EXHIBIT II

VBS NEW ACCOUNT

FUND-ACCOUNT(S):

REG:
CLIENT ID: 0208420090

CONTACT NAME:
CONTACT PHONE: (408)596-1511
E-MAIL:

| SEGMENT: CO
CINERGY/VAST | MASTER A/C#:
INFORMATION | REP NAME:
| REP NUMBER:

ACTIVITY REQUEST ID: 890444383300000
WEB CONFIRM #: W0E2165895
WEB CREATE DATE/TIME: 2020-11-09-13.08.40.782130
CHANNEL #: WEB

REJECT REASON:
NO ERROR MESSAGE FOUND

1 OF 1

**********Page Forward**********
CIF #:

Account Type: INDIVIDUAL

Investment Objectives: Income, Growth

Source of Funds: Sale of property or business, Working capital

From VAST Account #:

From VAST Fund #:

New Open Account: Y

House Account Indicator:
Registration Type: INDIVIDUAL
Registration Sub-Type: NO SUB-TYPE DEFINED
Plan Type: INDIVIDUAL
Gift State:

Registration Line 1:
Registration Line 2:
Registration Line 3:

Title: MS
First Name: Cassie
Middle Name:
Last Name: Will-Darnall
Suffix:
**********Page Forward**********
CIP EXEMPTION:
TIN: [redacted]
TIN Type:
DOB:
Address Type: DOMESTIC
Mailing Address:
Address Line(s): 111 BELWOOD GTWY
City or Country: LOS GATOS
State: CA
Zip Code: 95032-5138
Legal Address:
Address Line(s): 111 BELWOOD GTWY
City or Country: Los Gatos
State: CA
Zip Code: 95032-5138
Day Phone: [redacted]
Evening Phone:
E-Mail:
Citizenship: US
Tax Residency:
Country of Residence: 005
Country of Citizenship:
Canadian Province:
Employment and Affiliation Information:
Owner/Trustee/Custodian Occupation: Leasing
Work Status: SELF-EMPLOYED

Name of Employer, Business or School: Rosswood Properties
Address of Employer, Business or School: 111 BELWOOD GATEWAY

**********Page Forward**********

City: Los Gatos
State: CA
Zip Code: 95032
Vanguard Employee: N
Crew Member: N
Director, 10% S/O, etc: N
Name of Company:
Affiliated: N
Annual Income: $20,001 - $49,000
Liquid Net Worth: $1,000,000 or above

TRUST INFORMATION:
Name of Trust:
Date of Trust:
Type of Trust:

PARTNERSHIP INFORMATION:
Name of Partnership or Sole Proprietor:

ORGANIZATION OR ENTITY INFORMATION:
Name of Entity or Organization:

ESTATE INFORMATION
Name:
Crewmember ?: NO
CWR Ordered ?:
MASTER ACCT TYPE:
MASTER ACCT NUMBER:

**********Page Forward**********

S CORP STATUS:
S CORP EFFECTIVE DATE:
BLUE SKY STATE: CA
BLUE SKY INDICATOR:
CBA METHOD:

ENT ELIGIBILITY OVERRIDE FLAG:
BETA ELIGIBILITY OVERRIDE FLAG:
PLAN INFORMATION:

Plan ID:
Plan Name:

Brokerage Account Number: [redacted]8205

Funding Method:

Duplicate Statement Requested:
Duplicate Confirm Requested:

Duplicate Mailing Name:
Duplicate Mailing Address:
City:
State:
Zip Code:
Duplicate Statement Requested:
**********Page Forward**********
Duplicate Confirm Requested:

Duplicate Mailing Name:
Duplicate Mailing Address:
City:
State:
Zip Code:

Settlement Account Information:
Fund Name: Federal Money Market Fund
Fund Number: 0033
Account Number:

New Money Market:
Fund Name: Federal Money Market Fund
Fund Number: 0033

Brokerage Dividend Option: C

VBS Agreement Information:
E Signature Id: 36*-9vlq5g1guc9d7ng8lj8czma199t1tgd
Crew Member Web User Id:
Date Approved/Rejected: 2020-11-09-13.08.33.412000
Approval Indicator: Y
Reject Reason:
Comments: S24 Approved.
*****END OF FILE*******