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Account Number

BANK EXEMPTION NOTICE

As stated in the terms and conditions, I hereby inform PRIMEVEST® Financial Services, Inc. to eliminate the following Financial Institution from the FlexInsured Account.

I CHOOSE NOT TO EXCLUDE ANY OF THE FINANCIAL INSTITUTIONS LISTED BELOW

PARTICIPATING FINANCIAL INSTITUTION LIST

- | | |
|---|---|
| <input type="checkbox"/> Bank of America, Charlotte, NC | <input type="checkbox"/> Farmers National Bank, Canfield, OH |
| <input type="checkbox"/> Bank of Hydro, Hydro, OK | <input type="checkbox"/> First United Bank & Trust, Oakland, MD |
| <input type="checkbox"/> Charter Bank Eau Claire, Eau Claire, WI | <input type="checkbox"/> National Penn, Boyertown, PA |
| <input type="checkbox"/> Citizens State Bank of Lena, Lena, IL | <input type="checkbox"/> Zions Bank, Salt Lake City, UT |
| <input type="checkbox"/> Deutsche Bank Trust Company Americas, New York, NY | |

By signing this consent, the undersigned hereby agrees:

- I select the FlexInsured Account offered through PRIMEVEST as my sweep option.
- I acknowledge receipt of the FlexInsured Account Terms & Conditions Disclosure Statement from PRIMEVEST, and agree to immediately transfer my cash balances into the FlexInsured Account.
- I agree to the Terms and Conditions for the PRIMEVEST FlexInsured Account, which are part of the PRIMEVEST account agreements; and the amendments or supplements to the undersigned's account agreements with PRIMEVEST, which relate primarily to, and are necessary for the implementation of, the FlexInsured Account.
- I acknowledge that I will automatically be excluded from the Financial Institution where I obtain PRIMEVEST's services.

 Print Customer Name

 Customer Signature

 Date

 Print Customer Name

 Customer Signature

 Date

 Print Registered Representative Name

 Office #/IE #

 Account Number

Mail original, signed form to PRIMEVEST, P.O. Box 283, St. Cloud, MN 56302-0283 (attach to new account application if applicable).

FOR SAME DAY PROCESSING OF EXCLUDED FINANCIAL INSTITUTIONS, FAX COMPLETED FORM TO PRIMEVEST AT 320.656.4002 BY 12:00 PM CENTRAL TIME, ATTN CASH MANAGEMENT.

Deposits held in the FlexInsuredsm Account are not covered by SIPC.

PRIMEVEST® Financial Services, Inc. is an independent, registered broker-dealer. Member FINRA/SIPC. Securities and insurance products offered by PRIMEVEST: •Not FDIC/NCUSIF insured •May go down in value •Not financial institution guaranteed •Not a deposit •Not insured by any federal government agency

