



INSURED DEPOSIT SWEEP ACCOUNT FINANCIAL INSTITUTION EXEMPTION FORM

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 Advisors LLC.

Account Number

Participating Financial Institution List

- | | |
|---|--|
| <input type="checkbox"/> American Express National Bank | <input type="checkbox"/> 1st Security Bank of Washington |
| <input type="checkbox"/> Bank of Baroda | <input type="checkbox"/> Flushing Bank |
| <input type="checkbox"/> Bank of China | <input type="checkbox"/> Goldman Sachs Bank USA |
| <input type="checkbox"/> Bank of India | <input type="checkbox"/> Huntington National Bank |
| <input type="checkbox"/> Bank of New Hampshire | <input type="checkbox"/> Morgan Stanley Private Bank, N.A. |
| <input type="checkbox"/> BankUnited, N.A. | <input type="checkbox"/> Pacific Western Bank |
| <input type="checkbox"/> BNY Mellon, N.A. | <input type="checkbox"/> Sandy Spring Bank |
| <input type="checkbox"/> Bremer Bank | <input type="checkbox"/> The Bank of East Asia Ltd. |
| <input type="checkbox"/> Cadence Bank, N.A. | <input type="checkbox"/> Truist Bank |
| <input type="checkbox"/> Capital One Bank (USA), N.A. | <input type="checkbox"/> UBS Bank USA |
| <input type="checkbox"/> Citibank, N.A. | <input type="checkbox"/> Union Bank and Trust |
| <input type="checkbox"/> Deutsche Bank | <input type="checkbox"/> United Community Bank |
| <input type="checkbox"/> EagleBank | <input type="checkbox"/> United Fidelity Bank |
| <input type="checkbox"/> Emigrant Bank | <input type="checkbox"/> Valley National Bank |
| <input type="checkbox"/> Enterprise Bank & Trust | <input type="checkbox"/> Western Alliance Bank |
| <input type="checkbox"/> First Horizon Bank | <input type="checkbox"/> WEX Bank |
| <input type="checkbox"/> First Republic Bank | |

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 Insured Deposit Sweep Account.

Fax completed form to 888.428.9904.

Deposits held in the Insured Deposit Sweep Account are not covered by SIPC.

