BestVest
INVESTMENTS, LTD.
PLANNING | INVESTMENTS | INSURANCE

Member/Client Name: _____ Credit Union Name:_____

DISCOUNT BROKERAGE DISCLOSURE AND SETTLEMENT AGREEMENT FORM

The undersigned member and client of the Discount Brokerage Program acknowledges that he/she is aware that this program offers services which permit the member to invest in investment securities which are: (1) **not federally insured**; (2) are **not obligations of the Credit Union**; (3) are **not guaranteed by the Credit Union** or any affiliated entity; (4) **involve investment risks**, including the possible loss of principal; and (5) **may be offered by an employee who serves both functions** of accepting members' deposits and the selling of non-deposit investment products.

The Credit Union is not a registered broker-dealer. Investment securities are offered through BestVest Investments, Ltd. 600 N. Jackson St., Suite 305, Media, PA 19063 (800) 434-1776. *Members FINRA-SIPC-MSRB.* Accounts are carried and cleared through RBC Correspondent Services, a division of RBC Capital Markets, LLC, *Member NYSE/FINRA/SIPC ("RBC Correspondent Services").*

In order to effect the processing of transaction settlements and money movements, the undersigned member and client of the Discount Brokerage Program hereby authorizes their participating Credit Union and RBC Correspondent Services from this date and for a term of one year to accept any and all instructions, without further verification, from BestVest Investments related to the following transactions:

1. **Make journal entries in members' accounts;**
2. **Move monies between members' and credit unions' brokerage accounts;**
3. **Execute ACH transactions.**

Member specifically acknowledges that proceeds may require a journal/debit in members account to participating Credit Union account to facilitate money movements to settle transactions, satisfy loans or process dividends.

The undersigned member also authorizes BestVest Investments, RBC Correspondent Services and their Credit Union to share personal information in order to process and settle transactions conducted under this program. Settlement of such transactions shall take place in the Members' Credit Union Account # _____.

I understand that Credit Union or RBC Correspondent Services may at any time require further documentation in accordance with its policies and procedures.

_____ _____ _____
Signature (Member/Client) Print Name Date

_____ _____ _____
Signature (Joint Party) Print Name Date

Brokerage Account Number: _____

Credit Union Account Number: _____

Daytime Phone Number: _____

CORRESPONDENT FIRM ATTESTATION:
In order to be processed, this request form must be signed by a Firm Authorized Signer. The undersigned Firm Authorized Signer hereby represents and warrants that the signature(s) of the person(s) signing above on behalf of the account is/are genuine and that such signer(s) is/are an authorized party with capacity and authority to bind the account, and agrees that the Firm will indemnify RBC Correspondent Services for any action taken in reliance on the above representations and warranties.

_____ _____ _____
Firm Authorized Signer Print Name Date