Constellation Trust Company

We recognize and respect the privacy of each of our customers and their expectations for confidentiality. The protection of customer information is of fundamental importance in our operation, and we take seriously our responsibility to protect nonpublic personal information.

We collect, retain, and use information that assists us in providing the best service possible. This information comes from the following sources:

- Account applications and other required forms,
- Written, oral, electronic, or telephonic communications, and
- Account and transaction histories with us, our affiliates, or others

We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.

We restrict access to nonpublic personal information about you to those employees, affiliates, and service providers who need to know that information to provide our products or services to you. We require that these entities limit the use of the information provided to the purposes for which it was disclosed and as permitted by law.

We maintain physical, electronic, and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

If you have any questions regarding our Privacy Policy, please call us at (402) 891-6186.

10 Consent to Electronic Delivery of Notices

In accordance with my consent, I instruct CTC to deliver all Notices to my e-mail address indicated below, and I acknowledge my responsibility to ensure my e-mail address remains current in CTC's records. I understand that when a Notice is available which contains my confidential information, I will receive an e-mail instructing me to enter a secure web site to access the Notice, and I will be required to enter a user identification and password (provided by CTC) before viewing the Notice. I also understand that this consent is effective until revoked and that I may revoke my consent for electronic delivery at any time by providing CTC written notice.

By selecting this feature, I acknowledge that (i) electronic delivery is not a condition to retain CTC's services; (ii) all Notices shall be provided by CTC for no additional charge; however, I may incur certain expenses in connection with electronic receipt of Notices (e.g., fees charged by an internet service provider or telephone company, and printing); and (iii) electronic delivery entails certain risks (e.g., misdelivery, interception and system outages and delays). I understand that failure to select the box below will result in all correspondence from CTC being printed and mailed. CTC will charge \$25 annually for physical delivery of paper quarterly account statements.

You must complete this section in order to receive correspondence from Constellation Trust Company via electronic mail.

By providing my e-mail address below, I consent to electronic delivery (rather than in paper format) for:

CTC Statements, Prospectuses, proxy materials, and annual/semi-annual reports

Email Address: _____

11 Signatures

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. person (including a U.S. resident alien).

I understand that when the Custodian receives funds from any source, including contributions, transfers, rollovers, or income from any asset of the custodial account for which there is no investment direction on file, the Custodian is authorized and directed to place such funds in an interest bearing instrument until further investment direction is received. I further understand (i) that it is my sole responsibility to manage the investments of this custodial account, (ii) that the Custodian has no responsibility to question any investment directions given by me, my Representative or my Advisor regardless of the nature of the investment, (iii) that the Custodian does not provide investment advice, and (iv) that the Custodian is not responsible for monitoring the performance of my custodial account investments.

Client's Signature: _____ Date: _____

Print Name: _____

Joint Signature: _____ Date: _____

Print Name: _____

THIS AGREEMENT IS NOT EFFECTIVE UNTIL PROPERLY COUNTERSIGNED BY AN AUTHORIZED OFFICER OF CONSTELLATION TRUST COMPANY.

12 FOR OFFICE USE ONLY - Accepted by Constellation Trust Company

By accepting this account, Constellation Trust Company confirms that the account owner's name has been checked against the OFAC (Office of Foreign Assets Control) list of Specifically Designated Nationals & Blocked Persons and no match has been detected.

Authorized Signature: _____ Date: _____

Print Name: _____ Date: _____