

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
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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:	☒ 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 ACCOUNTING WITH DEBITS & CREDITS	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/2020
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) ACCOUNTING WITH DEBITS & CREDITS 838 SUNNY CHAPEL RD ODENTON, MD 21113-2536	2b Employer Identification Number (EIN) 52-1639708
	2c Sponsor's telephone number 301-213-9018
	2d Business code (see instructions) 541219
3a Plan administrator's name and address ☒ Same as Plan Sponsor.	3b Administrator's EIN
	3c Administrator's telephone number
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 5
b Total number of participants at the end of the plan year	5b 5
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) 5
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) 5
d(1) Total number of active participants at the beginning of the plan year	5d(1) 5
d(2) Total number of active participants at the end of the plan year	5d(2) 5
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e 0

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.	05/14/2026	THERESA HUTCHINSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	05/14/2026	THERESA HUTCHINSON
	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	947945	1163009
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	947945	1163009
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	26827	
(2) Participants	8a(2)	71039	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	139373	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		237239
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10000	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	12175	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		22175
i Net income (loss) (subtract line 8h from line 8c)	8i		215064
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 2J 2K 2T 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		70000
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		682
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		790
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		X	

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)	13c(2)	13c(3)
Name of plan(s):	EIN(s)	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 <u>06 / 30 / 2020</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q702751A</u> .

DocuSign Envelope ID: 54A25120-734A-492A-A8D7-82AF5D2A8252

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:

☒ 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

ACCOUNTING WITH DEBITS & CREDITS

1b

Three-digit plan number (PN) ▶

001

1c

Effective date of plan

01/01/2020

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)
ACCOUNTING WITH DEBITS & CREDITS

838 SUNNY CHAPEL RD
ODENTON, MD 21113-2536

2b

Employer Identification Number (EIN)

52-1639708

2c

Sponsor's telephone number

301-213-9018

2d

Business code (see instructions)

541219

3a

Plan administrator's name and address

☒ Same as Plan Sponsor.

3b

Administrator's EIN

3c

Administrator's telephone number

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

5

b

Total number of participants at the end of the plan year

5

c(1)

Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)

5

c(2)

Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)

5

d(1)

Total number of active participants at the beginning of the plan year

5

d(2)

Total number of active participants at the end of the plan year

5

e

Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested

0

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

Signed by:

Theresa Hutchinson

E1ADAB0CDEF840B

5/14/2026 | 15:19:57

Theresa Hutchinson

Signature of plan administrator

Date

Enter name of individual signing as plan administrator

SIGN HERE

Signed by:

Theresa Hutchinson

E1ADAB0CDEF840B

5/14/2026 | 15:19:57

Theresa Hutchinson

Signature of employer/plan sponsor

Date

Enter name of individual signing as employer or plan sponsor

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2025)
v. 250312

- 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	947945	1163009
b Total plan liabilities	7b		
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a Contributions received or receivable from:			
(1) Employers	8a(1)	26827	
(2) Participants	8a(2)	71039	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	139373	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		237239
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	10000	
e Certain deemed and/or corrective distributions (see instructions) .	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	12175	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		22175
i Net income (loss) (subtract line 8h from line 8c)	8i		215064
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 2J 2K 2T 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		70000
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		682
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		790
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		X	

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 Q702751A.

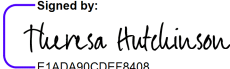
Certificate Of Completion

Envelope Id: 54A25120-734A-492A-A8D7-82AF5D2A8252		Status: Completed
Subject: Complete with Docusign: Updated - 7 - Form 5500 - ADC - 2025 Draft.pdf		
Source Envelope:		
Document Pages: 3	Signatures: 2	Envelope Originator:
Certificate Pages: 10	Initials: 0	Alicen Anthony
AutoNav: Enabled		211 Main Street
Envelopeld Stamping: Enabled		San Francisco, CA 94105
Time Zone: (UTC-05:00) Eastern Time (US & Canada)		Alicen@cassillyfinancial.com
		IP Address: 100.16.65.11

Record Tracking

Status: Original	Holder: Alicen Anthony	Location: DocuSign
5/14/2026 3:14:21 PM	Alicen@cassillyfinancial.com	

Signer Events

Signer Events	Signature	Timestamp
Theresa Hutchinson penguin2@comcast.net Security Level: Email, Account Authentication (None), Authentication	Signed by:  E1ADA90CDEF8408... Signature Adoption: Pre-selected Style Using IP Address: 2601:14b:487f:4ee0:e1c1:883:aa3f:75bf	Sent: 5/14/2026 3:17:04 PM Viewed: 5/14/2026 3:19:36 PM Signed: 5/14/2026 3:19:57 PM

Authentication Details

ID Check: Transaction: 31045384127195 Result: passed Vendor ID: LexisNexis Type: iAuth Recipient Name Provided by: Recipient Information Provided for ID Check: Address, SSN4, DOB Performed: 5/14/2026 3:19:04 PM	Question Details: passed individual.height.real passed property.association.single.fake passed property.association.single.real
SMS Auth: Transaction: 9423732f-14cf-4b68-ba05-a326db6f3b66 Result: passed Vendor ID: TeleSign Type: SMSAuth Performed: 5/14/2026 3:19:24 PM Phone: +1 301-213-9018	

Electronic Record and Signature Disclosure:

Accepted: 5/14/2026 3:19:36 PM
ID: ab9b946d-ecc9-41c0-8045-8be55eeff971
Company Name: Charles Schwab & Co., Inc.

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
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	5/14/2026 3:17:04 PM
Certified Delivered	Security Checked	5/14/2026 3:19:36 PM
Signing Complete	Security Checked	5/14/2026 3:19:57 PM
Completed	Security Checked	5/14/2026 3:19:57 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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INFORMED CONSENT AND AGREEMENT TO USE ELECTRONIC DOCUMENTS AND SIGNATURES

("Consent and Agreement")

Please carefully review this Informed Consent and Agreement to Use Electronic Documents and Signatures. If you consent and agree to electronically receive, review and sign the documents in the envelope subject to the terms below, check the "I agree to use Electronic Records and Signatures" box and then click the "Review Document" button below.

Why We Are Asking for Your Consent

We must ask for and obtain your consent before using electronic documents and signatures in its relationship with you. This is for documents such as investment advisory agreements with us and account agreements and related documents with the Custodian, as described in more detail below. We and the Custodian are each required by law to give you certain information "in writing" – which means you are entitled to receive and review paper documents and, if your signature is required, to sign the paper documents by hand. In order to use an electronic process instead of paper, we and the Custodian need your consent.

Your Consent and Agreement and What it Means

Your Consent is optional. It is solely up to you whether or not to do so. If you want to use electronic documents and signatures, then you must consent and agree to the terms and conditions relating to the system and process that we and the Custodian will use, as set forth below. You will be asked for your consent each time we send you an envelope of electronic documents.

By checking the "I agree to use Electronic Records and Signatures" box and then clicking the "Review Documents" button below, you will be giving your informed consent and agreement to use the electronic documents and signature system and process described below to electronically receive, review, and electronically sign paperless documents sent to you in electronic envelopes. You will be agreeing to be bound by any documents you electronically sign the same as if you had received a paper copy of the document and signed it by hand with an ink pen. If you do not agree to the terms of this Consent and Agreement, do not check the "I agree" box. Note that even if you agree now, in the future after receiving an electronic document, you will be able to choose whether or not to electronically sign that document or ask for a paper version to sign. You may also withdraw your consent as described below.

To Whom You are Giving Your Consent

This Consent and Agreement is between you and either (a) the independent investment advisory firm whose investment advisory agreement or other Advisor Form (as defined below) is presented for your electronic signature ("*Investment Advisor*") or (b) or the broker-dealer/custodian whose account application or other Custodian Form (as defined below) is presented for your electronic signature (the "*Custodian*," depending on whether the documents presented to you are Advisor Forms or Custodian Forms, as defined below. We are independent of and not owned, affiliated with or supervised by the Custodian. If the electronic document presented is an Advisor Form, then this Consent and Agreement is between you and us and are not reviewed or maintained by Custodian. If the electronic document presented is a Custodian Form, then this Consent and Agreement is between you and the Custodian. For ease of reference, the terms "*Counterparty*," "*we*" and "*us*" as used in this Consent and Agreement refer to either Investment Advisor or the Custodian, as applicable, based on whether the electronic document presented is an Advisor Form or a Custodian Form, as defined below.

What Documents You will Receive Electronically

By agreeing to this Consent and Agreement you will receive, review and sign electronically the electronic documents presented in the envelope. These electronic documents may include, but are not limited to

- Investment Advisor's documents, such as, but not limited to, Investment Advisor's investment advisory or similar agreement, and Investment Advisor's Form ADV or other disclosure brochure ("*Advisor Forms*").
- Custodian documents, such as, but not limited to, the account application agreement and other documents and forms relating to your account with the Custodian ("*Custodian Forms*").

We may always, in our sole discretion, provide you with any document on paper, even if you have authorized electronic delivery. Sometimes the law, or our agreement with you, requires you to give us a written notice. You must still provide these notices to us on paper, unless we tell you how to deliver the notice to us electronically.

How you will Receive Electronic Documents

Investment Advisor is your agent who chooses which electronic documents to send you for review and electronic signature. This is the case whether those documents are Advisor Forms or Custodian Forms. Investment Advisor will place electronic documents, which may or may not require your signature, in an electronic envelope on the DocuSign system (as described below), and a link to the envelope will be emailed to you. You will access the envelope and electronic documents, review them, and, if you choose, electronically sign them using the DocuSign system. Investment Advisor, and not the Custodian, is responsible for the content of the electronic documents sent to you. Even if the electronic documents are Custodian Forms, they will be selected and prepared by Investment Advisor and sent to you at the direction and on behalf of Investment Advisor. You acknowledge and agree that if you receive any information or electronic document that is erroneous, not intended for you, or, in the case of Custodian Forms, deemed ineligible for electronic signature by the Custodian upon its receipt, it is solely the responsibility of Investment Advisor and not the Custodian. You agree to immediately notify Investment Advisor if you receive any electronic document or information that appears to be in error or not intended for you.

How Electronically Signed Documents are Processed

You acknowledge and agree to the following regarding your receipt of electronic documents and your use of electronic signatures. If an electronic document requires the signatures of others besides you, it will not be submitted to Counterparty for processing or effective as to its contents or any actions it instructs or authorizes until all required signatures have been obtained. If any party whose signature is required declines to electronically sign, then the electronic signature of any party previously obtained will not be effective, and all parties will be required to hand sign a paper document.

Withdrawing Your Consent

Counterparty will ask you for this Consent and Agreement each time it presents an envelope of electronic documents. Once you give your Consent and Agreement for an envelope, you cannot withdraw it for that envelope. You can, however, choose not to give your consent in the future when you are presented with subsequent envelopes. If you do this, you will be unable to proceed

electronically and you may be required to use paper documents and signatures. If you give your Consent and Agreement for an envelope, although you may not withdraw it, you can still choose not to electronically sign any or all electronic documents in that envelope. Once you electronically sign a particular document, you cannot withdraw the Consent and Agreement for that document, but you can choose to not electronically sign any other documents included in the same envelope. In addition, before you complete an electronic signature of a document, you may cancel and exit the electronic signing process before clicking the "Confirm Signing" (or other similarly titled button) and closing your browser.

Retaining Electronic Documents

You should retain a copy of all electronic documents we provide to you, including this Consent and Agreement, for your future reference. You can do this by printing the page on paper or saving it to your computer or mobile device. A copy of this Consent and Agreement, as it may be amended from time to time for consents to be given in the future, will also be available to you at www.docusign.com.

Getting Paper Documents

If instead of receiving and signing electronic documents, you would rather use paper documents, you should contact Investment Advisor. If you electronically sign a document, you can, in addition to printing a paper copy and/or saving it to your computer, obtain a paper copy from Counterparty by contacting Investment Advisor or the Custodian.

DocuSign System

Investment Advisor has entered into an agreement with DocuSign, Inc. or a third party vendor ("Vendor") for use of their DocuSign, Inc. license ("*DocuSign*") to make the DocuSign electronic signing system available to facilitate your receipt, review and electronic signature of electronic documents. Your use of the DocuSign system is subject to DocuSign's Terms of Use available at www.docusign.com/company/terms-of-use. Investment Advisor, Vendor, the Custodian, and DocuSign are not affiliated with each other. Neither Investment Advisor nor the Custodian is responsible for the DocuSign system, and Investment Advisor and the Custodian each disclaims any representations and all warranties regarding the DocuSign system. Your use of the DocuSign system is entirely your choice and solely your responsibility.

Hardware and Software Requirements

In order to receive electronic documents and electronically sign them, you will need access to a computer or mobile device with internet service and access to an email account. In order to access the electronic documents sent to you, your computer or mobile device must meet certain requirements, the current version of which is shown below. These requirements will change from time to time, and without notice to you, as third-party technology providers update their products. You can visit <https://support.docusign.com/articles/Subscription-Service-Specifications> for the most up to date system requirements. These requirements include (1) an operating system and internet browser that together support the display of PDF documents; and (2) up-to-date PDF reader software. If you have questions related to the current requirements, please contact Investment Advisor.

The Current Version of software and hardware that meets these requirements is identified below. By "*Current Version*," we mean a version of the software that is currently being supported by its publisher. We reserve the right to discontinue support of a Current Version if, in our sole opinion, it suffers from a security flaw or other flaw that makes it unsuitable for use in the transaction.

Operating Systems

Windows® XP, Windows Vista®, Windows® 8, Windows® 7, Mac OS®X

Browsers

Final release versions of Internet Explorer® 7.0 or above (Windows only), Mozilla® Firefox Current Version (Windows and Mac), Safari™ 6.2 or above (Mac only), Google Chrome® - Current Version

Mobile

Apple iOS 6.0 or above; Android™ 4.0 or above

PDF Reader

Acrobat® or similar software may be required to view and print PDF files

Screen Resolution

1024 x 768 minimum

Enabled Security Settings

Allow per session cookies

Your email notifications are made available in HTML (regular Web hypertext) format, and your electronic documents are made available in PDF format. Your electronic documents may be viewed electronically via the Web and printed with a local printer. You may also save your electronic documents to your local hard drive the way you would any other file from the Internet. Depending upon your comfort level with accessing and storing electronic documents, you should determine whether electronic or paper documents and delivery is best for you. For viewing, printing, storing or downloading your email announcements or the linked web pages, you should use the latest version of your web browser with JavaScript enabled. To access the PDF format for printer-friendly electronic documents, you will also need Adobe Acrobat Reader™. If you do not have Adobe Acrobat Reader installed on your computer, you can download the necessary software free at any time at www.adobe.com

If accessing the DocuSign system via a mobile device, please understand that wireless network coverage and Wi-Fi network speed varies by provider and geographic location. Counterparty is not responsible for limitations and/or failures in performance associated with any wireless or Wi-Fi service used to access the DocuSign system or for the security of any wireless or Wi-Fi service (see "Security and Privacy Information," below).

Updating Your Email Address and Other Contact information

It is your responsibility to provide us with accurate and complete e-mail address and other contact

information, and to maintain and update promptly any changes in this information. In addition, Counterparty may periodically ask you to confirm or update your email and any other information needed to contact you electronically. You may update your email address by contacting Investment Advisor.

Security and Privacy Information

In accessing electronic documents and electronically signing them, you should use a computer operating system that has a firewall (software that is designed to prevent unauthorized access to your computer by blocking suspicious people or websites) and that it is turned on and up-to-date.

You should also make sure that your computer has anti-virus software that it is turned on and that your subscription is current.

Emails sending you links to envelopes with electronic documents for electronic signature are not encrypted (unless the email expressly says that it is encrypted); but the contents of the envelopes are protected. For security and confidentiality, unencrypted emails will not include your name, full account number, or any other personal identifier. Be aware, however, that some email addresses may use part or all of your name. If you use a work email address, your employer or other employees may have access to your email. Although Counterparty believes that email is a reasonably reliable method of delivery, as with any form of communication, there is a risk of misdelivery or interception.

DocuSign has agreed with Investment Advisor to safeguard the security and privacy of all confidential customer information. DocuSign's privacy policy applies to your use of the DocuSign system. In addition, Investment Advisor's privacy policy applies to information we receive from you as part of the electronic signature process. Links or references to where you can view Investment Advisor's and Custodian's respective privacy policies may be contained in the email notifying you of the documents on which your electronic signature is requested or the documents themselves. You may also contact Investment Advisor to be directed to its and/or Custodian's privacy policy.

Accessing the DocuSign system via a mobile device involves the electronic transmission of information across the networks of your wireless service provider. Counterparty is not responsible for the privacy or security of wireless data transmissions. Use only reputable service providers and check with your wireless service provider for information about its privacy and security practices.

The Effect of Your Consent and Agreement

By checking the "I agree to use Electronic Records and Signatures" box and then clicking the "Review Documents" button below you are providing your electronic signature on this Agreement and indicating that you acknowledge, agree and demonstrate that

- You have read this Consent and Agreement and understand it.
- You consent to electronically receive and review the electronic documents included in the electronic envelopes that will be sent to you.
- You have the hardware and software described above, an active email account, and you can (1) access, view, and print on paper or save on your computer this electronic Consent

and Agreement and the electronic documents and (2) access the Web sites described above, including their content, in either HTML or PDF formats, as applicable.

- Your electronic signature on any of the electronic documents, including this Consent and Agreement, will bind you to that document the same as if you had signed a paper copy of the document with an ink pen. You will not contest the validity or enforceability of any electronic document you receive or electronically sign because the document and your signature are in electronic form.
- You acknowledge Custodian has no obligation to review or have any knowledge of forms or agreements unrelated to the Custodian. Any forms, agreements or other documents received by Custodian that are not required for submission of a Custodian form or agreement, will not be reviewed by Custodian, and not deemed as notice to Custodian.
- You understand that you should contact Investment Advisor to report any problem with the electronic signature process.