Client Information Instructions and Access Authorization

Each of the undersigned ("Client") authorizes and instructs Robert W. Baird & Co. Incorporated ("Baird") to share or grant access to certain information ("Client Information") regarding Client's account(s) held at Baird, including accounts Client may establish in the future ("Accounts"), to the person or entity indicated below ("Authorized Party") in accordance with the terms and conditions stated herein. By indicating below, Client acknowledges and agrees that Client is now or may in the future (either verbally in or writing) authorize and instruct Baird to take one or more the following actions:

- Provide duplicate Account Documents to an Authorized Party. Upon Client's request, provide to Authorized Party duplicate copies of account statements, trade confirmations, account notices and other account-related documentation ("Account Documents") with respect to Client's Accounts.
- Provide duplicate Tax Documents to an Authorized Party. Upon Client's request, provide to Authorized Party duplicate Forms 1099, 1042s, 5498s , and other required tax-related documents (or any updates/corrections to any of the foregoing) with respect to Client's Accounts.
- Discuss Account Information with an Authorized Party. Upon Client's request or with respect to an inquiry related to the foregoing documentation by Authorized Party, Baird and Client's Baird Financial Advisors are authorized to discuss any aspect of Client's Accounts, including investments that Client holds or has held in Client's Accounts and related financial matters with Authorized Party.

Authorized Party

Contact Information - Authorization Party

Please complete with respect to the Authorized Party.

Full Legal Name of Authorized Party	Phone Number *(optional)*	Fax *(optional)*	
Company/Employer	Relationship to Client/Occupation	Email *(optional)*	
Street Address	City	State	ZIP

Client Signatures and Authorization

In consideration of Baird accepting Client's instructions indicated above, Client acknowledges and agrees as follows:

- Client is instructing Baird to send or give access to Client Information, including information that is confidential or otherwise protected by law, rule or regulation, to third parties. Client acknowledges Baird cannot protect such information once in the possession of third parties and is not responsible for any such partys use of such information.
- The authorizations and instructions contained herein shall continue in full force and effect until Baird shall have received written revocation of this Form or
- Baird shall not be liable to Client or any other third party for any loss, claim or expense caused by or related to any act or failure to act in reliance upon the instructions provided herein.

Baird Internal Use Only:
If Client has instructed Baird to Provide duplicate statements and trade confirmations, completion and coding of SHIP RECORDS are the responsibility of the branch office

Client Signatures and Dates

Each Account owner or an authorized representative must sign below. Attach additional pages as necessary.

Full Legal Name of Client and/or Authorized Representative *(Print or Type)*	
Client Social Security Number or Tax Identification Number	
Signature	Date *(MM-DD-YYYY)*

Full Legal Name of Client and/or Authorized Representative *(Print or Type)*	
Client Social Security Number or Tax Identification Number	
Signature	Date *(MM-DD-YYYY)*