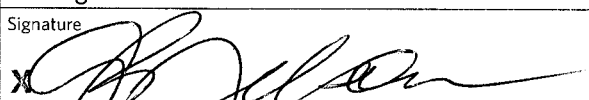## STEP 8. SIGNATURE

I acknowledge that I have read and understood the Tax Withholding instructions and Pershing LLC (Pershing) is not responsible for determining the appropriateness of the distribution and withholding election. Also, my federal, state, and nonresident alien income tax withholding election is applicable to any subsequent distributions, until I revoke the election under the procedure established by Pershing LLC. If I have selected Standing Instructions, inclusive of a withholding election, I acknowledge that this may allow my financial professional or their firm to request distributions on my behalf, if their policies permit. I certify that I have provided Pershing with correct information, and I understand that a distribution or distributions will be made from my Pershing IRA or ESA based on that information, and as a result of this direction, I certify that this distribution request is in accordance with the provisions of the IRA or ESA and satisfies applicable federal and state law requirements. I understand that I am responsible for maintaining sufficient cash or marketable securities in my account to support these distributions. I understand that the distribution is reported to the IRS (and my state of residence, if it requires reporting) for the tax year in which Pershing processes and makes the distribution and there are no exceptions to this policy. I understand that Pershing does not provide tax or legal advice, and that Pershing strongly recommends that I consult my tax or legal advisor prior to completing this request. I hereby indemnify and hold harmless Pershing LLC and its affiliates for any tax consequences of this distribution request, the elections made above, and any future distribution request utilizing these elections. Pershing LLC may rely on my certification without further investigation or inquiry and shall not be liable for any misrepresentation of fact.

I acknowledge that I understand the one-rollover-per-year rollover limitation as defined by § 408(d)(3)(B) of the Internal Revenue Code. I also represent that this distribution request is NOT being used to purchase an investment custodied away from Pershing LLC for this referenced Pershing IRA or ESA. Please speak with your advisor or financial institution about investment eligibility standards.

Power of Attorney

If you are signing this form as an Attorney-In-Fact for the account owner and you have a Power of Attorney on file with Pershing, you are hereby attesting that you have no actual knowledge or actual notice of the revocation or termination of said Power of Attorney by death, disability, or otherwise, or notice of any facts indicating same. You are also representing that the owner is now alive and has not at any time revoked or repudiated the Power of Attorney and that the Power of Attorney is still in full force and effect. You agree that you will notify the introducing financial institution of the owner's death, of any termination or revocation of the Power of Attorney, and/or modification of the Power of Attorney; you also agree that, if the Power of Attorney is not durable, then you will notify the introducing financial institution of any incapacity of the owner that would render the Power of Attorney void. The Power of Attorney is in full force and effect and this authority is to remain in full force and effect until Pershing has received written notification of its termination in such time and in such manner as to afford Pershing and the financial institution a reasonable opportunity to act on it.

IRA Owner/ESA Responsible Individual

Print Name	Date
George R. Nelson	10 - 16 - 2018
Signature	
X (signature)	

Upon completion, please return the completed distribution form to your advisor or financial institution. **This request must be processed within 30 days of your signature and date for a one-time distribution, or within 60 days for a Standing or Periodic instruction request.** You may keep a copy of the instructions for your reference.