

Customer Information

Mutual Fund Periodic Investment Plan Application (PIP)

Name		Brokerage Account Number	Brokerage Account Number		
Address					
City	State	Zip Code D	aytime Phone Number		
Investment Details Important: Please use separate application 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, Ticker Symbol and how you like to purchase funds - 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.)					
Investment Amount (\$100 minimum*)	Name of Mutual Fund	Cusip or Symbol	How to Buy (Please o	heck one)	
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Or indicate cycle: Monthly Quarterly (Mar., Jun., Sep., Dec.) Day on which to invest (i.e., 15 th of the month) Effective Date (begin investments) Expiration Date (stop investments) (i.e., 15 th of month) Use existing Firstrade Account balance to invest periodically (must provide an expiration date above)					
Payment Instructions Electronic Transfer: Debit my (our)					
Name of Bank Account Registration Account Number			Bank routing r	number (ABA)	
9 Digit ABA No.					
IMPORTANT: PLEASE ATTACH EITHER A VOIDED CHECK OR A COPY OF YOUR RECENT BANK STATEMENT Signature					
I (we) hereby authorize and request the investments by made on my (our) account above. I (we) agree that neither fund, nor the broker/dealer with whom this account is established, nor Apex Clearing Corporation (Apex) (clearing and executing agent), will be liable for any loss, liability, cost or expense for acting upon instructions. I acknowledge that I have read and understand the prospectus. It is understood that this authorization may be terminated by me (us) at any time three days prior to any scheduled transaction by written notification received by Apex. Any such notification shall be effective only 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 (if app	olicable)	Date	
Financial Consultant Name	FC Rep#	Financial Consultant Signature		Date	