Disposal of Security with Insignificant Value

STEP 1. ACCOUNT INFORMATION

Account Number	CUSIP Number	Quantity
—		
Account Holder Name(s)		

STEP 2. AGREEMENT

I/We, the undersigned client(s) have determined that the security(ies) for the above referenced CUSIP number ("CUSIP") is of insignificant value and, therefore, does not need to be transferred to my/our other account(s) at Pershing LLC ("Pershing") or to a third party. As such, I/we authorize Pershing to dispose of the CUSIP as Pershing finds appropriate. To effect the CUSIP's disposal, Pershing is authorized to sign any document related to this request on my/our behalf.

I/We fully understand and acknowledge the consequences of granting Pershing this authority. I/we hereby relinquish my/our legal or beneficial title to the CUSIP and disclaim and abandon all rights and interests to any and all securities identified by the CUSIP, including proceeds resulting from its disposal.

I/We further acknowledge and agree that Pershing shall in no way be liable to me/us, or to any third party acting on my/our behalf, for any losses, damages, fees, expenses, charges, taxes, levies or other amounts suffered or incurred, directly or indirectly, as a result of Pershing's reliance upon this document.

I/We hereby authorize Pershing to disclose or transfer this document to any third party for any purpose related to the disposal of the securities identified by the CUSIP above. I/We acknowledge and accept the risks of disclosing and transferring my/our personal information without limitation. I/We also acknowledge and accept the risk that this personal information may be subject to further disclosure by a recipient to other parties, in accordance with the laws of the state and/or territory in which such recipient is located.

I/We agree that in all respects this document shall be governed and construed in accordance with the laws of the state of New York. I/We acknowledge that this is a legal, binding document after I/we sign it. I/we have consulted, or waived the right to consult, with my/ our legal and/or other professional advisor(s) before signing it.

Per Internal Revenue Service (IRS), when Pershing is the tax reporting agent of a retirement account, use of this form will result in a distribution that is reportable to the IRS and, if applicable, to the tax authorities in your state. Moreover, your use of this form is an expressed election to not have federal and state income tax withheld from the distributed retirement assets.

STEP 3. SIGNATURES

Agreed to the Above Terms by

Print Name	Date
	— —
Signature X	

Print Name	Date
	— —
Signature X	

Notarization

State of _____

County of _____

I certify that on this _____ day of _____, 20_____ , personally appeared before me and acknowledged under oath, to my satisfaction, that he/she is named in and personally signed this document, and that he/she signed, sealed and delivered this document as his/her voluntary act and deed.

Notary Public Signature _____

My Commission Expires _____ [SEAL]

RETURN COMPLETED FORM TO:
Hewitt Financial Services
PO Box 563901
Charlotte NC 28256-3901
FAX: 1-847-554-1444

DISP

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