ELECTRONIC DELIVERY CHANGE / OPT-OUT REQUEST FORM

Institutional Advisor Services

E*TRADE ADVISOR SERVICES

SECTION 1 General Instructions

Purpose of form: Use this form to opt-out of or change electronic delivery (e-delivery) of all account documents made available for electronic delivery by E*TRADE Advisor Services.

Print or type all entries. Print clearly in all CAPITAL LETTERS to complete this application. To type entries, a fillable PDF of this form can be found online at http://www.etrade.com/advisorservices/advisorforms.

IMPORTANT: You must complete all required fields and provide all required signatures to expedite processing and to avoid requests for additional information. **A valid email address is required for all change requests.**

Note: If you are a member of a statement family, only the Primary Account Holder can opt in/out of electronic delivery.

SECTION 2: Request Type

Make a selection to change your email address, or discontinue electronic delivery.

Select all that apply:

- ☐ Change email address
- ☐ Discontinue Electronic Statements Delivery
- ☐ Discontinue Electronic Proxy

SECTION 3: Account Owner Information

IMPORTANT: If you have accounts with multiple advisors at E*TRADE Advisor Services, please complete one form for each advisor.

E*TRADE Advisor Services Account # Last 4 digits of SSN

Account Title

Account Title (continued)

Investment Advisor/Money Manager Firm Name

Email Address

SECTION 4: Additional Account Information, if applicable

IMPORTANT: If multiple accounts for the same account owner are listed below, only one signature is required, otherwise, all owners must sign.

E*TRADE Advisor Services Account Number

Account Title

Print Name

SECTION 4: Additional Account Information, if applicable (Cont.)

E*TRADE Advisor Services Account Number

Account Title

Print Name

E*TRADE Advisor ServicesAccount Number

Account Title

Print Name

E*TRADE Advisor Services Account Number

Account Title

Print Name

☐ Additional accounts attached.

SECTION 5: Account Owner Authorization

If you do withdraw your consent you will begin receiving paper copies of your statements and/or proxy at the applicable cost.

As account owner, I hereby request that my electronic delivery election be updated. I attest that I will hold E*TRADE Advisor Services harmless from any loss, claim, expense or other liability for this action.

Account Owner Signature Date

For a custodial account, the custodian or guardian must sign.

Print Name

Joint Owner Signature (if applicable) Date

Print Name

Additional Account Owner Signature Date

Print Name

-End of Form-

E*TRADE Savings Bank, doing business as "E*TRADE Advisor Services": 7103 South Revere Parkway, Centennial, CO 80112. Member FDIC