

Deutsche Asset & Wealth Management



Signature Card
Deutsche Bank Trust Company Americas

Account Holder Title		Account Number
<input type="checkbox"/> Individual	<input type="checkbox"/> ITF/POD/ATF*	Number of Signatures Required: _____
<input checked="" type="checkbox"/> Joint, with Rights of Survivorship	<input type="checkbox"/> Corporate	
<input type="checkbox"/> Joint, Tenants in Common	<input type="checkbox"/> Limited Liability Corporation	
<input type="checkbox"/> Other: _____		

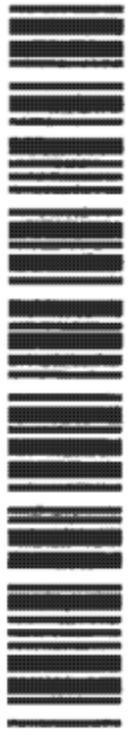


Signature *[Handwritten Signature]* Print Name **[Redacted]**
 Signature *[Handwritten Signature]* Print Name *Karyna Skuliak*

Signature _____ Print Name _____
 Signature _____ Print Name _____
 Approved _____ Date _____
 Power of Attorney _____

Specimen Signature _____ Date of Power of Attorney _____

* For ITF/POD/ATF See Supplemental Terms and Conditions



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