Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

B This return/report is [ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

D If the plan is a collectively-bargained plan, check here ▶ [ ]

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
BRIGHTON BANK 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1978

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
BRIGHTON BANK

93 W. 3300 S.
SALT LAKE CITY, UT 84115

2b Employer Identification Number (EIN) 87-0333114

2c Sponsor's telephone number 801-487-5908

2d Business code (see instructions) 522110

3a Plan administrator's name and address [ ] Same as Plan Sponsor.
BRIGHTON BANK
93 W. 3300 S.
SALT LAKE CITY, UT 84115

3b Administrator's EIN 87-0333114

3c Administrator's telephone number 801-487-5908

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	61
b Total number of participants at the end of the plan year	**5b**	64
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	61
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	62
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	43
d(2) Total number of active participants at the end of the plan year	**5d(2)**	48
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	4

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	04/27/2026	JULIE CANDLAND
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [ ] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	9045394	9678730
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	9045394	9678730
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	371607	
(2) Participants	8a(2)	311676	
(3) Others (including rollovers)	8a(3)	10000	
b Other income (loss)	8b	909460	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1602743
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	963078	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	6329	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		969407
i Net income (loss) (subtract line 8h from line 8c)	8i		633336
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristic Codes

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2K 2J 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X		18104
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		91470
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☐ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a** |

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- ☐ Yes.
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. ☐ Yes ☒ No

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		☐ Yes ☒ No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☐ Yes ☒ No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- ☐ Design-based safe harbor method
- ☐ "Prior year" ADP test
- ☒ "Current year" ADP test
- ☐ N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912A.

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

B This return/report is [ ] the first return/report [ ] the final return/report
[ ] an amended return/report [ ] a short plan year return/report (less than 12 months)

C Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

D If the plan is a collectively-bargained plan, check here ▶ [ ]

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
Brighton Bank 401(k) Profit Sharing Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1978

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
Brighton Bank

93 W. 3300 S.

Salt Lake City UT 84115

2b Employer Identification Number (EIN) 87-0333114

2c Sponsor's telephone number 801-487-5908

2d Business code (see instructions) 522110

3a Plan administrator's name and address [ ] Same as Plan Sponsor.
Brighton Bank

93 W. 3300 S.

Salt Lake City UT 84115

3b Administrator's EIN 87-0333114

3c Administrator's telephone number 801-487-5908

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
a Sponsor's name
c Plan Name

4b EIN

4d PN

5a Total number of participants at the beginning of the plan year	**5a**	61
b Total number of participants at the end of the plan year	**5b**	64
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	61
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	62
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	43
d(2) Total number of active participants at the end of the plan year	**5d(2)**	48
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	4

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Docusigned by: Julie Candland D3F342FFC5EF490...	04-27-2026	Julie Candland
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Julie Candland D3F342FFC5EF490...	04-27-2026	Julie Candland
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	9,045,394	9,678,730
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	9,045,394	9,678,730
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)	371,607	
(2) Participants	8a(2)	311,676	
(3) Others (including rollovers)	8a(3)	10,000	
b Other income (loss)	8b	909,460	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		1,602,743
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	963,078	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f		
g Other expenses	8g	6,329	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		969,407
i Net income (loss) (subtract line 8h from line 8c)	8i		633,336
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristic Codes

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2K 2J 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500,000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	X		18,104
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	X		91,470
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. ☐ Yes ☐ No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

- ☐ Yes.
- ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
- ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
- ☐ No. Other. Provide explanation _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. ☐ Yes ☒ No

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		☐ Yes ☒ No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☐ Yes ☒ No

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

- ☐ Design-based safe harbor method
- ☐ "Prior year" ADP test
- ☒ "Current year" ADP test
- ☐ N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06/30/2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703912a.

Certificate Of Completion

Envelope Id: 89AE992D-EF51-40FD-95F4-6A0CAE60E050
Status: Completed
Subject: Complete with Docusign: Brighton Bank 401k Profit Sharing Plan - ScheduleSF - .pdf
Source Envelope:
Document Pages: 3
Signatures: 2
Certificate Pages: 4
Initials: 0
AutoNav: Enabled
EnvelopeId Stamping: Enabled
Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Envelope Originator:
H Parkinson
MassMutual Advisor360 #114832865
1295 State St
SPRINGFIELD, MA 01111
hbparkinson@financialguide.com
IP Address: 2601:681:77e:57

Record Tracking

Status: Original
4/27/2026 3:32:14 PM
Holder: H Parkinson
hbparkinson@financialguide.com
Location: DocuSign

Signer Events	Signature	Timestamp
Julie Candland jcandland@brightonbank.com HR Manager Security Level: Email, Account Authentication (None), Authentication	DocuSigned by:  D3F342FFC5EF490... Signature Adoption: Pre-selected Style Using IP Address: 166.70.113.60	Sent: 4/27/2026 3:37:04 PM Viewed: 4/27/2026 4:08:28 PM Signed: 4/27/2026 4:09:53 PM

Authentication Details
SMS Auth:
Transaction: 52473210-b58d-4b4f-9fc8-d7e3a360d5eb
Result: passed
Vendor ID: TeleSign
Type: SMSAuth
Performed: 4/27/2026 4:08:19 PM
Phone: +1 801-916-1363

SMS Auth:
Transaction: 88ef7e7f-6838-4d58-be88-2bf81a50b204
Result: passed
Vendor ID: TeleSign
Type: SMSAuth
Performed: 4/27/2026 4:10:58 PM
Phone: +1 801-916-1363

Electronic Record and Signature Disclosure:
Accepted: 4/27/2026 4:08:28 PM
ID: 32b0d8eb-a956-497a-8c1d-205154d802ef

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	4/27/2026 3:37:04 PM
Certified Delivered	Security Checked	4/27/2026 4:08:28 PM
Signing Complete	Security Checked	4/27/2026 4:09:53 PM
Completed	Security Checked	4/27/2026 4:09:53 PM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

Consent to Use Electronic Signatures and Receive Documents Electronically ("Consent")

Thank you for using the electronic signature and document delivery process offered by MML Investors Services, LLC. ("MMLIS", "we" or us"). Through a relationship with Docusign, an unaffiliated third-party provider of electronic signature technology, MMLIS is able to offer you the option of (i) using an electronic signature to sign documents electronically and (ii) receiving electronic copies of documents in place of a paper copies. With your consent, and to the extent permitted by law, any document sent electronically and signed using an electronic signature will have the same force and effect as a document sent and signed in paper form. This electronic signature and document delivery process is offered free of charge, but you must provide MMLIS your consent each time you use it.

1. Right to Consent. Your consent to use electronic signatures and/or to receive documents electronically is voluntary. You do not have to consent in order to do business with us. If you do not wish to consent to the use of electronic signatures and/or electronic document delivery, you can decline this consent, and we will provide documents in paper form. This is a one-time Consent that only applies to this transaction.

2. Method and Timing of Delivery. If you agree to this Consent, you should promptly access your documents and/or execute any required electronic signatures. Even if you consent to receive the documents electronically, we reserve the right to provide a paper copy rather than an electronic version. You will have the ability to download and print documents we send to you electronically for a limited period of time (usually 30 days) after such documents are first sent to you.

3. Right to Request Paper Copies. You have the right, at any time, to request a paper copy of any electronic document we deliver to you by contacting your financial services professional or calling us at (800) 542-6767 (options 1, 7). We reserve the right to charge you a fee for sending paper copies of documents, except where prohibited by law.

4. Withdrawing Consent. You may change your mind and withdraw your consent to the use of electronic signatures and/or electronic document delivery by contacting us or your financial services professional. We will not impose any fees as a condition or consequence of the withdrawal of your consent.

5. Updating Your Information. You agree to keep us informed of any change in your e-mail address during the electronic signature and/or electronic delivery process. You may update your e-mail address by contacting us or your financial professional. If your email address proves to be invalid or correspondence we send electronically is undeliverable, we will consider your consent to have been withdrawn, and we will provide a paper copy of the documents.

6. Hardware and Software Requirements By agreeing to this Consent, you represent that you have the ability to and the equipment necessary for accessing, viewing and saving/printing electronic documents. Generally, to access, view, and save/print electronic documents, you need: (1) a computer or mobile device with access to the Internet; (2) a current version of an Internet browser (e.g., Google Chrome®, Safari®, or equivalent); (3) the ability to download and/or print

documents; (4) a current version of a Portable Document Format (PDF) reader such as Adobe Acrobat Reader®; and (5) a valid email address. However, the systems requirements for using the Docusign system may change over time. The current systems requirements can be found here: Sign a Document with DocuSign | System requirements for signing. If you do not have the ability to access electronic documents, do not provide your consent. By consenting, you confirm that you can access, view and save/print electronic documents.

By checking the 'I agree' box, you:
(i) agree to the terms and conditions of this Consent;
(ii) agree to electronically sign documents;
(iii) agree to electronic delivery of documents;
(iii) acknowledge that Documents delivered electronically may contain information regarding your personal health and financial matters and agree to the electronic delivery of such information; and
(iv) confirm that you can receive, read, print, and electronically save this Consent and the documents signed and delivered electronically using Docusign for future reference.