



If you wish to exclude one or more of the financial institutions listed below, you may do so by placing a checkmark next to the financial institution name, completing the information at the bottom and returning the form to Cetera Advisor Networks LLC.

Account Number _____

PARTICIPATING FINANCIAL INSTITUTION LIST

- | | |
|--|--|
| <input type="checkbox"/> American Express Bank, Sandy, UT | <input type="checkbox"/> Independent Bank, McKinney, TX |
| <input type="checkbox"/> Androscoggin Bank, Lewiston, ME | <input type="checkbox"/> Israel Discount Bank, New York, NY |
| <input type="checkbox"/> Associated Bank N.A., Green Bay, WI | <input type="checkbox"/> NY Community Bank, Cranford, NJ |
| <input type="checkbox"/> Bank Hapoalim, New York, NY | <input type="checkbox"/> Plains Capital Bank, Dallas, TX |
| <input type="checkbox"/> BBVA USA, Birmingham, AL | <input type="checkbox"/> Quontic Bank, Astoria, NY |
| <input type="checkbox"/> Capital One Bank, Glenn Allen, VA | <input type="checkbox"/> Seaside National Bank, Orlando, FL |
| <input type="checkbox"/> Citibank N.A., New York, NY | <input type="checkbox"/> Simmons FN Bank, Little Rock, AR |
| <input type="checkbox"/> Customers Bank, Phoenixville, PA | <input type="checkbox"/> Stearns Bank, St. Cloud, MN |
| <input type="checkbox"/> East West Bank, Pasadena, CA | <input type="checkbox"/> Texas Capital Bank, Dallas, TX |
| <input type="checkbox"/> Evolve Bank & Trust, Memphis, TN | <input type="checkbox"/> Third Coast Bank SSB, Humble, TX |
| <input type="checkbox"/> Farmers and Merchants, Milford, NE | <input type="checkbox"/> TriState Capital Bank, Pittsburgh, PA |
| <input type="checkbox"/> First Guaranty Bank, Hammond, LA | <input type="checkbox"/> Truist Bank, Lumberton, NC |
| <input type="checkbox"/> Glacier Bank, Kalispell, MT | <input type="checkbox"/> Valley National Bank, Wayne, NJ |
| <input type="checkbox"/> Goldman Sachs Bank, New York, NY | <input type="checkbox"/> WEX Bank, Midvale, UT |
| <input type="checkbox"/> HSBC Bank, McLean, VA | |

Print Client Name _____

Client Signature _____

Date _____

Print Client Name _____

Client Signature _____

Date _____

Print Registered Representative Name _____

This form is required *only* if you choose to eliminate a financial institution from the FlexInsured Account.

Fax completed form to 888.428.9904.

Deposits held in the FlexInsured Account® are not covered by SIPC.

