EXHIBIT LL

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Form AACPO - I

Vanguard

Vanguard Brokerage Account

Application for Organizations

Effective June 2020

Questions?
Call 800-662-2739.

Use this application to open a brokerage account for an organization to invest in Vanguard mutual funds, ETFs (exchange-traded funds), and other securities.

Don't use this application to update authorized signers on an existing identically-registered account.

To be eligible for a new account, you must provide and maintain a legal U.S. address.

This combined application and resolution authorizes persons to conduct transactions on this account. The resolution within this application remains in effect until Vanguard receives a new Vanguard Organization Resolution form from your organization that revokes the resolution. *You must file a Vanguard Organization Resolution form each time there's a change in the identity of individuals authorized to act for your organization.*

Please include a current copy of your organization's document confirming that each of the individuals listed in Section 2 are authorized to act or sign on this new account. For example, this could be your corporate secretary's certificate, operating agreement, board minutes, or a similar document with language stating that the individual is authorized to transact for the organization.

To avoid delays in establishing your account, be sure to include all required documentation. Sole proprietors and single member LLC owners must complete the Organization owner supplement that appears after the signature page.

See the most recent Vanguard Brokerage Services® commission and fee schedules for any fees that may apply.

Print in capital letters and use black ink.

1. Organization information

Identity of organization

You must provide the organization's name and its employer ID number. >

Name of organization *as shown on federal tax documents*		
Alternative Health Services In		
Employer ID number	If organization is exempt from backup withholding, provide the applicable exempt payee code from the list on page 5.	Code
[redacted]6828		5

You must complete this entire section. >

Country where organization was established	Tax residency
■ U.S. ☐ Other*	■ U.S. ☐ Other*
Country of establishment *if not U.S.*	Country of tax residence *if not U.S.*

*If the country of establishment is other than the U.S., you must complete an IRS Form W-8BEN electronically to certify your foreign status, and to claim treaty benefits if applicable. We'll mail you instructions for completing the electronic Form W-8BEN once your account has been established.

Organization mailing address

This will be the primary address for any mailings. >

Street or P.O. box	
5638 N Academy	
City, state, zip Colorado Springs, CO 80918	Country *if not U.S.*

Organization street address

This is required if the street address is different from the mailing address. >

Street address *A P.O. box or rural route number is not acceptable; address can be military APO or FPO.*	
306 Los Gatos Almaden Road	
City, state, zip Los Gatos, CA 95032	Country *if not U.S.*

Organization phone numbers

Organization phone *area code, number, extension*
408-596-1511
Additional organization phone *area code, number, extension*
408-596-1511

Return ALL pages of this application, even if some sections are left blank.

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Investment objectives and source of funds *Required*

Industry regulations require us to collect the information below

Review and select your investment objectives for this account from the list that follows. Then select your funding sources for the account.

- **Capital preservation.** Seeking to keep the original investment amount (the principal) from decreasing in value.
- **Income.** Seeking current cash flow in exchange for a reduction in potential capital appreciation.
- **Growth.** Seeking investments with capital appreciation potential in exchange for a reduction in income and increased volatility.
- **Speculative investing.** Seeking capital appreciation. This objective involves investments that can have significant fluctuations in value. It involves a high level of risk, which can lead to a significant loss of principal.

Primary investment objective *(required) Check only one.*

☐ Capital preservation ☐ Income ■ Growth ☐ Speculative investing

Secondary investment objective *(optional) Check only one.*

☐ Capital preservation ☐ Income ☐ Growth ☐ Speculative investing

Source of funds *(required) Check all that apply.*

☐ Income from employment/Salary	☐ Gift/Inheritance
☐ General savings	☐ Existing retirement account
☐ Social Security/Retirement income	☐ Sale of property/Investment gains
☐ Divorce/Legal settlement	■ Working capital/Corporate income
☐ Choice not listed *(must specify)*:_____	

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If the account is for an organization, you must provide the documentation indicated next to your selected registration type.

Registration type *Check one.*	Required external documentation
■ Corporation	Articles of incorporation, state-issued charter, or certificate of good standing. *Check one. If you don't fill in a circle, we'll treat your organization as an S corporation for tax-reporting purposes.* ■ C corporation ☐ S corporation
☐ Non-profit corporation	Articles of incorporation, state-issued charter, or certificate of good standing.
☐ Endowment	Pages in the trust document that show the name of the endowment and a listing of all trustees and their signatures.
☐ Foundation	Articles of incorporation or trust document to form foundation.
☐ Partnership	Partnership agreement.
☐ Professional association or corporation	Articles of association, certificate of organization, or similar document.
☐ Limited liability company (LLC)	Articles of association, certificate of organization, or similar document. *Check one box to indicate federal tax classification of LLC.* ☐ C corporation ☐ S corporation ☐ Partnership ☐ Single member Required for single member LLCs: • You must complete the organization owner supplement section on page 17. • You're required to provide an employer identification number (EIN) for the LLC.
☐ Sole proprietorship	Document filed to form the proprietorship. Must complete the organization owner supplement section after the signature page.
☐ Other *Specify type.*	Document filed to form, or evidencing the existence of, the organization or enterprise (if incorporated), or organization bylaws or similar document (if not incorporated).

Organization description *Check any that describe the organization.*

☐ National bank	☐ Mutual fund	☐ State-regulated bank
☐ Government agency or instrumentality		
☐ Publicly traded on the Nasdaq (except small-cap issues), NYSE, or NYSE Arca		Ticker symbol

Return ALL pages of this application, even if some sections are left blank.



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Exempt payee codes for organizations

If you're opening an account for an organization that's exempt from backup withholding, you must provide one of the following exempt payee codes where noted previously.

Type of organization	Exempt payee code
An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).	1
The United States or any of its agencies or instrumentalities.	2
A state, the District of Columbia, a possession of the United States, or any of their political subdivisions, agencies, or instrumentalities.	3
A foreign government or any of its political subdivisions, agencies, or instrumentalities.	4
A corporation.	5
A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States.	6
A futures commission merchant registered with the Commodity Futures Trading Commission.	7
A real estate investment trust.	8
An entity registered at all times during the tax year under the Investment Company Act of 1940.	9
A common trust fund operated by a bank under section 584(a).	10
A financial institution.	11
A middleman known in the investment community as a nominee or custodian.	12
A trust exempt from tax under section 664 or described in section 4947.	13

The following chart shows types of payees that are exempt from backup withholding.

If the payment is for ...	Then the payment is exempt for ...
Interest and dividend payments	All exempt payees except for 7.
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they're exempt only for sales of noncovered securities acquired prior to 2012.
Payments over $600 required to be reported	Generally, exempt payees 1 through 5.

2. Organization authorized signatories

This section MUST be completed.

You must provide all of the requested information for each required authorized signatory on pages 6 and 7.

Only the authorized signatory listed on page 8 will be given authority to consent to e-delivery of account-related information for the entity. Notice of availability of that information will be sent only to that individual's email address.

Authorized signatories

When acting on an organization's account or if the organization serves as a trustee or guardian/conservator, the individuals listed on the following pages can:

- Sign documents related to Vanguard mutual fund accounts and Vanguard Brokerage Accounts owned by the organization.
- Invest the assets of the organization.
- Obtain account information and give instructions for the purchase, sale, exchange, or transfer of securities.
- Engage in margin and option trading in Vanguard Brokerage Accounts owned by the organization.

Number of signatures required	*Indicate how many signatures are required on documents other than checks. If you don't provide a number, Vanguard will assume only one authorized signatory must sign.*
1	

Supporting documents must list the following individuals as authorized to act or sign on behalf of the organization.

Important: All authorized signatories must sign in Section 7 to establish the account.

Authorized signer 1

Provide the full legal name. >

Name of authorized signatory *first, middle initial, last*
Cassie Victoria Will

Association *Check all that apply.*

☐ Check this box if you are, or your spouse is, a Vanguard employee.

If this box is checked, > the agent must include with this application a letter of account approval from the affiliated organization's compliance officer.

☐ Check this box if you are an employee of FINRA, or if you are associated with a member of a stock exchange, a FINRA member firm, or a municipal securities dealer.

Control person *Check if applicable.*

☐ Check this box if you are, or a household member is, a control person or an affiliate of a public company, as defined in SEC Rule 144 (this would include, but is not limited to, 10% shareholders, policymaking executives, and members of the board of directors). If this box is checked, you must provide the names and trading symbols of the companies for which such person serves as a control person or an affiliate.

Name of company	Trading symbol
Name of company	Trading symbol

Return ALL pages of this application, even if some sections are left blank.

Authorized signer 2

Provide the full legal name. >

Name of authorized signatory *first, middle initial, last*

Association *Check all that apply.*

☐ Check this box if you are, or your spouse is, a Vanguard employee.

If this box is checked, the agent must include with this application a letter of account approval from the affiliated organization's compliance officer. >

☐ Check this box if you are an employee of FINRA, or if you are associated with a member of a stock exchange, a FINRA member firm, or a municipal securities dealer.

Control person *Check if applicable.*

☐ Check this box if you are, or a household member is, a control person or an affiliate of a public company, as defined in SEC Rule 144 (this would include, but is not limited to, 10% shareholders, policymaking executives, and members of the board of directors). If this box is checked, you must provide the names and trading symbols of the companies for which such person serves as a control person or an affiliate.

Name of company	Trading symbol
Name of company	Trading symbol

Authorized signer 3

Provide the full legal name. >

Name of authorized signatory *first, middle initial, last*

Association *Check all that apply.*

☐ Check this box if you are, or your spouse is, a Vanguard employee.

If this box is checked, the agent must include with this application a letter of account approval from the affiliated organization's compliance officer. >

☐ Check this box if you are an employee of FINRA, or if you are associated with a member of a stock exchange, a FINRA member firm, or a municipal securities dealer.

Control person *Check if applicable.*

☐ Check this box if you are, or a household member is, a control person or an affiliate of a public company, as defined in SEC Rule 144 (this would include, but is not limited to, 10% shareholders, policymaking executives, and members of the board of directors). If this box is checked, you must provide the names and trading symbols of the companies for which such person serves as a control person or an affiliate.

Name of company	Trading symbol
Name of company	Trading symbol

Online access and electronic delivery *optional*

If desired, provide the name and email address of the authorized signatory from Section 2 who's authorized to establish secure access to the organization's accounts online and consent to electronic delivery (e-delivery) of the organization's account documents. Only one person can be given this authority.

The authorized signatory will need to set up these services separately once we've processed this form. Not all organization accounts are eligible for e-delivery; the authorized signatory will have the option of electing e-delivery for any eligible accounts after registering for online access.

If by submitting this form the organization is removing or replacing the authorized signatory designated for online access and e-delivery, we'll reset the account's online access and change the mailing preferences for all account documents to U.S. mail delivery. The new authorized signatory will need to sign up to receive documents by electronic delivery, if desired.

Note: Any of the authorized signatories listed in Section 2 can obtain account information and perform transactions by calling a Vanguard investment professional.

Name of authorized signatory *first, middle initial, last*
Cassie Victoria Will
Email address of authorized signatory
[redacted]

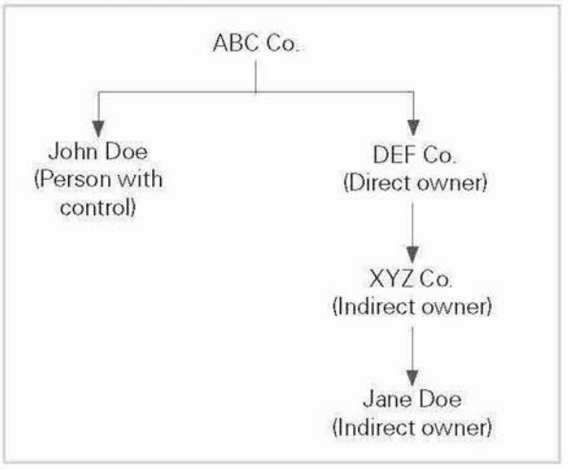
Note: This will be the email address for the account; all email notifications will be sent here. If you need to change the email address, you'll need to first request a PIN, which will be sent to the email address before you can change it.

Return ALL pages of this application, even if some sections are left blank.

Please review this information before completing Section 3

The Vanguard Group, Inc., and certain of its affiliates (collectively, "Vanguard") are required by federal law to obtain from each person who opens a new account, and in some cases, regarding each owner or trustee, certain personal information—including name, street address, and taxpayer identification number, among other information—that will be used to verify identity. If you don't provide us with this information, we won't be able to open the account. If we're unable to verify your identity, Vanguard reserves the right to close your account or take other steps we deem reasonable.

Example organization structure

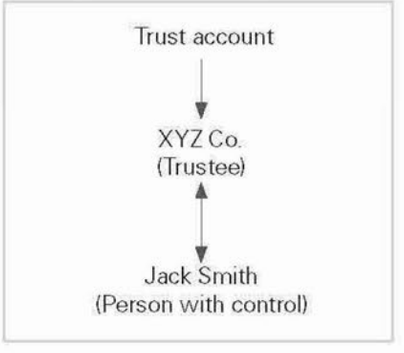


You're John Doe, a person with control establishing an account for ABC Co. DEF Co. is a direct owner of ABC Co. XYZ Co. and Jane Doe are indirect owners of ABC Co. Jane Doe is the ultimate indirect owner of ABC Co.

Information we require:

- DEF Co.: Name, employer ID number (EIN), and street address
- XYZ Co.: Name, EIN, and street address
- John Doe: Name, taxpayer ID number (TIN), date of birth (DOB), and street address
- Jane Doe: Name, TIN, DOB, and street address

Example trust structure



You're opening a trust account in which XYZ Co. (organization) is the sole trustee of the trust. Jack Smith is the person with control of XYZ Co.

Information we require:

- XYZ Co.: Name, EIN, and street address
- Jack Smith: Name, TIN, DOB, and street address

3. Certification of beneficial owners

This section is to identify a person with control and beneficial owner(s) of your organization. Once your organization account has been opened, you must file Vanguard's *standalone* Certification of Beneficial Owners form each time there is a change in a person with control or beneficial owner(s).

Person with control

A person with significant responsibility for managing the organization such as an executive officer, senior manager, or any other individual who regularly performs similar functions.

Name *first, middle initial, last*	
Sandra Will	
Birth date *mm/dd/yyyy* [redacted]	Phone *area code, number, extension* 408-596-1511
Social Security number or individual taxpayer ID number [redacted]	

Citizenship and tax residency

Check and complete only one.

■ U.S. citizen		
☐ Resident alien	Country of citizenship	
☐ Nonresident alien*	Country of citizenship	Country of tax residence

Street address

Street address *A P.O. box or rural route number is not acceptable; address can be military APO or FPO.*	
306 Los Gatos Almaden Road	
City, state, zip Los Gatos, CA 95032	Country *if not U.S.*

Beneficial owners

On the following pages, list all organizations, individuals, or trusts who directly or indirectly hold at least 25% ownership in the organization for which this Vanguard account is being opened. Pooled investment vehicles or nonprofit corporations are exempt from this requirement.

If the direct or indirect owner is a trust or organization, provide information on the trustee(s) or individual who owns the organization if that individual also holds at least 25% ownership. In certain circumstances, you may be required to provide information about additional beneficial owners with a 10% ownership threshold.

Note: If there are more than two beneficial owners, copy pages 11 or 12 and attach the additional copies with all of the requested information for each additional beneficial owner.

☐ Check this box if there are no beneficial owners who hold at least 25% *(10% in some instances)*.

Please provide the beneficial owner information on the following page(s).

*If the person with control is a nonresident alien, he or she must complete an IRS Form W-8BEN electronically to certify his or her tax status, and to claim treaty benefits if applicable. We'll mail you instructions for completing the electronic Form W-8BEN once the account has been established.

Return ALL pages of this application, even if some sections are left blank.

Beneficial owner 1

Check one and provide the required information.

☐ Beneficial owner – Individual
Provide information about this individual below under Beneficial owner information.

Is this individual also the person with control indicated on previous page? ☐ Yes ■ No

■ Beneficial owner – Organization or trust
*Provide information about the organization or trust below. If any individual or trustee owns at least 25% of the organization, also provide their name and other information under **Beneficial owner information**.*

Name of organization or trust
Plato Global Ventures LLC

Tax identification number

Street address *A P.O. box or rural route number is not acceptable.*
Hunkins Waterfront Plaza Main Street Charlestown Nevis

City, state, zip
Los Gatos, CA 95032

Beneficial owner information

Name *first, middle initial, last*
Cassie Will

Birth date *mm/dd/yyyy*	Phone *area code, number, extension*
[redacted]	4[redacted]

Social Security number or individual taxpayer ID number
[redacted]

Citizenship and tax residency

Check and complete only one.

■ U.S. citizen		
☐ Resident alien	Country of citizenship	
☐ Nonresident alien*	Country of citizenship	Country of tax residence

Street address

Street *A P.O. box or rural route number is not acceptable; address can be military APO or FPO.*
306 Los Gatos Almaden Road

City, state, zip	Country *if not U.S.*
Los Gatos, CA 95032	

*If the beneficial owner is a nonresident alien, he or she must complete an IRS Form W-8BEN electronically to certify his or her tax status, and to claim treaty benefits if applicable. We'll mail you instructions for completing the electronic Form W-8BEN once the account has been established.

Beneficial owner 2

Check one and provide the required information.

☐ Beneficial owner – Individual
Provide information about this individual below under Beneficial owner information.

Is this individual also the person with control indicated on previous page? ☐ Yes ☐ No

☐ Beneficial owner – Organization or trust
*Provide information about the organization or trust below. If any individual or trustee owns at least 25% of the organization, also provide their name and other information under **Beneficial owner information**.*

Name of organization or trust

Tax identification number

Street address *A P.O. box or rural route number is not acceptable.*

City, state, zip

Beneficial owner information

Name *first. middle initial. last*

Birth date *mm/dd/yyyy* | Phone *area code, number, extension*

Social Security number or individual taxpayer ID number

Citizenship and tax residency

Check and complete only one.

☐ U.S. citizen		
☐ Resident alien	Country of citizenship	
☐ Nonresident alien*	Country of citizenship	Country of tax residence

Street address

Street *A P.O. box or rural route number is not acceptable; address can be military APO or FPO.*

City, state, zip | Country *if not U.S.*

*If the beneficial owner is a nonresident alien, he or she must complete an IRS Form W-8BEN electronically to certify his or her tax status, and to claim treaty benefits if applicable. We'll mail you instructions for completing the electronic Form W-8BEN once the account has been established.

Return ALL pages of this application, even if some sections are left blank.



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4. How you'd like to make your initial investment

Combine any of the following methods to open and fund your account.*

Check all that apply.

	☐ Fund at a later date (by check, electronic transfer, wire transfer, or another acceptable method).	
Attach a completed Vanguard Brokerage Account Transfer Form. >	☐ By transfer from a brokerage firm or other financial institution.	
Attach a completed Change of Ownership Form. >	■ By transfer from an existing Vanguard account.	
Make your check payable to *Vanguard*. >	☐ By check. The entire amount of the check will be invested in your money market settlement fund (see Section 5).	Amount $

5. Your money market settlement fund

We'll establish your settlement fund in Vanguard Federal Money Market Fund (0033) to pay for, and receive proceeds from, brokerage transactions. This fund isn't subject to a minimum balance requirement.

6. Dividends and other distributions

Indicate how you want us to apply cash dividends and other cash distributions from your securities.

Check one.

If you don't check a box, reinvestment-eligible distributions will be reinvested in additional shares of the security. >	■ Reinvest earnings from my eligible securities in additional shares of those securities.
	☐ Deposit earnings from my securities into my money market settlement fund.

*Money recently added to your account by check may not be immediately available to pay for certain brokerage transactions and may not be immediately available to withdraw from the account.



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7. Certification, indemnification, and authorization

Important information about opening a new account. Vanguard Marketing Corporation is required by federal law to obtain from each person who opens an account, and in some cases, regarding each owner or trustee, certain personal information—including name, street address, and taxpayer identification number, among other information—that will be used to verify identity. If You do not provide Us with this information, We will not be able to open the account. If We are unable to verify Your identity, Vanguard Marketing Corporation reserves the right to close Your account or take other steps We deem reasonable.

Important: All authorized signatories must sign in this section. For Vanguard Brokerage Accounts, these individuals must be named in a supporting document.

Read this section and sign on page 16 exactly as indicated in Section 2.

For initial investments by check

- If We're able to approve Your application within a reasonable period of time, We'll invest Your check in Your money market settlement fund as soon as Your account is opened.
- If We can't approve Your application to open Your account within a reasonable period of time, We'll return Your check uninvested.

For all other investment types

We'll initiate a transfer from a brokerage firm or other financial institution, deposit endorsed certificates, and/or process an electronic transfer from a bank account as soon as Your account is opened.

By signing this Vanguard Brokerage Account Application for Organizations (Application), You acknowledge that:

1. You have received and read a copy of the attached Vanguard Brokerage Account Agreement (Agreement), which contains a **predispute arbitration agreement**. You acknowledge that Your signature signifies and constitutes Your agreement that this Account and Your relationship with Vanguard Brokerage Services will be governed by and consists of the terms set forth in the Agreement and incorporates the terms set forth in the Vanguard Brokerage Services commission and fee schedules, and the other disclosures, terms, and agreements relating to Your Account or to particular features or services offered in connection with Your Account, each as amended from time to time. You understand there are fees associated with establishing, maintaining, and engaging in transactions in and transferring assets out of this Account.
2. You have read and understand the money market settlement fund information in Section 5 of this Application and agree to and authorize the settlement terms indicated. You also acknowledge that by purchasing the applicable Vanguard money market fund, You have received and read the prospectus for that fund.
3. You, if You're using this form to add electronic bank transfer information, authorize The Vanguard Group, Inc., and Vanguard Marketing Corporation, and any affiliates or subsidiaries of either (individually or collectively, "Vanguard"), upon phone or online request, to pay amounts representing redemptions or withdrawals made by You, or to secure payment of amounts invested by You, by initiating credit or debit entries to the bank named by You. You authorize the bank to accept any such credits or debits to Your account without responsibility for the correctness thereof. You acknowledge that the origination of ACH transactions to Your account must comply with U.S. law. You further agree that Vanguard won't incur any loss, liability, cost, or expense in connection with Your phone or online request. You understand that this authorization may be terminated by You at any time by written notification to Vanguard and to the bank. The termination request will be effective as to Vanguard as soon as Vanguard has had a reasonable amount of time to act upon it. You represent and warrant to Vanguard that You're an owner or authorized signer on the bank account specified by You on this form and that no other owner or authorized signer of such bank account (other than the joint Vanguard account owner(s), if applicable) is required to sign to authorize the initiation of ACH entries to such bank account.

Return ALL pages of this application, even if some sections are left blank.



4. You understand that even if an account has more than one authorized signatory listed in Section 2 or on a valid Organization Resolution form, Vanguard can accept online or phone instructions from any one authorized signatory.
5. You confirm that the organization is in existence and that You have full authority to enter into investment transactions on behalf of the organization and to execute and deliver documents on its behalf.
6. Each of the authorized signatories identified in Section 2 is duly authorized by resolution of the board of directors or other governing body of the organization, or under the organization's charter or other organizing document, to act on behalf of the organization in connection with any Vanguard Brokerage Accounts owned by the organization. Each such signatory is authorized to invest the assets of the organization; obtain information and give instructions for the purchase, sale, exchange, or transfer of securities; engage in margin and option trading (if available) on Vanguard Brokerage Accounts owned by the organization; and execute any necessary documents in connection with those securities and/or Vanguard Brokerage Accounts owned by the organization.
7. The organization is solely responsible for informing Vanguard Brokerage of any changes in the authority or identity of any of the authorized signatories identified in Section 2.
8. The following statement applies to organizations that may engage in option trading: I/We understand the investment objectives and trading plan of the registered account owner(s) and will only use trading strategies that are consistent with these objectives and plans. I/We acknowledge that I/we have received from the registered account owner(s) (or I/we already possess) copies of the Vanguard Brokerage Option Application and Vanguard Brokerage Option Account Agreement (Option Agreement), and I/we have read and understand them. I/We also acknowledge that if the registered account owner(s) is/are approved for option trading, the owner(s) will be sent the booklet *Characteristics and Risks of Standardized Options*. I/We agree to read the booklet prior to conducting any trades in the registered account owner's(s') account. I/We also accept all the terms and conditions of the Option Agreement. I/We acknowledge receiving a copy of the Option Agreement, which contains a predispute arbitration clause highlighted in paragraphs 14 and 15 on page 3. By signing this application, I/we agree to be bound by the terms of the Option Agreement.

For all organizations submitting this application and resolution

The organization agrees to indemnify and hold The Vanguard Group, Inc., Vanguard Marketing Corporation, their affiliates, each of the investment company members of The Vanguard Group, and their respective officers, employees, and agents (collectively, Vanguard) harmless from and against all losses, claims, and expenses (including attorney's fees) of any kind incurred by Vanguard for relying in good faith upon information provided in this resolution and for acting on instructions believed by Vanguard to have originated from any authorized signatory identified in Section 2, as the case may be. This resolution remains in full force and effect until revoked by an authorized signatory of the organization. Each Organization Resolution filed with Vanguard revokes a corporate/organization resolution previously filed with Vanguard in its entirety. Any revocation will not affect any liability resulting from transactions initiated before Vanguard has had a reasonable amount of time to act upon the revocation.

The undersigned are authorized to certify this information on behalf of the organization and confirm that these provisions conform to the charter or other organizing document of our organization.

For purposes of this Application and the attached Vanguard Brokerage Account Agreement, the terms "You," "Your," and "Account Owner" refer to each person who signs this Application. The terms "We," "Us," and "Our" refer to Vanguard Brokerage Services, a division of Vanguard Marketing Corporation, and its affiliates.

You must sign on the next page.



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If I am a U.S. citizen, a U.S. resident alien, or a representative of a U.S. entity, I certify under penalties of perjury that:

1. The taxpayer ID number I have given on this form is correct (or I am waiting for a number to be issued to me).
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.

   Important: Cross out item 2 if You have been notified by the IRS that You are currently subject to backup withholding because You have failed to report all interest or dividends on Your tax return.
3. I am a U.S. citizen or other U.S. person (as defined by the IRS in its Form W-9 instructions).
4. The Foreign Account Tax Compliance Act (FATCA) code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

If I am a nonresident alien, I will complete an IRS Form W-8BEN electronically to certify my tax status, including my FATCA status, and to claim treaty benefits if applicable.

The IRS does not require Your consent to any provision of this document other than the certification required to avoid backup withholding.

NOTE THAT SECTION f ON PAGE 16 OF THE ATTACHED AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE.

Important: All authorized signatories must sign below. These individuals must be listed in the supporting documents as authorized to act or sign on behalf of the organization.

The authorized signatories signing below, hereby certify, to the best of their knowledge, that the information provided on this brokerage application form is complete and correct.

The first authorized signer listed in Section 2 must sign with **today's date** here.

Signature of authorized signer 1	Today's date *mm dd yyyy*
X DocuSigned by: Cassie Victoria Will 6CBF43F5085943D...	11/23/2020 | 5:42 PM EST
Print name	

The second authorized signer listed in Section 2 must sign with **today's date** here.

Signature of authorized signer 2	Today's date *mm dd yyyy*
X	M M – D D – Y Y Y Y
Print name	

The third authorized signer listed in Section 2 must sign with **today's date** here.

If additional signatures are required, copy this page.

Signature of authorized signer 3	Today's date *mm dd yyyy*
X	M M – D D – Y Y Y Y
Print name	

Important: If your organization is a single member LLC or sole proprietorship, you'll also need to complete the Organization owner supplement on page 17.

Return ALL pages of this application, even if some sections are left blank.

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Organization owner supplement *For sole proprietorships and single member LLC accounts*

Provide the following information for the sole proprietor or single member LLC owner.

Provide the full legal name. >

You must complete this entire section and provide at least one phone number. >

Name of owner *first, middle initial, last*		
Birth date *mm/dd/yyyy*	Email address *required for e-delivery*	
Daytime phone *area code, number, extension* ☐ Mobile	Evening phone *area code, number, extension* ☐ Mobile	
Social Security number or individual taxpayer ID number	Gender *optional* ☐ Male ☐ Female	

Citizenship and tax residency

Check and complete only one.

☐ U.S. citizen		
☐ Resident alien	Country of citizenship	
☐ Nonresident alien*	Country of citizenship	Country of tax residence

Street address

Street address *A P.O. box or rural route number is not acceptable, address can be military APO or FPO.*	
City, state, zip	Country *if not U.S.*

Mailing address *Use the organization or estate address.*

This is required if the mailing address is different from the street address. >

Street address	
City, state, zip	Country *if not U.S.*

Industry regulations require us to collect the information below

For sole proprietors only

Annual income Required *Check one.* Include ALL sources of income.	☐ $0–$19,999 ☐ $20,000–$49,999 ☐ $50,000–$74,999 ☐ $75,000–$99,999	☐ $100,000–$499,999 ☐ $500,000–$999,999 ☐ $1,000,000 or above
Liquid net worth (cash, securities, etc.) Required *Check one.* Don't include your home.	☐ $0–$19,999 ☐ $20,000–$49,999 ☐ $50,000–$74,999 ☐ $75,000–$99,999	☐ $100,000–$499,999 ☐ $500,000–$999,999 ☐ $1,000,000 or above

*If the sole proprietor or single member LLC owner is a nonresident alien, he or she must complete an IRS Form W-8BEN electronically to certify his or her tax status, and to claim treaty benefits if applicable. We'll mail you instructions for completing the electronic Form W-8BEN once the account has been established.



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Mailing information

Mail all pages of this application—even if some sections are left blank—and any other required forms in the enclosed postage-paid envelope.

Mail to: >
Vanguard
P.O. Box 982901
El Paso, TX 79998-2901

For registered or certified mail, or overnight delivery, mail to: >
Vanguard
5951 Luckett Court, Suite A1
El Paso, TX 79932-1882

Reminders

Attach copies of the documentation required in Section 1.

Include a current copy of your organization's document that confirms the individuals listed are authorized to act.

If you're transferring assets from a brokerage account at another firm

Complete our Vanguard Brokerage Account Transfer Form and submit it with this application.

If you're transferring assets from an existing Vanguard account

Complete our Change of Ownership Form and submit it with this application.

If you want to add bank information

Complete our Electronic Bank Transfer Service Form and submit it with this application.

If you want to set up options investing or margin trading

- **Options investing.** Complete and attach our Brokerage Option Application.
- **Margin trading.** Complete and attach our Margin Account Application.

Return ALL pages of this application, even if some sections are left blank.

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