

## WEDBUSH INSURED DEPOSIT PROGRAM APPLICATION

| For Office use only:  |  |  |   |  |
|---|--|--|---|--|
| FA: Accor   | unt Number:  | New Request:   | Update:   |  |
| accounts at the Program banks   | and insured up to \$2,500,   | gram"), all available cash balances will be<br>000 for individual accounts and \$5,000,00<br>ad the enclosed Terms and Conditions ca   | 00 for joint accounts. Cash   |  |
| ACCOUNT INFORMATION   |  |  |   |  |
| Account Title:  |  | Account Number:  |   |  |
| DEPOSIT BANK LIST   |  |  |   |  |
| following conditions:  • You already have a cash OR   | n deposit of \$250,000, or \$  | clude, via check mark, any financial insti<br>500,000 if a joint account, at that bank.<br>with your cash deposit(s) would exceed \$   |   |  |
| Program Bank  | Location   | Program Bank   | Location  |  |
| ☐ Barclays Bank Delaware  | Wilmington, DE   | ☐ NexBank  | Dallas, TX  |  |
| ☐ Cadence Bank  | Houston, TX  | ☐ Preferred Bank   | Los Angeles, CA   |  |
| ☐ CalPrivate Bank   | La Jolla, CA   | ☐ Regent Bank  | Tulsa, OK   |  |
| □ Eagle Bank  | Bethesda, MD   | ☐ TriState Capital   | Pittsburgh, PA  |  |
| ☐ HSBC Bank USA   | New York, NY   | ☐ United Community Bank  | Blairsville, GA   |  |
| ☐ Independent Bank  | McKinney, TX   | ☐ United Fidelity Bank   | Evansville, IN  |  |
| ☐ Keystone Bank   | Austin, TX   | ☐ Veritex Community Bank   | Dallas, TX  |  |
| ☐ Merchants Bank of Indiana   | Carmel, IN   | ☐ Webster Bank N.A.  | Stamford, CT  |  |
| banks and savings associations as those t<br>eligible account type per depositor per ba<br>The Wedbush Insured Deposit program cu | erms are defined in the Federal D<br>nk. Please carefully review the dis<br>rrently offers \$2.5 million of FDIC | ency pass-through deposit insurance coverage. Progre<br>eposit Insurance Act. The FDIC insurance limit is \$250,<br>sclosure document for detailed information regarding<br>insurance per eligible account. While you may exclude<br>r coverage level as a result. Please contact your Finan | 000, or \$500,000 if a joint account, in eac<br>FDIC insurance limits.<br>e any number of banks you choose, the |  |
| Applicant Signature:  | Print Name:  |  | Date:   |  |
| Co-Applicant Signature:   | Print Name:  |  | Date:   |  |
|   | FO   | R OFFICE USE ONLY  |   |  |
| EA Name:  | Drin   | t Name: Γ  | )ate:   |  |

\_\_\_\_\_ Print Name: \_\_\_

SOM: \_

\_ Date:\_