

To:

(Name of Securities Firm)

Householding Form

Please accept this request to "Household" the securities accounts listed below. We understand that by householding these accounts, the Primary Accountholder will be sent the statements of the Secondary Accounts along with their own statement in the same envelope. The Secondary Accountholders will no longer be sent their statements. The Primary Accountholder will have access to information regarding all accounts listed below via their broker-dealer's website or at www.mysecuritiesaccount.com. The Secondary Accountholders will continue to have access to their own account information at the same website. We waive all privacy rights and allow full access to information on our accounts to the Primary Accountholder. We agree that only one set of informational enclosures will be included in any mailing.

Primary Account

Account Title: (Please print)	Street Address:
	City:
Account Number:	State: Zip Code:

Secondary Accounts

("Relationship" is defined as the relationship to the Primary Accountholder. Submit additional Householding Forms to household additional accounts.)

Account Number _____	Account Name _____
Signature _____	Signature _____
Relationship _____	Relationship _____
Account Number _____	Account Name _____
Signature _____	Signature _____
Relationship: _____	Relationship _____
Account Number _____	Account Name _____
Signature _____	Signature _____
Relationship _____	Relationship _____
Account Number _____	Account Name _____
Signature _____	Signature _____
Relationship _____	Relationship _____

Primary Account Authorization

Signature _____	Date _____
Signature _____	Date _____

ACCEPTANCE AND SIGNATURE GUARANTEE BY: (For Broker/Dealer Use Only) Date