

Medallion AccountSM Agreement

440

Application

Account Registration

For individual, Joint, Custodian and Guardian Accounts Only.

Education Savings Accounts and Qualified Retirement Plans are not eligible for checkwriting.

Update

Individual

Custodian/Minor

Tenants by Entirety

(If permitted by your State laws)

Tenants in Common

Joint Tenants with Rights of Survivorship

Joint Tenants - Community Property

(If required by your State laws)

Guardian (If the account is for an individual who has a court appointed guardian, conservator or committee, check this box. **APPOINTMENT MUST BE ATTACHED.**)

IRA (must be at least 59 1/2). Eligible for Standard Package with NO ATM debit card. IRA forms are also required.

IF TWO OR MORE OWNERS, JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP WILL BE AUTOMATICALLY SELECTED IF YOU FAIL TO SELECT ONE OF THE ABOVE.

Title of Account

Name	Date of Birth / /	Social Security No.	Home Phone
Employer	Position		Business Phone
Name	Date of Birth / /	Social Security No.	Home Phone
Employer	Position		Business Phone
Street Address (Can not be P.O. Box)			
City	State	Zip	Prefix 41
			Sub Firm #
			Branch Code
			FA Code
			Account Number

Sweep Option (Select One)

BANK DEPOSIT ACCOUNT*

*Evergreen Money
Market Funds
(prospectus
mailed separately)*

Money Market Fund
 Florida Municipal MM
Fund

U.S. Government MM Fund
 New Jersey Municipal MM
Fund

Municipal MM Fund
 New York Municipal MM
Fund

California Municipal MM Fund
 Pennsylvania Municipal MM
Fund

*Managed Retirement
Accounts not eligible

Account Plan Descriptions

- 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)

For Standard and Platinum Packages only, please indicate who will sign checks: Either Owner All Owners
(If not marked, either signature will be accepted.)

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

Margin Account: ALL QUALIFIED ACCOUNTS ARE OPENED AS MARGIN ACCOUNTS

NOTE: YOU WILL HAVE A MARGIN ACCOUNT UNLESS YOU ARE INELIGIBLE (Custodian, ERISA, Guardian and IRA accounts 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 Accounts Terms and Conditions document which explains margin account borrowing. You understand that your securities may be pledged, repledged, hypothecated or 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.

If requested, does Client want to provide Clients 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

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: By signing this agreement, I acknowledge that I have received a copy of, read, understand, and agree to the enclosed Medallion AccountSM Terms and Conditions. I authorize First Clearing, LLC ("Clearing Agent"), UMB, and VISA[®] to establish checking privileges and to issue ATM Debit Card(s) or VISA[®] CheckCard(s) as instructed on this Account Application and affirm that I have the authority to open this account.

This Agreement, by reference, contains a predispute Arbitration clause located on page 26, under the header "Arbitration" of the MedallionSM Terms and Conditions. The undersigned hereby acknowledges receipt of a copy of this Agreement and the MedallionSM Terms and Conditions.

Signature(s) All Account Owners Must Sign. Sign exactly as account is titled. (If account owner(s) is incapacitated, Power of Attorney must sign below and at right) The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

ACCOUNT OWNER	DATE / /	*TENANTS IN COMMON OWNERSHIP %
PRINT NAME & TITLE		
ACCOUNT OWNER	DATE / /	*TENANTS IN COMMON OWNERSHIP %
PRINT NAME & TITLE		

FOR COMPLETION ONLY IF POWER OF ATTORNEY IS TO BE USED

The Account Owner(s) certifies that the individual whose signature appears below has Power of Attorney ("POA") for the Owner(s) of this Medallion Account as designated on the accompanying POA document. A POA form is attached to this Agreement if one is needed. **If any Account Owner is incapacitated, an existing POA must be attached and the attorney-in-fact must sign below and at left.** Brokerage form POA is ineffective and unacceptable where an Account Owner is incapacitated. **Only one person may be designated as POA.** Checks on an IRA account cannot be signed by a POA.

Signature

ATTORNEY-IN-FACT (Power of Attorney)	DATE / /
PRINT ATTORNEY-IN-FACT	

ADDITIONAL AUTHORIZED VISA[®] CARDHOLDER INFORMATION

SIGNATURE	SOCIAL SECURITY #
PRINT NAME	DATE OF BIRTH
SIGNATURE	SOCIAL SECURITY #
PRINT NAME	DATE OF BIRTH

Sub Firm Number	Branch Number	FA Code	Account Number

POWER OF ATTORNEY* TO PROVIDE FULL TRADING AUTHORIZATION WITH PRIVILEGE TO WITHDRAW MONEY AND/OR SECURITIES

To my broker-dealer:

The undersigned (hereinafter referred to as the "customer" or "I") hereby authorizes (whose signature appears below) as his/her agent and attorney ("Authorized Agent") to buy, sell, sell short, tender, exchange, convert, write, exercise or trade in stocks, bonds, option contracts and any other securities on margin or otherwise in accordance with your terms and conditions for my account and risk and in my name or account number on your books. If I am a fiduciary on the account, then I hereby ratify and confirm that this authorization is granted in such fiduciary capacity and within the fiduciary powers and consistent with the fiduciary duties of said fiduciary.

In all such purchases, sales or trades you are authorized to follow the instructions of the aforesaid agent in every respect concerning my account with you; and except as herein otherwise provided, he is authorized to act for me in the same manner and with the same force and effect as I might or could do with respect to such purchases, sales, trades, transfer of securities, and payment of monies (which shall for this purpose include, without limitation, the issuance of checks, use of the ATM/Debit Card and electronic funds transfer), as well as with respect to all other things necessary or incidental thereto.

I hereby ratify and confirm any and all transactions with you heretofore or hereafter made by the aforesaid agent on my behalf or on the behalf of my account with you.

I hereby agree to release and discharge you and your affiliates, including your clearing agent, from any liability or claims in connection with your following the instructions of my Authorized Agent and agree to indemnify and hold you harmless from any losses, claims, damages, and/or liabilities (including attorney fees) based upon your acting under the instructions of my Authorized Agent. I understand and agree that you are in no way responsible for any loss to me occasioned by the actions of my Authorized Agent and that you do not, by implication or otherwise, endorse the operating methods of my Authorized Agent. I further understand and agree that you did not recommend the Authorized Agent to me.

This authorization and indemnity is in addition to (and in no way limits or restricts) any rights which you may have under any other agreement(s) between us.

This authorization and indemnity is also a continuing one and shall remain in full force and effect until revoked by the undersigned by a written notice addressed to you and delivered to your principal office, but such revocation shall not affect any liability in any way resulting from transactions initiated prior to your receipt of such revocation. In case of death of the undersigned this authorization shall continue and you shall not be responsible for any action taken on the basis of this authorization until you have received written notice of death addressed to you and delivered to your principal office.

This authorization and indemnity shall enure to the benefit of your present firm and of any successor firm or firms irrespective of any change or changes at any time in the membership thereof for any cause whatsoever, and of the assigns of your present firm or any successor firm.

If any provision of this authorization and indemnity shall be rendered invalid for any reason, the provisions of this agreement so affected shall be deemed modified or superseded, as the case may be, and all other provisions, and the provisions so modified or superseded shall in all respects continue and be in full force and effect.

This Power of Attorney shall not terminate in the event of my disability or incapacity.

Signature (Account Owner)	Print Name	Date
Signature (Account Owner)	Print Name	Date

Attorney-in-Fact Signature	Print Name	Date
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Witness Signature	Print Name	Date
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APPROVAL:	Firm Principal Signature	Date
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State of _____	} ss:	{SEAL}
County/City of _____		
On this _____ day of _____, _____ before me personally appeared _____, to me known and known by me to be the individual(s) described in and who executed the foregoing instrument, and duly acknowledged to me that he/she/they executed the same.		
Notary Signature:	My Commission Expires	

* Only one person may be designated: