



FOLIOfn
Account Forms

Please complete enclosed forms and return to:

Zacks Investment Management
100 North Riverside Plaza, Suite 2200
Chicago, IL 60606

Forward all checks and securities to:

FOLIOfn Investments, Inc.
8180 Greensboro Drive, 8th Floor
McLean, VA 22102
Attn: Cash Management

FOLIO*fn*

INVESTMENTS

Client Account Opening Form

Instructions:

1. Advisors should complete Section A.
2. Advisors or their clients should complete Sections B and C.
3. All account owners must read the attached Customer Agreement and sign Section D.
4. Please have your client send this form back to you, so you can make a copy.
5. You may want to ask your client to also send a signed check to fund this account.
6. Please send the signed two-page form (and the signed check) to:

Overnight & Express Delivery Address

**FOLIO*fn* Investments, Inc.
8180 Greensboro Drive, 8th Floor
McLean, VA 22102
Attn: Cash Management**

7. If you need assistance, please call 1-888-485-3456, 24 hours a day, seven days a week.

A. Advisor Information		
Advisor First Name	Middle Initial	Last Name
Advisor's Firm Name Zacks Investment Management	Account Number	

B. Account Owner Information		
Account Owner's First Name	Middle Initial	Last Name
Social Security Number/Tax ID No.	D.O.B	Name of Account

C. Co-Account Owner Information		
Co-Account Owner's First Name	Middle Initial	Last Name
Social Security Number/Tax ID No.	D.O.B.	Name of Account

D. Account Owner Signatures

I certify, under penalty of perjury, that

- (1) The number shown on this Account Opening Form is my correct taxpayer identification number, and
- (2) I am not subject to backup withholding as a result of a failure to report all interest and dividends, or the Internal Revenue Service (“IRS”) has notified me that I am no longer subject to backup withholding. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
- (3) I have read, I understand and I agree to the terms and conditions set forth in the attached Customer Agreement.

▶ _____ Date _____
Signature: Account Holder/Trustee/Custodian/Executor

▶ _____ Date _____
Signature: Additional Account Holder/Co-Trustee/Co-Custodian/Co-Executor

▶ _____ Date _____
Signature: Additional Account Holder/Co-Trustee/Co-Custodian/Co-Executor

Please Note: All account holders must sign.

CLIENT'S PERSONAL INFORMATION

Mailing Address:

City:	State or Province:	Zip or Postal Code:	Country:
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CLIENT'S BENEFICIARY INFORMATION (for IRA accounts):

You can designate primary beneficiaries who will receive cash value of this IRA upon death. You can also choose not to have any beneficiaries. In that case, the cash value of the IRA will pass to your estate. If you designate multiple beneficiaries the share % must add to 100%. If you choose not to have any beneficiary simply write NONE below.

Primary Beneficiary No. 1

First Name:		Last Name:	
Date of Birth:	Social Security Number:	Relationship:	% Share:

Primary Beneficiary No. 2

First Name:		Last Name:	
Date of Birth:	Social Security Number:	Relationship:	% Share:

CLIENT'S EMPLOYMENT INFORMATION

Occupation: _____

Are you a director, 10% shareholder, or executive who makes policy at a public company? Yes NoAre you *employed* by a stock market, the FINRA, or a firm that is a member of either one? If you are only associated with one of these entities, please select "no". Yes No**EMPLOYER ADDRESS**

Company Name:

Address 1:		Address 2:	
City:	State or Province:	Zip or Postal Code:	Country:

FOLIO*fn*

INVESTMENTS

Account Transfer Form

Please review the accompanying instructions for important information on completing this form. If you have any questions, please contact us at 1-888-973-7890.

A. Information About Your FOLIO <i>fn</i> Account	
Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Primary Account Owner Name	Social Security Number or Tax Identification Number
Joint Account Owner Name	Social Security Number or Tax Identification Number
Joint Account Owner Name	Social Security Number or Tax Identification Number

B. Information About the Account You Are Transferring																															
<p>Before you transfer this account, you should wait for any checks that you have written against the account to clear. You should also discontinue any electronic fund transfer (EFT) instructions that you have set up for the account, including recurring investments and distributions.</p>																															
Firm, Fund or Distributing Employer Name	Your Account Number																														
Firm, Fund or Distributing Employer Address	Telephone Number																														
Account Type:																															
<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 20%;"><u>Personal</u></td> <td style="text-align: center; width: 20%;"><u>Retirement</u></td> <td style="text-align: center; width: 20%;"><u>Employer Sponsored*</u></td> <td style="text-align: center; width: 20%;"><u>Business**</u></td> <td style="text-align: center; width: 20%;"><u>Other**</u></td> </tr> <tr> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> IRA Rollover</td> <td><input type="checkbox"/> 401-k</td> <td><input type="checkbox"/> Corporate</td> <td><input type="checkbox"/> Investment Club</td> </tr> <tr> <td><input type="checkbox"/> Joint</td> <td><input type="checkbox"/> Traditional IRA</td> <td><input type="checkbox"/> 403-b</td> <td><input type="checkbox"/> LLC</td> <td><input type="checkbox"/> Trust</td> </tr> <tr> <td><input type="checkbox"/> Custodial</td> <td><input type="checkbox"/> Roth IRA</td> <td><input type="checkbox"/> Pension</td> <td><input type="checkbox"/> Limited Partnership</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td></td> <td style="border: 1px solid black; padding: 2px;"> For a Roth IRA, please provide the 5 year aging year: _____ </td> <td></td> <td><input type="checkbox"/> Sole Proprietorship</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> SEP IRA</td> <td></td> <td></td> <td></td> </tr> </table>	<u>Personal</u>	<u>Retirement</u>	<u>Employer Sponsored*</u>	<u>Business**</u>	<u>Other**</u>	<input type="checkbox"/> Individual	<input type="checkbox"/> IRA Rollover	<input type="checkbox"/> 401-k	<input type="checkbox"/> Corporate	<input type="checkbox"/> Investment Club	<input type="checkbox"/> Joint	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> 403-b	<input type="checkbox"/> LLC	<input type="checkbox"/> Trust	<input type="checkbox"/> Custodial	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Pension	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other: _____		For a Roth IRA, please provide the 5 year aging year: _____		<input type="checkbox"/> Sole Proprietorship			<input type="checkbox"/> SEP IRA				
<u>Personal</u>	<u>Retirement</u>	<u>Employer Sponsored*</u>	<u>Business**</u>	<u>Other**</u>																											
<input type="checkbox"/> Individual	<input type="checkbox"/> IRA Rollover	<input type="checkbox"/> 401-k	<input type="checkbox"/> Corporate	<input type="checkbox"/> Investment Club																											
<input type="checkbox"/> Joint	<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> 403-b	<input type="checkbox"/> LLC	<input type="checkbox"/> Trust																											
<input type="checkbox"/> Custodial	<input type="checkbox"/> Roth IRA	<input type="checkbox"/> Pension	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Other: _____																											
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	<input type="checkbox"/> SEP IRA																														
<p>*Please attach a distribution form when transferring employer-sponsored accounts. The employer administering the plan should be able to provide you with the distribution form.</p>																															
<p>**Please attach documentation that authorizes you to transfer the account, such as a corporate resolution or certification of investment powers.</p>																															

C. Account Transfer Instructions

The firm currently holding your assets will transfer stock and cash using the following rules.

Stock

Whole shares will transfer to your FOLIOfn account. Fractional shares will be sold and the cash proceeds will transfer to your FOLIOfn account. **(You cannot transfer bulletin board stocks, also known as penny stocks, to your FOLIOfn account.)**

Cash

Cash will transfer to your FOLIOfn account

Certificates of Deposit

You will need to specify when the cash proceeds of your CD will transfer to your FOLIOfn account.

Other Assets

The firm currently holding your assets will sell other assets and transfer the cash proceeds to your FOLIOfn account.

Transfer the Following Assets to the FOLIOfn Account Described in Section A:

Transfer My Entire Account

Stock

Number of Shares or "All"	Description of Stock (Including Stock Symbol)	Sell and Transfer Cash Proceeds to my FOLIOfn Account	Transfer Shares to my FOLIOfn Account
		<input type="checkbox"/>	OR <input type="checkbox"/>
		<input type="checkbox"/>	OR <input type="checkbox"/>
		<input type="checkbox"/>	OR <input type="checkbox"/>
		<input type="checkbox"/>	OR <input type="checkbox"/>
		<input type="checkbox"/>	OR <input type="checkbox"/>
		<input type="checkbox"/>	OR <input type="checkbox"/>
		<input type="checkbox"/>	OR <input type="checkbox"/>

I have listed additional stock on the attached *Additional Assets to Transfer Form*

Cash

- Full Transfer. Transfer my entire cash balance.
- Partial Transfer. Transfer the following amount: \$ _____

Certificate of Deposit

- Redeem my CD immediately. Transfer the cash proceeds to my FOLIOfn account. I am aware of and acknowledge any penalty I may incur from an early redemption.
- Redeem my CD at maturity. Then transfer the cash proceeds to my FOLIOfn account.
Maturity Date: ___/___/___ (MM/DD/YYYY)

Other Assets (Not Including CDs and Stock)

Number of Shares or "All"	Description of Asset	Sell and Transfer Cash Proceeds to my FOLIOfn Account
		<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>
		<input checked="" type="checkbox"/>

I have listed additional stock on the attached *Additional Assets to Transfer Form*

D. Authorization and Signature

To the financial institution named in Section B: I authorize you to liquidate any non-transferable proprietary money market fund assets that are part of my account and transfer the resulting credit balance. I authorize you to deduct any outstanding fees due you from the credit balance in my account. If my account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees due you, I authorized you to liquidate the assets in my account to the extent necessary to satisfy that obligation. If certificates or other instruments in my account are in your physical possession, I instruct you to transfer them in good deliverable form, including affixing any necessary tax waivers, to enable the successor custodian to transfer them in its name for the purpose of sale, when and as directed by me. I understand that upon receiving a copy of these transfer instructions, you will cancel all open orders for my account on your books. I affirm that I have destroyed or returned to you credit/debit cards and/or unused checks issued to me in connection with my securities account. I understand that you will contact me with respect to the disposition of any assets in my securities account that are non-transferable.

I am aware that if I sell any investments in the account specified in Section B and Section C that the cash proceeds will not accrue interest while the sale is being processed.

Letter of Authorization (LOA) for Joint Account Transfers

We are aware of and acknowledge that the account described in Section B will be transferred into the FOLIO*fn* account described in Section A as specified in this document.

Age 70 ½ Restrictions – The following restrictions apply to a retirement account transfer:

If I am over 70 ½, I attest that the securities and funds transferring to FOLIO*fn* **does not include** the required minimum distribution for the current year pursuant to Section 401(a)(9) of the Internal Revenue Code.

Agree to Arbitration to Resolve Disputes

I agree to resolve all controversies and disputes through arbitration and not the courts as required on the last page of FOLIO*fn*'s customer agreement. I agree that FOLIO*fn* does not recommend any securities or investments to me.

YOU MUST ATTACH A COPY OF YOUR MOST RECENT STATEMENT FOR THE ACCOUNT YOU ARE TRANSFERRING

BUSINESS, INVESTMENT CLUB AND TRUST ACCOUNTS MUST ATTACH AUTHORIZING DOCUMENTATION

EMPLOYER SPONSORED ACCOUNTS MUST ATTACH A DISTRIBUTION FORM

Primary Account Owner Signature

Date (MM/DD/YYYY)

Joint Account Owner Signature

Date (MM/DD/YYYY)

Joint Account Owner Signature

Date (MM/DD/YYYY)

FIRM USE ONLY

**RECEIVING FIRM: FOLIO*fn*
CLEARING NO.: 0728**

**CUSTODIAL ACCEPTANCE
PLEASE BE ADVISED THAT FIRSTAR BANK, NA ACCEPTS
APPOINTMENT AS SUCCESSOR CUSTODIAN**

SUCCESSOR CUSTODIAN SIGNATURE

DATE

MEDALLION SIGNATURE GUARANTEE PROGRAM

Sign this form, attach the most recent account statement for the account you are transferring and any other required documentation (an *Additional Assets to Transfer Form*, authorizing documentation or a distribution form) and mail to:

FOLIO*fn* Investments, Inc.
8180 Greensboro Drive, 8th Floor
McLean, VA 22102
Attn: Cash Management

FOLIOfn

INVESTMENTS

Additional Assets to Transfer

You can use this page to specify additional assets to transfer to your FOLIOfn account if the space provided on the *Account Transfer Form* is not sufficient. If you are going to attach this page, please make sure you have checked the appropriate box(es) in Section C of the *Account Transfer Form* indicating that you are doing so.

The boxes are located right below the Stock and Other Assets to Transfer tables.

You can make copies of this page if you need additional space to specify assets to transfer.

FOLIOfn Account Number: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
_____ Primary Account Owner Name

Additional Stock

Number of Shares or "All"	Description of Stock (Including Stock Symbol)	Sell and Transfer Cash Proceeds to my FOLIOfn Account	OR	Transfer Shares to my FOLIOfn Account
		<input type="checkbox"/>	OR	<input type="checkbox"/>
		<input type="checkbox"/>	OR	<input type="checkbox"/>
		<input type="checkbox"/>	OR	<input type="checkbox"/>
		<input type="checkbox"/>	OR	<input type="checkbox"/>
		<input type="checkbox"/>	OR	<input type="checkbox"/>
		<input type="checkbox"/>	OR	<input type="checkbox"/>
		<input type="checkbox"/>	OR	<input type="checkbox"/>

Additional Assets (Not Including Stock)

Number of Shares or "All"	Description of Asset	Sell and Transfer Cash Proceeds to my FOLIOfn Account