

Authorization for Asset Movement For Non-Retirement Accounts

The undersigned hereby authorizes and directs Deutsche Bank Securities Inc. (DBSI) to follow the below asset movement instructions.

Account Number

DBSI Account Name

Wire

Wire federal funds in the amount of \$

To Bank Name:

City/State:

ABA #:

Further credit to Intermediary Financial Institution (Optional)

Account #:

Name:

Ultimate Beneficiary Information:

Beneficiary Name:

Account #:

Additional Instructions:

Check

Issue a check in the amount of \$

Recipient's Name:

Recipient's Mailing Address:

payable to:

Account Number:

Qty/Symbol/Security:

Qty/Symbol/Security:

Qty/Symbol/Security:

Standing Authorization: Checking both boxes allows you to verbally vary instructions set forth in box A.

A The undersigned hereby requests that this authorization act as a Standing Authorization. The undersigned understands and agrees

that this authorization will remain in effect until DBSI requests a new authorization or DBSI receives notice of the revocation of these instructions. The undersigned authorizes DBSI to issue the wire, check or journal on the

day of

until otherwise instructed. This authorization will expire after 15 months of non-use.

B The undersigned further authorizes DBSI to accept verbal or electronic instructions from the undersigned to wire funds, issue checks

or journal funds to/from the above listed account(s). The undersigned will provide verbal or electronic instructions as to the date and

the amount of the wire, check or journal. PLEASE NOTE: The undersigned understands and agrees to comply with the procedures of

DBSI to verify the authorization and accuracy of verbal or electronic instructions.

The undersigned hereby acknowledges that (i) the information contained in this form is complete and accurate to the best knowledge of the undersigned; and (ii) the undersigned is responsible for the method of transmission of any instructions issued pursuant to this authorization. If the

undersigned elects to transmit any such instructions via fax (including

desktop fax), via email or as an image attachment to email (e.g., as a PDF, TIF

or other image of such instructions), the undersigned understands and agrees that the undersigned bears the risk of loss arising from such method of transmission in the event of transmission errors, misunderstandings, impersonations, transmission by unauthorized persons, forgery or intercepts. The undersigned hereby releases and holds harmless DBSI from and against loss from any action, claim or demand of any person as a result of DBSI's receipt of or compliance with this authorization and/or any instructions that may be given to DBSI pursuant to this authorization (including any standing

authorization). For trusts or other entities or agents acting on behalf of Client, the undersigned acknowledges that the undersigned is authorized on behalf of Client to enter into this authorization and issue the instructions under the terms of the governing documents and any applicable laws.

The undersigned understands that DBSI may, but is not required to, seek verification of the undersigned's instructions by call back and that DBSI may in its sole discretion refuse to execute such instructions (including standing instructions) given pursuant to this authorization, without incurring any liability, if DBSI has reason to believe such instructions (or standing instructions) have not been provided by the undersigned. The undersigned understands that DBSI retains the right to refuse to execute any instructions to transfer funds or securities to any account(s) pursuant to this authorization without written instructions bearing original signature(s) of the undersigned. Further, the undersigned acknowledges that DBSI shall be entitled to rely on the authorization until actual receipt by DBSI of notice of: (i) Client's or the undersigned's revocation of the instructions or (ii) the death or legal incapacity of Client (if Client is a natural person) or the undersigned.

Signature

Signature

Print Name

Print Name

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Date

Date

at Receiving Firm

Journal

Journal Funds in the amount of \$

Journal Holdings:

Qty/Symbol/Security:

Qty/Symbol/Security:

Journal All Holdings

To DBSI Account #:

Account Name:

Free Deliveries

Please deliver the securities indicated below to:

DTCC #:

Name of Receiving Firm:

Account Name:

DBLOATRF

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SOUTHERN FINANCIAL LLC