Corporate or Entity Resolution

Important information to consider before completing this form:

- The purpose of this form is to establish or maintain individuals who shall have full authority to sign for or act on behalf of a corporation or other legal entity ("Entity").
- The corporate or entity ownership must be established prior to submitting this form. Submit one resolution form per ownership, not per each account.
- This form is used for your financial accounts and/or your insurance and annuity products. Throughout this form the term "Account(s)" refers to your designated account(s) with Ameriprise Financial Services, Inc., a dually-registered investment advisor and introducing broker-dealer, American Enterprise Investment Services, Inc., RiverSource Life Insurance Company and RiverSource Life Insurance Co. of New York, each a wholly owned subsidiary of Ameriprise Financial, Inc. The entities listed in this section shall be collectively referred to as "Ameriprise Financial."

This form is not to be used for:

- Trusts (Complete and submit Ameriprise Certificate of Trust Form 402400)
- Limited Partnerships or Family Limited Partnerships (Submit the partnership agreement(s))
- Sole Proprietorships (Complete and submit Certificate of Sole Proprietor Form 2186)

Part 1  Entity Information

Entity Name

Select one purpose:

- Establish new resolution
- Update an existing resolution (attach a letter of instruction)

Was additional paperwork submitted with this form? Yes No

If yes, select the paperwork submitted:

- Court Order
- Qualified 401(a) Plan
- Guardian
- Conservator

Part 2  Authorized Signer(s) Information

- If the authorized signer has an Ameriprise Financial client ID only the name and client ID fields are required in this section. If the authorized signer does not have a client ID, all fields must be completed.
- Each authorized signer who wishes to transact with or provide direction to Ameriprise Financial must sign this form. An authorized signer must be of legal age, a U.S citizen or U.S. resident alien, and have a U.S. permanent address.

How many authorized signers will be named? 1 2 3 4 5 More than 5

If there are more than 5 authorized signers, please complete additional authorized signer pages of this form and submit as one packet.

If more than one authorized signer is named, can all authorized signers act independently? Yes No

If no selection is made, the default is to act independently.

If each authorized signer cannot act independently, how many authorized signers are required to work together to transact business?

Authorized Signer First  MI  Last  Client ID  Social Security Number

Residential Address

Sign on Page
Fax # 1.866.432.9267

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### Sign on Page
Fax # 1.866.432.9267  © 2010 - 2017 Ameriprise Financial, Inc. All rights reserved.
Company 1

<table>
<thead>
<tr>
<th>Company 1 Street Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Company 1 City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

Company 2

<table>
<thead>
<tr>
<th>Company 2 Street Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Company 2 City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
</table>

Is the authorized signer an officer, director, 10% shareholder or policy maker of a publicly traded company?  
☐ Yes  ☐ No

How many companies is the authorized signer an officer, director, 10% shareholder or policy maker of?  
☐ 1  ☐ 2  ☐ 3  ☐ 4

- [ ] Same as Company 1
  | Company Ticker Symbol |

- [ ] Same as Company 2
  | Company Ticker Symbol |

If the company is not indicated above, enter the following required information:

Company 1

<table>
<thead>
<tr>
<th>Company 1 Street Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Company 1 City</th>
<th>State</th>
<th>Ticker Symbol</th>
</tr>
</thead>
</table>

Company 2

<table>
<thead>
<tr>
<th>Company 2 Street Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Company 2 City</th>
<th>State</th>
<th>Ticker Symbol</th>
</tr>
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Authorized Signer Signature  
X

Authorized Signer First  
MI  
Last

Client ID

Social Security Number

Sign on Page  
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Residential Address

City

State

ZIP code

Phone Number

Gender

Male

Female

Date of Birth (MMDDYYYY)

Citizenship:

U. S. Citizen

Resident Alien

Country of Citizenship (Required if Resident Alien)

Second Country of Citizenship

Does the authorized signer have investment experience?

Yes

No

Select all asset type(s) for which the client has experience. For each asset type, select the Years of Investment Experience and Average Number of Buy or Sell Trades per Year.

- Investment experience should account for years of active participation, rather than the number of years since the first purchase. (Example: If client purchased options actively in 2007 and 2008, but hasn't since that time = 2 years)
- If years of experience has not crossed the minimum of the range, select the lower range, with the exception of anything greater than none falling into 1-2 years. (Examples: 8 months = 1-2 years; 2.5 years = 1-2 years, 5.5 years = 3-5 years)
- Do not include DRIP arrangements for Equities (includes ETFs) or systematic arrangements for Mutual Funds/529s when selecting the average number of buy or sell trades per year.

<table>
<thead>
<tr>
<th>Asset Type</th>
<th>Years of Investment Experience</th>
<th>Avg. # of Buy and Sell Trades per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative Investments</td>
<td>1-2</td>
<td>0-5</td>
</tr>
<tr>
<td>(includes managed futures/fund of hedge funds)</td>
<td>3-5</td>
<td>6-15</td>
</tr>
<tr>
<td>Annuities/Variable Life</td>
<td>1-2</td>
<td>0-5</td>
</tr>
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<td>Certificates/CDs</td>
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<tr>
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<td>3-5</td>
</tr>
<tr>
<td>Non-Traded REITs/BDCs and non-traded closed end funds</td>
<td>1-2</td>
<td>3-5</td>
</tr>
<tr>
<td>Options</td>
<td>1-2</td>
<td>3-5</td>
</tr>
<tr>
<td>Structured Products</td>
<td>1-2</td>
<td>3-5</td>
</tr>
</tbody>
</table>

Employment Information

Employment status of the Trustee:

A. Employed

B. Self-employed

C. Not Employed

D. Retired

E. Other (Homemaker, Minor, Student, etc.)

Primary Occupation Information (Required if employed or self-employed)

Is the authorized signer employed, or an associated person of, by a registered broker-dealer, a securities exchange or the Financial Industry Regulatory Authority (FINRA)? If the authorized signer answers yes, we may be required to send to their employer a duplicate copy of statements and confirmations.

Yes

No

How many companies is the authorized signer employed by, or an associated person of?

1

2

3

4
| Company 1 |
| Company 1 Street Address |
| Company 1 City | State | ZIP Code |

| Company 2 |
| Company 2 Street Address |
| Company 2 City | State | ZIP Code |

Is the authorized signer an officer, director, 10% shareholder or policy maker of a publicly traded company?  Yes  No

How many companies is the authorized signer an officer, director, 10% shareholder or policy maker of?  1  2  3  4

- [ ] Same as Company 1
- [ ] Same as Company 2

If the company is not indicated above, enter the following required information:

| Company 1 |
| Company 1 Street Address |
| Company 1 City | State | ZIP Code | Ticker Symbol |

| Company 2 |
| Company 2 Street Address |
| Company 2 City | State | ZIP Code | Ticker Symbol |

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| Authorized Signer Signature |
| Date (MMDDYYYY) |

| Authorized Signer First | MI | Last |
| Client ID | Social Security Number |
| Residential Address |

Sign on Page
Fax # 1.866.432.9267

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City | State | ZIP code
--- | --- | ---

Phone Number | Gender | Date of Birth (MMDDYYYY)
--- | --- | ---

Citizenship: | U. S. Citizen | Resident Alien
--- | --- | ---

Country of Citizenship (Required if Resident Alien) | Second Country of Citizenship
--- | ---

Does the authorized signer have investment experience? | Yes | No
--- | ---

Select all asset type(s) for which the client has experience. For each asset type, select the Years of Investment Experience and Average Number of Buy or Sell Trades per Year.
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Is the authorized signer employed, or an associated person of, by a registered broker-dealer, a securities exchange or the Financial Industry Regulatory Authority (FINRA)? If the authorized signer answers yes, we may be required to send to their employer a duplicate copy of statements and confirmations.
- Yes
- No

How many companies is the authorized signer employed by, or an associated person of? | 1 | 2 | 3 | 4
Company 1

Company 1 Street Address

Company 1 City

Company 2

Company 2 Street Address

Company 2 City

Is the authorized signer an officer, director, 10% shareholder or policy maker of a publicly traded company?  
☐ Yes  ☐ No

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☐ Same as Company 1

Company Ticker Symbol

☐ Same as Company 2

Company Ticker Symbol

If the company is not indicated above, enter the following required information:

Company 1

Company 1 Street Address

Company 1 City

Company 2

Company 2 Street Address

Company 2 City

Authorized Signer Signature

Date (MMDDYYYY)

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Part 3  Online Access

Would you like to establish online access to the secure site at the ameriprise.com website for the entity?  ☐ Yes  ☐ No

Name of authorized signer to receive access: 
Authorized Signer's Client ID: 
Requested User ID for Entity: 
E-mail Address of Authorized Signer: 
Daytime Phone Number: 

We represent and warrant:
That we have full power and authority granted by the entity and applicable law to appoint Authorized Signer for purposes of access to the secure site at the ameriprise.com website. The Authorized Signer above has full access to the secure site at the ameriprise.com website, including but not limited to full transactional capabilities, including the ability to purchase or sell securities, and to direct the disbursement of funds or securities from the account(s), and name beneficiaries on insurance policies and annuity contracts. We agree that all orders and instructions transmitted to Ameriprise Financial Services, Inc. for the account(s) shall be binding on the entity. We represent and warrant that we have each received and reviewed a copy of this Certification and that we agree to be bound by its terms. We further represent and warrant that we have received, read, understand, and agree to be bound by all terms of the agreements with Ameriprise Financial services, Inc., its subsidiaries and affiliates, as they relate to the account(s) and all transactions and activities conducted therein, including the requirement in any specific agreement that all disputes must be resolved through arbitration.

Part 4  Resolution

The corporation or entity is duly organized, validly existing and in good standing under the laws of the above state, and has adopted the following resolutions as of the date set forth below:

BE IT RESOLVED THAT:
1. Each authorized signer shall have the authority to sign and transact on behalf of the entity, and to bind and obligate the entity, to the same extent as an account owner would, consistent with the relevant product and account opening documentation and restrictions.
2. Ameriprise Financial shall be entitled to rely upon instructions received from each authorized signer to the same extent as if those instructions were provided by the entity.
3. Despite this authorization, Ameriprise Financial will continue to deliver all confirmations, notices, and demands upon the entity to the address of record on the entity's account.
4. The entity shall, upon request, promptly furnish Ameriprise Financial with a complete and current copy of the entity's Certificate of Incorporation and By-Laws, or equivalent documents, and all amendments thereto.
5. This corporate or entity resolution shall remain in full force and effect until written notice of revocation or modification thereof is received by Ameriprise Financial.
6. This corporate or entity resolution may be executed in multiple counterparts, each of which shall be an original, but all of which together shall be deemed to constitute a single agreement, and submitted at the same time.
7. Facsimile signatures on the corporate or entity resolution shall be deemed to constitute originals.
Part 5 Certification

This certification is to be completed by the secretary (or its equivalent) of the corporation or entity to acknowledge and confirm that (i) a meeting of the board of directors (or equivalent governing body) was held, and (ii) the corporation or entity’s governing body approved all activity provided in this corporate or entity resolution.

- This section must be completed with (i) the title of the officer signing the certification, (ii) the date the certification was signed, and (iii) the date the meeting of the board of directors (or equivalent governing body) was held.
- The officer must sign and print his/her name in the area below this certification.
- If the secretary is the only authorized signer named on page 1, this authorization must be signed by another officer unless the secretary also holds all offices of the corporation or entity.
- The date of the meeting at which the board of directors (or equivalent governing body) met and passed each of the foregoing resolutions, must occur on or before the date the entity’s account is established.

The undersigned, individually and/or through the corporation's or entity's duly authorized offices(s), hereby certifies that (i) a meeting of the board of directors, or equivalent governing body, was duly convened and held at which all of the foregoing resolutions (the "resolutions") were duly passed and adopted by unanimous vote; (ii) the resolutions appear in the minute book of the corporation or entity and are in accord with the terms of the entity's documents, (iii) the resolutions have not been rescinded, modified and/or amended and are now in full force and effect, and (iv) the signatures of the authorized signers affixed to this document are their true and genuine signatures and they currently hold the office or position with the corporation or entity indicated next to their respective names.

<table>
<thead>
<tr>
<th>Secretary or Equivalent First Name</th>
<th>MI</th>
<th>Last Name</th>
<th>Title</th>
<th>Date (MMDDYYYY)</th>
</tr>
</thead>
</table>

Secretary or Equivalent Signature: X

Date of Resolutions Meeting (MMDDYYYY): 

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