

MUTUAL FUND PERIODIC INVESTMENT PLAN APPLICATION (PIP)



30-50 Whitestone Expressway
 Ste. A301, Flushing, NY 11354
 Client Services: (800) 869-8800
 From Overseas: (718) 961-6600

Customer Information	NAME	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>											
	ADDRESS	<input type="text"/>											
	CITY/STATE/ZIP CODE	<input type="text"/>						DAYTIME PHONE					

Investment Details

Apex Clearing Corporation will establish a Periodic Investment Plan based on the instructions you complete below. Please use separate applications for investments to be made on different days/months and read the current Prospectus for each fund in which you intend to invest.

Provide Dollar Amount, Name of Mutual Fund, Fund Cusip or Ticker Symbol and indicate purchase intent if applicable – Net Asset Value (NAV), Letter of Intent (LOI) or Rights of Accumulation (ROA). Note: Default is Purchase Offer Price (POP). Call your brokerage office if you need assistance completing this application.

INVESTMENT AMOUNT (\$50 MINIMUM*)	NAME OF MUTUAL FUND	CUSIP OR SYMBOL	CHECK ONLY IF APPLICABLE <input type="checkbox"/> NAV <input type="checkbox"/> LOI <input type="checkbox"/> ROA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> NAV <input type="checkbox"/> LOI <input type="checkbox"/> ROA
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> NAV <input type="checkbox"/> LOI <input type="checkbox"/> ROA

CHECK MONTHS IN WHICH TO INVEST

Jan. Feb. Mar. Apr. May Jun. Jul. Aug. Sep. Oct. Nov. Dec.

OR INDICATE CYCLE

Monthly Quarterly (Mar., Jun., Sep., Dec.) Semi-Annual (Jun., Dec.)

DAY ON WHICH TO INVEST (i.e., 15th of month)

EFFECTIVE DATE (begin withdrawals) (mm/dd/yy)

EXPIRATION DATE (stop withdrawals) (mm/dd/yy)

* Also subject to fund minimum which may be higher than \$50.

Payment Instructions

I/We hereby authorize Apex Clearing Corporation to initiate entries to transfer funds to or from my/our **Checking Account** **Savings Account** (select one) indicated below at the depository financial institution named below ("NAME OF BANK"). I/We agree that ACH transactions authorized herein shall comply with all applicable U.S. laws.

ACCOUNT TITLE (Please Type or Print)	NAME OF BANK
<input type="text"/>	<input type="text"/>
9 DIGIT ABA NUMBER	BANK ACCOUNT NUMBER
<input type="text"/>	<input type="text"/>

This authorization shall remain in full force and effect until Apex Clearing Corporation, has received notification from me (or either of us) of its termination. I/We understand that I/we may revoke this authorization by written notification to my/our broker who is obligated to notify Apex Clearing Corporation. Furthermore, this written notification must be received at least three (3) business days prior to the proposed effective date of the termination of the authorization.

Please note that an IRA Distribution Form is required for all ACH distributions from retirement accounts.

Due to varying settlement cycles, the disbursement of your proceeds may take up to 10 days for checks from the date the funds become available.

Signature

I/We hereby authorize and request the redemptions to be made on my/our account above. I/We agree that neither the fund, nor the broker/dealer with whom this account is established, nor Apex Clearing Corporation (clearing and executing agent) or its representatives, will be liable for any loss, liability, cost, or expense for acting upon such instructions. I/We acknowledge that I/we have read and understand the relevant prospectus(es) for each fund in which I/we have instructed Apex Clearing Corporation to redeem on my/our behalf.

It is understood that this authorization may be terminated by me/us at any time three business days prior to any scheduled transaction provided that I/we supply Apex Clearing Corporation with written notification of such termination. Any such notification shall be effective with respect to entries initiated after receipt of such notification and a reasonable amount of time to act on it.

CUSTOMER SIGNATURE ▷	DATE	SIGNATURE OF JOINT OWNER <i>(if applicable)</i> ▷	DATE
CORRESPONDENT AUTHORIZED REP NAME		CORRESPONDENT AUTHORIZED REP SIGNATURE ▷	DATE

If you are linking your brokerage account to a checking account at your bank, please attach a voided check to this area.

If you are linking your brokerage account to a savings account at your bank, please provide a recent bank statement OR an official letter from your bank.



PLEASE RETAIN A COPY FOR YOUR RECORDS