

**The New Hampshire Trust Company**

255 West Street  
Keene, NH 03431  
(603) 352-0862 fax: (603) 352-1880

**Account Agreement**

**Title of Account:** \_\_\_\_\_

**Client:** \_\_\_\_\_

The New Hampshire Trust Company (“NHTC”) hereby acknowledges receipt from the Client of the securities described in the attached schedule, to be administered under the terms of this agreement. NHTC shall act in the following capacity:

- Agent
- Trustee under agreement dated: \_\_\_\_\_
- IRA Trustee (or custodian) under agreement dated: \_\_\_\_\_

Unless otherwise modified below, NHTC shall have full discretionary authority to invest and reinvest the securities, property, cash and other investments (“Assets”) in the account at such time and in such manner as NHTC deems advisable. In this connection, Client appoints NHTC as agent with the broadest power of management and investment over this account.

**Modifications:**

Unless and until notified in writing by the client, NHTC shall have no investment authority over the assets and shall carry out investment directions only if given by Client. NHTC shall have full authority customarily granted to custodians.

Unless and until notified in writing by the client, NHTC shall make no investment changes without the Client’s approval.

Income shall not be reinvested, except temporarily awaiting distribution, and shall be remitted by check to the Client or by deposit to \_\_\_\_\_

on the \_\_\_\_\_ day of the cycle indicated:  Monthly  Quarterly  Semiannually  Annually

Unless and until notified in writing by the client, NHTC shall have no investment authority or obligation to manage the following assets:

\_\_\_\_\_  
\_\_\_\_\_

Other: \_\_\_\_\_

## Notification

Statements of asset market value and transactions shall be furnished on demand and/or sent:  Monthly  
 Quarterly  Semiannually  Annually.

## General

The Client agrees that the statements will serve as substitute notice of broker confirmations or their equivalent for any security purchase or sale.

Unless otherwise noted, all fees and charges will be in accordance with NHTC's published Standard Schedule of Fees and will change when and if this Schedule is revised.

If this is a joint account, each joint owner acting alone may make deposits or withdrawals, direct investments or otherwise deal with the Account as if he or she were the sole owner. Unless otherwise indicated in writing, upon the death of an owner, this Account becomes the sole account of the surviving joint owner or owners.

Unless the Client reserves the right to vote any or all proxies by completion of the attachment titled "Shareholders Communication", NHTC as the "Beneficial Owner" as defined in the Securities and Exchange Commission Rule 14b-1 (c), will not divulge the Client's name and address to the issuers of the securities held in the Account and will have full authority to vote all proxies. All securities may be kept in nominee name or unregistered and/or at a depository.

The Client may direct the purchase and sale of securities through a specified broker and NHTC shall be held harmless for the actions or failure to act of the broker.

The Client agrees that if time-sensitive information is communicated by fax, e-mail or voice mail, the Client will confirm with NHTC by direct telephone contact.

The Client agrees to hold NHTC harmless for any loss or damage to the Account except for willful acts of bad faith.

This agreement may be terminated by either party by giving thirty (30) days written notice to the other party.

## IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

**To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.**

**What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may ask also to see your driver's license or other identifying documents.**

For W-9 purposes only, the signature indicates that this information is true and correct under penalties of perjury.

**W-9 INFORMATION**

Soc. Security or EIN #

\_\_\_\_\_  
\_\_\_\_\_

Check the box if you are NOT subject to backup withholding under IRC 3406(a)(1)(c)

\_\_\_\_\_  
\_\_\_\_\_

**Address:**

Client (s)

\_\_\_\_\_  
\_\_\_\_\_

**NHTC by:  
Date:**

\_\_\_\_\_  
\_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Family & Customer Identification Information:**

Client: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Soc Security #: \_\_\_\_\_

Driver's License/ID Info: Issued by: \_\_\_\_\_

Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Other/Exception Comments: \_\_\_\_\_

Spouse: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Soc Security #: \_\_\_\_\_

Driver's License/ID Info: Issued by: \_\_\_\_\_

Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Other/Exception Comments: \_\_\_\_\_

Other: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Soc Security #: \_\_\_\_\_

Driver's License/ID Info: Issued by: \_\_\_\_\_

Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Other/Exception Comments: \_\_\_\_\_

Other: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Soc Security #: \_\_\_\_\_

Driver's License/ID Info: Issued by: \_\_\_\_\_

Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Other/Exception Comments: \_\_\_\_\_

Children: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Soc Security #: \_\_\_\_\_

Children: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Soc Security #: \_\_\_\_\_

Children: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Soc Security #: \_\_\_\_\_

Children: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Soc Security #: \_\_\_\_\_

**Account Information:**

Primary account for money transfers:

Bank name: \_\_\_\_\_

Account #: \_\_\_\_\_

Bank address: \_\_\_\_\_

A/C type: \_\_\_\_\_

\_\_\_\_\_

ABA #: \_\_\_\_\_

Alternate account for money transfers:

Bank name: \_\_\_\_\_

Account #: \_\_\_\_\_

Bank address: \_\_\_\_\_

A/C type: \_\_\_\_\_

\_\_\_\_\_

ABA #: \_\_\_\_\_

**Special Instructions:**

\_\_\_\_\_  
\_\_\_\_\_