

# Medallion Account<sup>SM</sup> Agreement

440

- Application  
 Update

## Account Registration

- Corporate  
 Non-Corporate/Non-Profit  
 Trust  
 Investment Club *(Partnership or Corporation only)*

- Partnership  
 Estate (Certificate of Qualification must be attached / Affidavit of Domicile must be provided)

- Pension or Profit-sharing Plan (IRAs, KEOGHs and ESOPs are not eligible)  
**CHECK ONE**  Trustee Directed  
 Prototype  
 Participant Directed

## Title of Account

NAME	
NAME	
NAME	
STREET ADDRESS (CAN NOT BE A P.O. BOX)	
CITY	STATE ZIP
PREFIX	SUB FIRM #
BRANCH CODE	FA CODE
ACCOUNT NUMBER	CHECK APPROPRIATE BOX: <input type="checkbox"/> TAX I.D. <input type="checkbox"/> S.S.N.
<b>41</b>	

## Sweep Option (Select One)

- BANK DEPOSIT ACCOUNT\* *Evergreen Money Market Funds (prospectus mailed separately)*
- Money Market Fund     U.S. Government MM Fund     Municipal MM Fund     California Municipal MM Fund
- Florida Municipal MM Fund     New Jersey Municipal MM Fund     New York Municipal MM Fund     Pennsylvania Municipal MM Fund
- \*Corporations, Government Entities not eligible

## Account Plan Descriptions

NOTE: CUSTODIAN AND GUARDIAN ACCOUNTS ARE NOT ELIGIBLE FOR ATM OR VISA® CHECKCARD OR MARGIN.

- Basic Package** (no annual fee)
- No checkwriting
  - No ATM debit card
- Standard Package** (no annual fee)
- Includes an initial supply of complimentary personal-style checks.
  - Do you want an ATM debit card?  Yes  No
- Platinum Package** (\$35 annual fee)
- Includes an initial supply of complimentary personal-style checks and
  - Up to 2 VISA® CheckCards. (UP TO TWO ADDITIONAL CARDS \$35)
- Mother's maiden name (identity safeguard) \_\_\_\_\_
- Primary Cardholder Date of Birth \_\_\_\_\_

## Margin Account: ALL QUALIFIED ACCOUNTS ARE OPENED AS MARGIN ACCOUNTS

**NOTE: YOU WILL HAVE A MARGIN ACCOUNT UNLESS YOU ARE INELIGIBLE (Investment Clubs and Pension/Profit Sharing Plans are not eligible for Margin) OR YOU DECLINE BELOW.** Margin trading entails greater risk and is not suitable for all investors. If the market value of eligible securities in your account declines, you may be required to deposit more money or eligible securities in order to maintain your line of credit. By signing this application, you acknowledge that you have received and read the Medallion Account Terms & Conditions which explains margin account borrowing. You understand that your securities may be pledged, repledged, hypothecated and rehypothecated as deemed necessary.

I **DECLINE** margin privileges. Please open this account as a cash account only. I understand that the account will **not** have overdraft protection.

**Tax Certification: U.S. Person or Resident Alien:** By signing below, I certify, under penalties of perjury, that I am a U.S. person or resident alien for tax purposes and the following IRS certification applies to me. **NOTE: if you are subject to backup withholding you must cross out statement number 2 of the following IRS certification. Under penalties of perjury, I certify that the following apply to the Primary Account Holder:** (1) the number on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. person (including a U.S. resident alien).

**Signing Instructions** Specifically, with respect to the persons authorized to give any instructions on behalf of this Account, the undersigned represent that, at a duly called meeting of the undersigned Institution or in its governing instrument, as applicable, the individuals signing below in Section 1 are authorized to give any and all instructions with respect to this Medallion Account<sup>SM</sup> ("Account") Agreement, and those signing Section 2 are specifically authorized to issue and sign Account Checks on behalf of the Institution. The undersigned agrees that this list of authorized names may be relied on until receipt of written notice from the undersigned revoking, changing or adding authorized persons in accordance with the notice provisions in the accompanying Terms and Conditions.

In Section 1, all Fiduciaries of Trusts, Estates, Pension and Profit Sharing Plans and general partners of Partnerships must sign. For Corporations and all other organizations, the President and Secretary (or those with equivalent titles) must sign along with any other officer(s) authorized to give instructions on behalf of the Account. Note: If the Account has authorized an Investment Advisor, Plan Administrator or other third party to give trading or other instructions, please provide a copy of such authorization.

If requested, does client want us to provide client's account name and address to an issuer in which we hold securities in street name? SEC Rule 14b-1 prohibits such issuer from using the name and address for any purpose other than corporate communications.  Yes  No

**Authorizing Signature(s) and Title(s)** By signing this Agreement, the undersigned "Institution" and all individuals authorized to act on behalf of it (collectively the "undersigned") acknowledge that this agreement, by reference, contains a pre-dispute arbitration clause located on page 26, under the header "Arbitration" of the Medallion<sup>SM</sup> Terms and Conditions. The undersigned hereby acknowledges receipt of a copy of this agreement and the Medallion<sup>SM</sup> Terms and Conditions. (The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.)

**SECTION 1 - Account Control:** Those authorized to establish and control accounts and ATM Debit Card(s) or VISA® CheckCard holders (all applicable individuals must sign). Two authorized persons are required to sign below in order to effect any type of transaction of this account.

SIGNATURE & TITLE 1	SIGNATURE & TITLE 3 <input type="checkbox"/> CHECK FOR ADDITIONAL VISA® CHECKCARD
PRINT NAME & TITLE _____ DATE _____	PRINT NAME & TITLE _____ DATE _____
SIGNATURE & TITLE 2	SIGNATURE & TITLE 4 <input type="checkbox"/> CHECK FOR ADDITIONAL VISA® CHECKCARD
PRINT NAME & TITLE _____ DATE _____	PRINT NAME & TITLE _____ DATE _____

**SECTION 2 - Check Signatures:** (as they will appear on checks) All authorized persons must sign; Indicate number required to sign each check:  1  2  3  4

SIGNATURE	SIGNATURE
PRINT NAME & TITLE _____ DATE _____	PRINT NAME & TITLE _____ DATE _____
SIGNATURE	SIGNATURE
PRINT NAME & TITLE _____ DATE _____	PRINT NAME & TITLE _____ DATE _____