BY SIGNING BELOW CLIENT ACKNOWLEDGES THAT: (1) CLIENT HAS RECEIVED, READ AND AGREES TO THE TERMS AND CONDITIONS OF THIS ACCOUNT AGREEMENT, INCLUDING THE APPENDIX WHICH CONTAINS IMPORTANT INFORMATION; AND (2) THE INFORMATION CONTAINED IN THIS ACCOUNT APPLICATION IS ACCURATE.

CLIENT ACKNOWLEDGES THAT THIS ACCOUNT AGREEMENT CONTAINS A PRE-DISPUTE ARBITRATION CLAUSE AT SECTION III, PAGE 5, AND CLIENT AGREES TO ITS TERMS (ALL ACCOUNT AGREEMENT SIGNATORIES MUST INITIAL).

INITIAL HERE: _____

THE INTERNAL REVENUE SERVICE DOES NOT REQUIRE CLIENT'S CONSENT TO ANY PROVISION OF THIS DOCUMENT OTHER THAN THE CERTIFICATION REQUIRED TO AVOID BACKUP WITHHOLDING, AND, IF APPLICABLE, THE CERTIFICATION REQUIRED TO ESTABLISH CLIENT'S STATUS AS A NON-U.S. PERSON AND OBTAIN A REDUCED RATE OF WITHHOLDING.

Important Information for ERISA employee benefit plan clients: U.S. Department of Labor regulations require DBSI to disclose to a responsible plan fiduciary certain information in connection with the services that DBSI provides to a plan, to assist the fiduciary in evaluating the reasonableness of DBSI's services and related compensation. The disclosure is available online, at http://www.pwm.db.com/americas/en/erisa_disclosure_pcs.html. By signing below, you acknowledge that you are a fiduciary responsible for the procurement of DBSI's services to the plan, you have read the disclosure and you understand the disclosure.

Individual or joint account (IF THIS IS A JOINT ACCOUNT, ALL ACCOUNT OWNERS MUST SIGN):

CONFIRMATION OF TAX AND COMPLIANCE RESPONSIBILITIES

Client acknowledges having sole responsibility to fulfill any tax obligations and any other regulatory reporting duties applicable in any relevant jurisdictions that may arise in connection with assets, income or transactions in Client's account(s) and business relationship with DBSI.

CHECK A BOX BELOW ONLY IF CLIENTS DO NOT WANT JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP OR TENANTS BY THE ENTIRETIES. CLIENTS SPECIFY INSTEAD:

☐ Tenants in common; or

☐ Community Property (for married couples in certain states; each spouse retains 50% interest in the community property upon death of the first spouse).

Signature _____ Date _____

Print Name _____ SSN/EIN _____

Signature _____ Date _____

Print Name _____ SSN/EIN _____

Signature _____ Date _____

Print Name _____ SSN/EIN _____

Corporation, partnership, trust or other entity:

CONFIRMATION OF TAX AND COMPLIANCE RESPONSIBILITIES

Client acknowledges having sole responsibility to fulfill any tax obligations and any other regulatory reporting duties applicable to in any relevant jurisdictions that may arise in connection with assets, income or transactions in Client's account(s) and business relationship with DBSI. Furthermore, Client confirms that the necessary information (to the best of Client's knowledge and capabilities) is made available no less than annually to the relevant beneficial owner(s), settlor(s), beneficiary(ies), partner(s), etc. to enable such person(s) to fulfill any respective tax obligations that may arise for such person(s) in connection with Client's business relationship with DBSI.

Name of Entity The Haze Trust Employer ID No. [redacted]

Signature of Officer, Partner, Trustee, Authorized Party _____ Date 9/13/13

Print Name/Title _____

Signature of Officer, Partner, Trustee, Authorized Party _____ Date 9/13/13

Print Name/Title _____

Signature of Officer, Partner, Trustee, Authorized Party _____ Date _____

Print Name/Title _____

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CONFIDENTIAL - PURSUANT TO FED. R. CRIM. P. 6(e)
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