

Open an Account

CLARK CAPITAL MANAGEMENT GROUP INC.

MANAGED ACCOUNT APPLICATION AND AGREEMENT

To open and fund your new investment account(s), please provide all the information requested. Be sure to initial any corrections, cross-outs and white-outs.

STEP 1. ACCOUNT DETAILS

Client Name	Account Number —
Account Title (name of this account)	Funding Account Number —
Advisor Firm Name Clark Capital Management Group Inc.	Investment Professional Number

TYPE OF ACCOUNT	ADDITIONAL REQUIRED PAPERWORK
<input type="checkbox"/> Individual	See New Accounts Requirement document
<input type="checkbox"/> Individual Transfer on Death	Individual Transfer on Death Account Agreement
<input type="checkbox"/> Joint Tenant	Joint Account Agreement, See Joint Accounts section on page 2
<input type="checkbox"/> Joint Transfer on Death	Joint Transfer on Death Account Agreement
Custodial: <input type="checkbox"/> UGMA <input type="checkbox"/> UTMA	See Custodial Accounts section on page 2
Trust: <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable Additional Distinction: <input type="checkbox"/> Testamentary <input type="checkbox"/> Family <input type="checkbox"/> Charitable <input type="checkbox"/> Living	Trustee Certification of Powers
<input type="checkbox"/> Sole Proprietor	Declaration of Sole Propriety
Corporation: <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp	Certificate of Corporate/LLC/Non Profit Organization Resolution, Articles of Incorporation
LLC: <input type="checkbox"/> C Corp <input type="checkbox"/> S Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Disregarded Entity _____ (Name of Beneficial Owner. If foreign, must complete a W-8.)	See New Accounts Requirement document
<input type="checkbox"/> Non Profit Organization	Formation documents/charter, Corporate/LLC/Nonprofit Organization Resolution, proof of 501(c)(3) status, and other entity documents that may be required
<input type="checkbox"/> Partnership	Partnership Certification of Powers, Certificate of Limited Partnership
<input type="checkbox"/> Estate — Person or entity appointed to act on behalf of the account: <input type="checkbox"/> Administrator <input type="checkbox"/> Personal Representative <input type="checkbox"/> Executor/Executrix Number appointed to act on account _____	Certified Copy of Death Certificate, Affidavit of Domicile, Letters of Testamentary or Court Appointment, other documents may be required
<input type="checkbox"/> 529 Plan Account	529 Plan Account Application
<input type="checkbox"/> Pershing LLC IRA (Inherited, Traditional, Rollover, Roth, SEP, SIMPLE)	Adoption Agreement and Plan Documents, See New Accounts Requirement document
<input type="checkbox"/> Other Pershing LLC Retirement Accounts (Profit Sharing Plan, Money Purchase Plan, 403[b][7], 401[k], Individual [K])	Adoption Agreement and Plan Documents, additional paperwork may be required, See New Accounts Requirement document
<input type="checkbox"/> Non Pershing Retirement Account	Trustee Certification of Powers
<input type="checkbox"/> Other: _____	See New Accounts Requirement document

FOR ADVISOR USE ONLY:

This account should be charged as: Fee based Transaction based (If no pricing option is selected, the account will default to transaction based.)

Account mnemonic: _____ Use PRX##DIR to direct proxies to the address of record.



NAFM

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_____ - _____

Brokerage Type Cash Margin: I understand that margin privileges are granted by Pershing Advisor Solutions in its sole discretion under the Terms and Conditions of this Account Application and Agreement.

For Joint Accounts Only

Are the account holders married to each other? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tenancy State	Number of Tenants
Tenancy Clause		
<input type="checkbox"/> Community Property	<input type="checkbox"/> Community Property with Rights of Survivorship	<input type="checkbox"/> Tenants in Common
<input type="checkbox"/> Tenants by Entirety	<input type="checkbox"/> Joint Tenants with Rights of Survivorship	<input type="checkbox"/> Usufruct (LA Residents only)

For Custodial Accounts Only

State in Which Gift was Given	Date Gift Was Given	Age Designated to Terminate
Manner in Which Gift was Given		
<input type="checkbox"/> Created by gift	<input type="checkbox"/> Trust	<input type="checkbox"/> Exercise by appointment
<input type="checkbox"/> Transfer by fiduciary or obligor	<input type="checkbox"/> Will	

STEP 2. PRIMARY ACCOUNT HOLDER INFORMATION

To help the government fight the funding of terrorism and money laundering activities, federal laws require all financial organizations to obtain, verify and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. We may also require a copy of your driver's license or other government-issued identifying document.

First Name	Middle Initial	Last Name
Entity Name (if applicable)		Tax ID Number
Social Security Number		Date of Birth
Email Address		
Home Phone	Business Phone	Mobile Phone
Legal Address (no P.O. box)		
City	State/Province	Zip/Postal Code
Country		
Mailing Address (if different from legal address)		
City	State/Province	Zip/Postal Code
Country		
Previous Physical Address (if current address less than two years old)		
City	State/Province	Zip/Postal Code
Country		

PRIMARY ACCOUNT HOLDER MAY INCLUDE OWNER, MINOR, WARD, EXECUTOR OR ENTITY.

UGMA/UTMA ACCOUNT: MINOR IS THE PRIMARY ACCOUNT HOLDER; CUSTODIAN IS THE SECONDARY ACCOUNT HOLDER.

Citizenship

Please Check Only One:

U.S. U.S. Resident Alien Non-Resident Alien (additional documentation required)

Country of Legal and Tax Residence:

U.S. Other (specify) _____ (if Other, please provide Form W-8)

A COPY OF A VALID GOVERNMENT ID IS REQUIRED FOR EACH NON-U.S. PERSON AND FOR U.S. CITIZENS LIVING ABROAD. PROOF OF ADDRESS MAY ALSO BE REQUIRED.

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_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Citizenship

Please Check Only One:

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Country of Legal and Tax Residence:

- U.S. Other (specify) _____ (if Other, please provide Form W-8)

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Employment and Industry Affiliations

- Employed Self-Employed Retired Unemployed Homemaker Student

Employer Name	Years Employed	Occupation
Employer's Address		
City	State/Province	Zip/Postal Code
Country		

IF EMPLOYED/ SELF-EMPLOYED IS INDICATED, PLEASE COMPLETE ALL EMPLOYMENT FIELDS.

- Check if you are affiliated with a broker-dealer.
 Check if a member of your immediate family is affiliated with a broker dealer.

Name of Family Member _____

IF CHECKED, OBTAIN AND ATTACH THE COMPLIANCE OFFICER'S LETTER OF APPROVAL (AS REQUIRED BY NASD RULE 3050).

- Check if your affiliation is with the employer listed above. If it is not, please provide the name and address of the affiliated entity and the nature of the affiliation below.

Affiliated Entity's Name and Address _____

Nature of the Affiliation _____

- Check if you, or an immediate family member, are a director, 10% shareholder, policy-making officer or controlling person of a publicly traded company.

If checked, please provide company(ies) and symbol(s) _____

IF YES, PLEASE COMPLETE AND ATTACH AN ADDITIONAL ACCOUNT HOLDER SUPPLEMENT FORM FOR EACH ACCOUNT HOLDER.

Additional Account Holders

Are there more than two account holders? Yes No

STEP 4. ADDITIONAL ACCOUNT INFORMATION

Disclosures Required Under the USA PATRIOT ACT

Is this account for a Foreign Financial Institution (e.g., non-U.S. bank; non-U.S. branch of a U.S. bank; broker-dealer; futures merchant; commodities introducing broker; mutual fund; money transmitter or currency exchanger)? Yes* No

Is this account a private banking account as defined under the USA PATRIOT Act? Yes No

Is this an account for a Foreign Bank as defined under the USA PATRIOT Act? Yes No

• If yes, is the bank a Central Bank? Yes** No

• If yes, is this a Foreign Bank operating under an Offshore Banking License? Yes No

• If yes, is this a Foreign Bank operating under a banking license issued by a Non-Cooperative Country or Territory? Yes No

• If yes, is this a Foreign Bank operating under a banking license issued by a jurisdiction subject to Section 311 measures? Yes No

If the answer to any of the first three questions above is yes, how many people or entities own 10% or more of the Bank (if its shares are not publicly traded)? _____

SPECIAL NOTE FOR NON-U.S. ACCOUNTS: WITH RESPECT TO ASSETS CUSTODIED BY PERSHING ADVISOR SOLUTIONS ON YOUR BEHALF, YOU ACKNOWLEDGE THAT INCOME AND CAPITAL GAINS OR DISTRIBUTIONS TO YOU FROM THIS ACCOUNT MAY BE TAXABLE IN YOUR HOME JURISDICTION. YOU ACKNOWLEDGE TO YOUR FINANCIAL ORGANIZATION AND TO PERSHING THAT YOU HAVE TAKEN YOUR OWN TAX ADVICE IN THIS REGARD.

Are you, or anyone with an interest in this account, currently or formerly, either (1) a senior military, governmental, or political official, or (2) closely associated with an immediate family member of such an official? Yes No

If yes, identify the name of the official, office held and country _____

IF NUMBER IS GREATER THAN ZERO, A FOREIGN BANK BENEFICIAL OWNERSHIP FORM MUST ACCOMPANY THIS REQUEST.

*If yes, your Investment Advisor must submit an Identification Questionnaire for Politically Exposed Persons with this request.

**If yes, your Investment Advisor must submit additional certification of ownership and disclosure information.

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Account Number -

STEP 5. ACCOUNT FUNDING AND FEATURES

What is the **initial** source of funds for this account? If you are transferring assets from another financial institution, please indicate the origin of those investments.

- Gift Income From Earnings Inheritance Insurance Proceeds
 Investment Proceeds Legal Settlement Sale of Business Pension/IRA/Retirement Savings
 Other, such as lottery/gambling proceeds _____

Please choose the money market fund or other cash investment account in which your cash balances should be automatically invested. If you do not make a choice, all cash balances for nonretirement accounts will be automatically invested in the Dreyfus General Money Market Fund - Class B (GMMB), and for retirement accounts, in the Pershing Government Account (PGR).

NON-RETIREMENT ACCOUNTS

- Dreyfus General - Class B (GMMB)*
 Dreyfus General Government Securities - Class B (GGTB)*
 Dreyfus General Municipal- Class B (GMUB)*
 Dreyfus General Treasury Prime - Class B (GTPB)*
 Liquid Insured Deposits (RFI)
 Dreyfus Insured Deposit (DIDI)**
 Other:

RETIREMENT ACCOUNTS

- Pershing Government Account (PGR)
 Pershing Prime Money Market (PPM)
 Pershing Prime Reserve (PPR)
 Pershing Treasury Account (PTA)
 Liquid Insured Deposits (RFI-R)
 Dreyfus Insured Deposit (DIDI-R)**
 Other:

*This fund requires a \$500 minimum deposit. **This fund is not available to 'for-profit' corporate accounts.

FOR IMPORTANT INFORMATION ABOUT EACH FUND, PLEASE READ THE FUND PROSPECTUS.

YOUR INVESTMENT ADVISOR MAY SELECT ANOTHER FUND AND MAY MAKE CHANGES TO YOUR SWEEP OPTION, INCLUDING CHANGES BETWEEN MONEY MARKET FUNDS AND BANK DEPOSIT PRODUCTS.

STEP 6. ACCOUNT ALLOCATIONS

Contributions and liquidations will be processed through a Funding Account. Mutual fund activities will be conducted in a mutual fund account. You have indicated below the investment manager and accounts to which you wish to allocate from your funding account in accordance with instructions to be received from your managed account program sponsor or introducing advisor.

ACCOUNT TYPE	NAME OF MANAGER/STYLE	ACCOUNT NUMBER	INTERNAL USE ONLY MNEMONIC NUMBER
Funding	N/A		FND##FND

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STEP 7. TAX LOT DISPOSITION METHODS

Please choose your default disposition method for mutual funds, all other securities, and stocks in Pershing's Dividend Reinvestment Plans. If you do not choose a default disposition method, the federally mandated default method—first-in first-out (FIFO)—will be used.

YOUR INVESTMENT ADVISOR MAY CHOOSE TO CHANGE THE DEFAULT TAX LOT METHODOLOGY.

DISPOSITION METHODS FOR MUTUAL FUNDS

- Average Cost (using FIFO)
- First In, First Out (FIFO)
- High Cost
- High Cost Long-Term
- High Cost Short-Term
- Last In, First Out (LIFO)
- Low Cost
- Low Cost Long-Term
- Low Cost Short-Term
- Minimize Short-Term Gains

DISPOSITION METHODS FOR STOCKS IN PERSHING'S DIVIDEND REINVESTMENT PLAN

- Average Cost (using FIFO)
- First In, First Out (FIFO)
- High Cost
- High Cost Long-Term
- High Cost Short-Term
- Last In, First Out (LIFO)
- Low Cost
- Low Cost Long-Term
- Low Cost Short-Term
- Minimize Short-Term Gains

DISPOSITION METHODS FOR ALL OTHER SECURITIES

- First In, First Out (FIFO)
- High Cost
- High Cost Long-Term
- High Cost Short-Term
- Last In, First Out (LIFO)
- Low Cost
- Low Cost Long-Term
- Low Cost Short-Term
- Minimize Short-Term Gains

STEP 8. BOND ELECTIONS

Bonds contain provisions that allow investors to amortize the premium or accrete the discount by using different disposition methods when calculating cost basis for federal income tax purposes. Contact your tax advisor for help making these elections.

IF ORIGINAL ISSUE DISCOUNT IS SELECTED, IRS REGULATIONS REQUIRE DEFAULTS FOR OTHER SELECTIONS.

Treat all interest as Original Issue Discount (OID). Yes No (default)

Amortize Taxable Premium Bonds. Yes (default) No

Accrual Method for all Other Bond Types

Accrue Market Discount based on:

Ratable Method (default) Constant Yield

Include Market Discount in income annually. Yes No (default)

IF YOU DO NOT CHOOSE BOND ELECTIONS, THE NOTED IRS DEFAULTS WILL BE SELECTED.

STEP 9. ELECTRONIC DELIVERY OF DOCUMENTS

For your convenience, brokerage account statements, trade confirmations, prospectuses, account notifications and other documents will be delivered to you electronically. You will be notified by e-mail when documents become available for you to retrieve online at our NetXInvestor™ website (advisor.netxinvestor.com).

ELECTRONIC DELIVERY IS SUBJECT TO THE TERMS AND CONDITIONS THAT APPLY TO THIS ACCOUNT APPLICATION AND AGREEMENT.

To link this account to your existing NetXInvestor ID, please provide the ID here

For access to NetXInvestor, please provide this required information:

Mother's Maiden Name (last name)	Date of Birth (required to establish a User ID)
Email Address	

A VALID EMAIL ADDRESS MUST BE PROVIDED FOR DELIVERY OF NOTIFICATION EMAILS.

If you are requesting a new User ID, indicate your first and second choices below. User IDs must have a minimum of 7 and maximum of 15 characters.

User ID Desired (first choice)	User ID Desired (second choice)
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ADDITIONAL INFORMATION ABOUT ELECTRONIC DELIVERY CAN BE FOUND IN SECTION III, PARAGRAPH H OF THE TERMS AND CONDITIONS DOCUMENT THAT ACCOMPANIES THIS ACCOUNT APPLICATION AND AGREEMENT.

If you prefer to receive documents by mail, please check the appropriate box below. You may be charged fees for certain paper documents.

- Brokerage Account Statements
- Trade Confirmations
- Prospectuses
- Account Notifications

W-9 Certification

Under penalties of perjury, I certify that:

- 1. The number shown on this form is my correct Social Security number or 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 or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- 3. I am a U.S. citizen or other U.S. person (defined below), and
- 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Definition of a U.S. person.

For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7)

Certification instructions.

You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. If you are an exempt payee (if you are unsure, ask us for a complete set of IRS instructions), enter your exempt payee code (if any) here: _____

If you are exempt from FATCA reporting (if you are unsure, ask us for a complete set of IRS instructions), enter your exemption from FATCA reporting code (if any) here: _____

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

BY SIGNING THIS AGREEMENT YOU ACKNOWLEDGE THAT SECURITIES NOT FULLY PAID FOR MAY BE LOANED TO PERSHING ADVISOR SOLUTIONS OR PERSHING OR LOANED OUT TO OTHERS.

PREDISPUTE ARBITRATION

PLEASE NOTE THAT THIS ACCOUNT APPLICATION AND AGREEMENT CONTAINS A PREDISPUTE ARBITRATION AGREEMENT IN SECTION III, PARAGRAPHS Y AND Z ON PAGE 4 OF THE TERMS AND CONDITIONS ACCOMPANYING THIS ACCOUNT APPLICATION AND AGREEMENT. YOU ACKNOWLEDGE RECEIVING A COPY OF THIS ACCOUNT APPLICATION AND AGREEMENT.

By signing this agreement, you affirm that you are of full legal age in the state of jurisdiction in which you reside and have the capacity to enter into this agreement. You further affirm that you have read, understood and agree to the Terms and Conditions attached to this Account Application and Agreement.

Account Holder/Trustee/Corporate Officer Signature

Print Name	Date
Signature	_____ _____ _____ _____ _____ _____ _____ _____

X

Joint Account Holder/Trustee Signature (if applicable)

Print Name	Date
Signature	_____ _____ _____ _____ _____ _____ _____ _____

X