



213695082



Re: Institutional Suitability Client Requirements – Certificate and Customer Investment Profile Form

Attention: Important Information Relating to New FINRA Rule 2111 – Institutional Suitability Certificate

Dear Client:

Enclosed is the *Institutional Suitability Certificate* (the “Certificate”), which BofA Securities¹ (“Firm”) requests that you sign and return to us. This Certificate has been distributed throughout the industry by Dealogic and other vendors on behalf of the Firm and many other FINRA registered broker-dealers. The Certificate is intended to address a new requirement introduced by FINRA in Rule 2111.

FINRA Rule 2111 necessitates that each registered broker-dealer satisfy itself that its institutional customers have affirmatively indicated that they are exercising independent judgment in evaluating the Firm’s products and services.

The Certificate asks you to indicate that you are an institutional account (as explained in the Certificate) and that you are capable of, and are in fact, evaluating investment risks independently with regard to all recommended transactions and investment strategies involving securities². The Certificate specifically states that you are *not* waiving any rights under U.S. federal or state securities laws. If you are an agent, such as an investment adviser or a bank trust department, you will be asked to sign a single Certificate that will apply to your own accounts and any accounts over which you act under delegated decision-making authority.

By signing the Certificate you will allow our Firm to continue to treat you as an institutional client, with the full range of products and services available to you today on our institutional platform. We ask that you please complete the enclosed Certificate by no later than 60 days from the receipt of this correspondence.

Alternatively, if you are unwilling or unable to sign the Certificate, we may be required to perform a trade-by-trade suitability assessment based on your Customer Investment Profile for every recommendation and/or transaction. In addition, if you do not sign the Certificate, we may be required to restrict the products and services that we are able to offer to you. For your convenience, we have enclosed a copy of the *Customer Investment Profile* to be completed and returned in lieu of the *Institutional Customer Certificate*, which must also be returned no later than 60 days from the receipt of this correspondence.

Please return either the *Institutional Customer Certificate* or the *Customer Investment Profile* to: dg.rds_suitability@bofa.com. If you have any questions, please contact your sales representative.

Sincerely,

BofA Securities, Inc.

¹ “Bank of America” and “BofA Securities” are the marketing names used by the Global Banking and Global Markets divisions of Bank of America Corporation. Lending, other commercial banking activities, and trading in certain financial instruments are performed globally by banking affiliates of Bank of America Corporation, including Bank of America, N.A., Member FDIC. Trading in securities and financial instruments, and strategic advisory, and other investment banking activities, are performed globally by investment banking affiliates of Bank of America Corporation (“Investment Banking Affiliates”), including, in the United States, BofA Securities, Inc. and Merrill Lynch Professional Clearing Corp., both of which are registered broker-dealers and Members of SIPC, and, in other jurisdictions, by locally registered entities. BofA Securities, Inc. and Merrill Lynch Professional Clearing Corp. are registered as futures commission merchants with the CFTC and are members of the NFA. **Investment products offered by Investment Banking Affiliates: Are Not FDIC Insured * May Lose Value * Are Not Bank Guaranteed.** © Bank of America Corporation. All rights reserved.

² Rule 2111 Supplementary Material .07 states that an institutional customer may indicate that it is exercising independent judgment (1) on a trade-by-trade basis, (2) on an asset-class-by-asset-class basis, or (3) in terms of all potential transactions for its account. The Certificate is drafted to address the third alternative.



**INSTITUTIONAL SUITABILITY CERTIFICATE AFFIRMATIVE INDICATION OF EXERCISE OF
INDEPENDENT JUDGMENT (Pursuant to FINRA Rule 2111) ¹**

Revised 7/31/12

In connection with any recommended² transaction or investment strategy by a registered broker-dealer, the undersigned acknowledges on behalf of the Institution named below that:

- I. It is an Institutional Account as defined in FINRA Rule 4512(c)³ ;
- II. It (1) is capable of evaluating investment risks independently, both in general and with regard to all transactions and investment strategies involving a security or securities; and (2) will exercise independent judgment in evaluating the recommendations of any broker-dealer or its associated persons, unless it has otherwise notified the broker-dealer in writing;
- III. It will notify Dealogic and each broker-dealer servicing the Institutional Account if anything in this Certificate ceases to be true;
- IV. This Certificate and the information contained herein may be shared with broker-dealers or third parties, including via a secure database or electronic platform established by Dealogic; and
- V. He or she is authorized to sign on behalf of the Institutional Account named below.

By signing this Certificate, the undersigned affirms that the above statements are accurate but does not waive any rights afforded under U.S. federal or state securities laws, including without limitation, any rights under Section 10(b) of the Securities Exchange Act of 1934, as amended, and the rules and regulations promulgated thereunder.

NOTE: This Certificate shall apply with respect to all recommended transactions and investment strategies involving securities that are entered into by the "Institutional Account" named in this Certificate, whether for the account of such Institutional Account or for the account of any beneficial owner that has delegated decision making authority with respect to such Institutional Account.

¹ Available at <http://www.finra.org/Industry/Regulation/FINRARules/>. To the extent the "Institutional Account" named in this Certificate is engaged in municipal securities transactions, this Certificate may also be used by Sophisticated Municipal Market Participants in connection with the recommended and non-recommended transactions with a broker, dealer, or municipal securities dealer in accordance with MSRB Rule G-17.

² As defined in FINRA Rules.

³ The term "Institutional Account" means the account of: (1) a bank, savings and loan association, insurance company or registered investment company; (2) an investment adviser registered either with the SEC under Section 203 of the Investment Advisers Act or with a state securities commission (or any agency or office performing like functions); or (3) any other person (whether a natural person, corporation, partnership, trust or otherwise) with total assets of at least \$50 million as of the date of this Certificate (whether such assets are invested for such person's own account or under management for the account of others).

Institution Name (on behalf of itself and all direct and indirect subsidiaries and affiliates)	Address, City, State, Zip
Name of Authorized Signatory	U.S. Tax ID / EIN (if applicable)
Title of Authorized Signatory	Telephone Email
Signature of Authorized Signatory	Date

Account Profile Form

LEGAL NAME OF CLIENT/LEGAL ENTITY:			
Primary Address: <hr/> Street Address <hr/> <div style="display: flex; justify-content: space-between;"> City State/Province </div> <hr/> <div style="display: flex; justify-content: space-between;"> Postal Code Country </div>		Mailing Address (if different): <hr/> Street Address <hr/> <div style="display: flex; justify-content: space-between;"> City State/Province </div> <hr/> <div style="display: flex; justify-content: space-between;"> Postal Code Country </div>	
Legal Entity Type: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> BANKRUPTCY ESTATE <input type="checkbox"/> OTHER _____		Business Type: <input type="checkbox"/> PENSION PLAN <input type="checkbox"/> GOVERNMENT / EDUCATION <input type="checkbox"/> BANK or BROKER-DEALER <input type="checkbox"/> FOREIGN BANK or BROKER-DEALER <input type="checkbox"/> INVESTMENT ADVISOR/INV. MANAGER	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> NON-PROFIT ORGANIZATION <input type="checkbox"/> TRUST <input type="checkbox"/> INSURANCE COMPANY <input type="checkbox"/> MUTUAL FUND <input type="checkbox"/> HEDGE FUND <input type="checkbox"/> OTHER _____ </div> </div>			
Contact Information (provide all that apply): Contact Person: _____ Business Phone: _____ Alternate Contact: _____ Fax #: _____ Alternate Phone/Fax #: _____ E-mail Address: _____ Alt. E-mail Address: _____			
Is the Legal Entity a SEC-Registered or State-Registered Investment Advisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If SEC-Registered, provide SEC Registration Number and Effective Date: 801-_____ Effective Date: _____ If State-Registered, provide the following: IARD/CRD Number: _____ Effective Date: _____ Jurisdiction: _____			
Is the Legal Entity an SEC-Registered Broker-Dealer? <input type="checkbox"/> Yes <input type="checkbox"/> No SEC Registration Number and Effective Date _____ Effective Date: _____ CRD Number: _____ Effective Date: _____			
Other Regulated Entity (Please Specify): _____			

Investment Profile	
Investment Product Experience of Client (Check ALL that apply)	<input type="checkbox"/> Equities <input type="checkbox"/> Convertible Securities <input type="checkbox"/> Options <input type="checkbox"/> Corporate (including financial institutions) Debt Products <input type="checkbox"/> Government and Agency Securities <input type="checkbox"/> Municipal Securities <input type="checkbox"/> Mutual Funds (including 2a-7 money market funds) <input type="checkbox"/> Commodities/Futures <input type="checkbox"/> Repurchase Agreements (Repo) <input type="checkbox"/> Private Placements/Alt. Investments <input type="checkbox"/> Asset- Backed Securities/Mortgage-Backed Securities <input type="checkbox"/> Derivatives <input type="checkbox"/> Other (Please Specify) _____
Total Assets, including AUM	<div> <input type="checkbox"/> up to \$9mm <input type="checkbox"/> Check if Accredited Investor </div> <div> <input type="checkbox"/> \$10-24.9mm <input type="checkbox"/> Check if Qualified Purchaser </div> <div> <input type="checkbox"/> \$25-49.9mm <input type="checkbox"/> Check if Qualified Institutional Buyer (QIB) </div> <div> <input type="checkbox"/> \$50-99.9mm </div> <div> <input type="checkbox"/> \$100mm – 999mm </div> <div> <input type="checkbox"/> \$1Bn+ </div>
Investment Time Horizon (check ALL that apply)	<input type="checkbox"/> Short-Term (0-2 years) <input type="checkbox"/> Moderate (3-5 years) <input type="checkbox"/> Long-term (over 5 years) <input type="checkbox"/> Variable
Investment Objectives (check ALL that apply)	<input type="checkbox"/> Preservation of Principal/Capital <input type="checkbox"/> Income <input type="checkbox"/> Higher Income or Growth <input type="checkbox"/> Variable <input type="checkbox"/> N/A
Risk Tolerance	<input type="checkbox"/> Low Risk Tolerance <input type="checkbox"/> Medium Risk Tolerance <input type="checkbox"/> High Risk Tolerance <input type="checkbox"/> Variable <input type="checkbox"/> N/A

By signing this Account Profile Questionnaire, the undersigned affirms that the above information is accurate but does not waive any rights afforded under U.S. federal or state securities laws, including without limitation, any rights under Section 10(b) of the Securities Exchange Act of 1934, as amended, and the rules and regulations promulgated thereunder.

Name of Client/Legal Entity:	Name/Title of Authorized Signatory:
Date:	Signature of Authorized Signatory:

For Internal Use Only - when form is completed by Sales Representative		
Please Specify Documentary and/ or Non-Documentary Sources of Information:		
Printed Sales Rep Name:	Sales Rep Signature:	Date:
Printed Principal Name:	Principal Signature:	Date:

Please return form to: dg.rds_suitability@bofa.com