

The Disbursement/ACH Transfers Authorization Form is for NON IRA accounts only.

DISBURSEMENT/ACH TRANSFERS AUTHORIZATION FORM

ACCOUNT INFORMATION

Stifel Nicolaus Account Number _____

Stifel Nicolaus Account Name _____

RECURRING DISBURSEMENTS

I (we) instruct Stifel to perform the following recurring disbursements from my (our) Stifel account.

Disburse Dividends/Interest

Disburse a Specific Dollar Amount \$ _____

• Frequency (*circle one*): Weekly Monthly Quarterly Semi-Annually Annually

• Preferred day of the month to begin _____

Send the disbursement election

Via ACH to my (our) checking/savings account*

Issue as a check to a third party _____

Transfer to the following Stifel account number _____

NON RECURRING DISBURSEMENTS

I (we) instruct Stifel to perform the following non recurring disbursements from my (our) Stifel account.

Disburse funds to Stifel account number _____.

I (we) agree to indemnify and hold harmless Stifel from all loss, cost, damages, or expense, including legal fees, incident thereto.

NON RECURRING DISBURSEMENTS VIA ACH TRANSACTIONS

ACH Transactions*

Credits from my (our) Stifel account to my (our) bank account when such credits become available.

Requests will be honored "on demand," subject to company procedures.

Debits from my (our) financial institution to my (our) Stifel account to pay for purchases/fees when they occur or deposit additional funds into my (our) Stifel account. Requests will be honored "on demand," subject to company procedures.

TRADE TRANSACTIONS*

Purchases: Funds will be debited from your financial institution on settlement date.

Liquidations: Funds will be credited to your financial institution on settlement date.

I (we) hereby authorize Stifel, Nicolaus & Company, Incorporated to initiate debit/credit entries to and/or from the financial institution account indicated based on written or oral instructions and, if necessary, debit/credit entries adjustments. Once instructions are acted upon by Stifel, I (we) understand that alterations or revocations via the financial institution cannot be initiated by me (us). I (we) will rely on my (our) client statement for notification of the transactions. I (we) understand that ACH transactions will occur within three business days of initiation. In consideration of your complying with this authorization, I (we) agree to indemnify and hold harmless Stifel from all loss, cost, damages, or expense, including legal fees, incident thereto.

I (we) understand it will take a minimum of two weeks from the date Stifel receives this authorization for automated disbursements to begin or to be changed.

*** When ACH transactions are elected, the following must be completed and a voided check must be attached.**

Financial Institution Name _____

Financial Institution Account Number _____

Name on the Account _____

Account Type: Checking Savings

Financial Institution ABA Routing # _____

SIGNATURES

All Stifel account owners must sign.

Signature _____

Date _____

Signature _____

Date _____

Branch Manager _____

Date _____

STIFEL, NICOLAUS & COMPANY, INCORPORATED

One Financial Plaza • 501 North Broadway • St. Louis, Missouri 63102 • Member SIPC and New York Stock Exchange, Inc.

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