UnionBank

ACCOUNT PROFILE
Institutional Trust & Custody Services

For Domestic Custody Accounts: Complete sections 1 to 8.
For Global Custody Accounts: Complete sections 1 to 9.

ACCOUNT NUMBER	
ACCOUNT NAME (Must match the IRS Tax Determination Letter and Trust Agreement)	

1. PRIMARY ACCOUNT CONTACT

NAME OF CONTACT				
ADDRESS		CITY	STATE	ZIP CODE
PHONE	FAX	EMAIL		

2. INVESTMENT MANAGER
If you have more than one investment manager, please provide additional information on a separate sheet.

☒ Not Applicable	NAME OF COMPANY		
ADDRESS	CITY	STATE	ZIP CODE
PRIMARY CONTACT	EMAIL	PHONE	FAX
DAILY CONTACT	EMAIL	PHONE	FAX
SWIFT BIC CODE			

3. SHAREHOLDER DISCLOSURE

In accordance with the Shareholder Communication Act of 1985, Union Bank, N.A. ☐ IS AUTHORIZED ☒ IS NOT AUTHORIZED to disclose upon request to companies whose securities are held in this Account, Client's or Client's agent's name and address and the holdings in this Account of securities issued by such companies. Custodian is required by law to provide this information if Client does not object.

4. PERIODIC COMMUNICATIONS INCLUDING GLOBAL MARKET UPDATES

EMAIL ADDRESS

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

5. TAX STATUS

TAX ID NUMBER	LEGAL DOMICILE – COUNTRY OR STATE
TAX STATUS ☐ Taxable ☒ Non-Taxable ☐ Non-Resident Alien	TAX REPORTING REQUIRED? ☒ No ☐ Yes Type: _____

TYPE OF ACCOUNT

- ☐ Corporate
- ☒ Employee Benefit Trust
- ☐ Foundation/Endowment
- ☐ Insurance
- ☐ LLC
- ☐ Mutual Fund – Open and Closed
- ☐ Personal Trust
- ☐ Public Funds
- ☐ Self-Administered Omnibus
- ☐ Other: _____

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6. ACCOUNT DETAILS

SOURCE OF FUNDING

☒ New ☐ Transfer Name of Prior Custodian:

COST METHOD – IF HISTORICAL COST IS NOT PROVIDED, ONLY SHOW COST GOING FOWARD

☒ FIFO ☐ LIFO ☐ HIFO ☐ LOFO ☐ Average

FISCAL YEAR END

ACCOUNT BILLING

☐ Charge Account Directly

☐ Monthly ☐ Quarterly

☐ Billing Invoice

Please provide billing address:

N/A - Fees not applicable

ACCOUNT STATEMENTS

☐ Trade Date ☒ Settlement Date ☐ Both

Clients: ☒ Monthly ☐ Quarterly ☐ Annually ☐ Online Only
Advisor: ☐ Monthly ☐ Quarterly ☐ Annually ☐ Online Only

☐ Fiscal Holdings Report

Number of Copies:

If other, please provide address to send to:

HOW WILL TRADE INSTRUCTIONS BE SENT?

☐ DTC ID Interface ☐File Upload ☐ OMGEO ☐ SWIFT ☐ Fax _____
☐ Secured Email: _____
☒ Other: NSCC

DESIGNATED SWEEP VEHICLE

☐ Sweep Vehicle:
☐ Institutional Trust Deposit Account
☐ Union Bank DDA Account#: _____
☒ Not Applicable

☐ Net and wire uninvested cash
☐ Do Not net and wire univested cash

Provide reason for not selecting a Sweep vehicle:
Collective Trust Fund participant, no cash balances

7. CORPORATE ACTIONS Please indicate who is authorized to act on Corporate Action Information, including voting of proxies.

CONTACT NAME	PHONE	FAX
N/A		

POWER TO VOTE PROXIES

☐ Client ☐ Advisor ☐ Other If other, please provide the name of organization, contact name, and address below:

8. SPECIAL INSTRUCTIONS

PLEASE INCLUDE INFORMATION ON ANY ADDITIONAL INTERESTED PARTIES ON THE ACCOUNT AND SPECIFY AUTHORITY.

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9. FOR GLOBAL ACCOUNTS ONLY

WHO WILL ARRANGE FOREIGN EXCHANGE TRANSCATIONS	
Trades	☐ UB Global Custody ☐ Third Party ☐ Direct with UB Global Markets FX Traders
Corporate Actions	☐ UB Global Custody ☐ Third Party

BASE CURRENCY	WILL FOREIGN CURRENCY BALANCES WILL BE HELD IN ACCOUNT? ☐ Yes ☐ No
CONVERT MATURITY PROCEEDS TO BASE CURRENCY? ☐ Yes ☐ No	CONVERTED INCOME PROCEEDS TO BASE CURRENCY? ☐ Yes ☐ No

HOW WILL FOREIGN EXCHANGE INSTRUCTIONS BE SENT? RESTRICTIONS MAY APPLY TO CERTAIN CURRENCIES AND ACCOUNTS
☐ SWIFT ☐ Fax ( ) - ☐ Secured Email ☐ Other

AUTHORIZED SIGNER(S)

As an authorized signer(s) for the Client, I/We instruct Union Bank to take actions indicated in this Account Profile. I/We agree to provide written notification of any changes to these instructions

NAME	SIGNATURE	DATE
NAME	SIGNATURE	DATE
NAME	SIGNATURE	DATE

UNION BANK, N.A.

NAME	SIGNATURE	DATE

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