

**People's Securities, Inc.**

A subsidiary of **People's United Bank**

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Brokerage Account Number

**Trading Authorization Limited to Purchases and Sales of Securities and Options**

The words "you", "your" and "your firm" shall mean People's Securities, Inc. The words "I", "me" and "my" shall mean the undersigned principal. I hereby authorize:

|  |                                    |                |   |
|--|------------------------------------|----------------|---|
| First Name   | M.I.                               | Last Name      | <input type="checkbox"/> Sr.<br><input type="checkbox"/> Jr.        |
| Date of Birth (mm/dd/yyyy)   | Social Security or Taxpayer ID No. |                | Country of Citizenship  |
| ID No. (Select one): <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID <input type="checkbox"/> Other Government-issued ID |                                    |                | Place/Country of Issuance   |
| Issue Date (mm/yyyy)   | Expiration Date (mm/yyyy)          |                | Country of Tax Residence (if different than country of citizenship) |
| Home Address (P.O. Box Not Sufficient)   |                                    | Apt/Suite No.  | City  |
|  |                                    | State/Province | Zip/Postal Code   |

Authorizations (Please initial all areas that apply to this account.)

Note: Any of these authorizations may be revoked by providing notice to People's Securities, Inc. If more than one person is listed on the account, each account holder must initial the authorizations granted below. (An X is not sufficient.)

Initial     Initial    Trading Authorization. I authorize People's Securities to execute trades in my account at the direction of the individual listed above as provided under this Third Party Trading Authorization Form.

Initial     Initial    Disbursement Authorization. I authorize People's Securities to disburse assets for investment purposes or to me personally as instructed by the individual listed above as provided under this Third Party Authorization Form. I authorize People's Securities to remit checks, wire funds and otherwise to make disbursements of funds held in the account (1) to banks, broker-dealers, investment companies or other financial institutions for credit to an account of identical registration, or (2) to me at my address of record. (Note: This option is only effective if Account Holder has granted the Trading Authorization above. Not available for estate, guardianship or conservatorship accounts.)

The person whose signature appears below will act as my agent and attorney in fact to buy, sell (including short sales) and trade in any stocks, bonds, options and other securities and contracts relating thereto, on margin or otherwise, in accordance with the terms and conditions of my account(s) with you, at my risk and in my name or number on your books. I hereby agree to indemnify and hold you harmless from, and to pay promptly on demand, any and all losses arising there from or debt balance due thereon.

I hereby ratify and confirm any and all transactions with you heretofore or hereafter made by the aforementioned agent for my account.

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 or agreements between me and your firm.

This authorization and indemnity is also a continuing one and shall remain in full force and effect until revoked by me by a written notice addressed to you and delivered to your office at 1000 Lafayette Boulevard, P.O. Box 31, Bridgeport, Connecticut 06601-0031, but such a revocation shall not affect any liability in any way resulting from transactions initiated prior to your receipt of such revocation. This authorization and indemnity shall inure 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 personnel thereof for any cause whatsoever, and of the assigns of your present firm, irrespective of any change or changes at any time in the personnel thereof for any cause whatsoever, and of the assigns of your present firm or any successor firm.

The agent and attorney in fact, by acknowledging this agreement, undertakes to advise you of the demise of mental incapacity of the principal.

|      |      |       |
|------|------|-------|
| Date | City | State |
|------|------|-------|

|                                |                                |
|--------------------------------|--------------------------------|
| Signature of Account Holder(s) | Signature of Account Holder(s) |
|--------------------------------|--------------------------------|

Signature of Agent

**Note - This form may not be accepted by the transfer agent as authority for the agent and attorney in fact to endorse securities registered in the name of the principal. The agent will not have authority to disburse funds.**

This form establishes a fiduciary relationship between the principal and the agent and attorney in fact who may only act in the interest of the principal.

Please complete this form and return it to People's Securities, Inc., P.O. Box 31, Bridgeport, Connecticut 06601-0031.