Bank of America 🖤 Merrill Lynch			Deposit Account Documentation Signature Card					
Note: Please enable Mac CLIENT INFORMATION	ros							
Select One: New Ac	count	Update (Add/Delete)				upersede Existing Signature Card		
Account # (If new account, Bank will complete):								
ORGANIZATION LEGAL NA	· · · ·	al name indicated in co	ompany formation	n documen	its)			
DBA NAME or OWNER BUS		SREGARDED ENTITY	f or THIRD PAR	TY / FUND	S OWN	IER NAME, if ap	plicable	
N/A DESCRIPTIVE ACCOUNT TI	TLE (if applicable, e.	g. Operating Account,	Rent Account, etc	c. Cannot	be anot	ther legal entity n	ame.)	
Address For Statement:								
Sity:		State:		Postal Coo				
TATE OF FORMATION (You YPE OF BUSINESS (Select		ovide copies of your comp	any charter or forma	ation docum	ents.):	CA		
Corporation	· · · ·	oprietorship	Joint V	Venture		E Li	mited Liability Partnership	
General Partnership	Limited	Partnership	Uninc	Unincorporated Organization or Association				
Limited Liability Company:				Government Authority/ Agency (Type: School District)				
0	Member Manage		Report and	()1) ind property mana	agement account supplement.	
AX CLASSIFICATION								
Employer Identification Social Security Number		56001908				Code (if any) n FATCA reporti	ng code(if any)	
egal name of the owner		SN listed above: L	os Angeles Uni					
ederal Tax Classificatio		C Corp S Corp				ate V Other:	- <u>-</u>	
LLC Tax Classification (Corp	Partners	hin	
AGREEMENT, TAX INFORM					00.p	, i di di di di	lb	
Agreement at any time and will i deposit agreement includes a pr any signing below, you authorize card now or in the future. The electronic signature, electronic i account; and, to transact other closing the account. If you wish ely on this authorization for any account, and we have a reasona ay signing below, you certi- organization is correct; 2) that o backup withholding becaus RS) that it is subject to backup with he FATCA code is correct.[Cro- mmediately below.*] [Cross of nterest or dividends.] * If the organization listed abo Resident Aliens or Foreign Ent United States or under the law of any State, or any estate or trust By signing below, this organizat For CA Public Funds only: Am resolution/contract for deposit o The IRS does not require yo	nform you of changes rovision for <u>alternative</u> e each person who ha a uthority to operate record or other electron administrative busines to restrict a designate v account opened unde able time to act upon s fy under penalty of at the organization lis se: (a) the organization up withholding as a t hholding. 4) the FATC iss out item 3 above if you we is a foreign entity tities). The term "Unite of the United States or other than a foreign e tion hereby agrees to b to person signing this <i>A</i> f moneys or existing be our consent to any p Authorized Signer	that affect your rights ar a dispute resolution. It is signed in the Design, an account includes: an inc form, to withdraw fur ss, including by electron d signer's authority to ch er this signature card un- such notice. perjury that 1) the e sted above is a United on is exempt from bac result of failure to repord A code(s) listed above (f the organization listed but have been notified the use the applicable Form of any State, a corpora state or foreign trust. be bound to the above A Agreement for the Organ anking resolutions/contr provision of this docu	ad obligations. By s ated Account Sign uthority to sign ch ds; to endorse am- ic signature, electi- ecck signing you m til we receive writte employer identifie States person (d k-up withholding ort all interest or of fany) indicates th above is not a by the IRS that yo m W-8 (for addition s: a citizen or res- tion created or org greement, Tax Info ization certifies tha act for deposit of m	signing belower section I per section I decks and o deposit of ronic record nust indicate en notice re cation num lefined belower (b) has dividends, or (b) has dividends, nat the orga United Sta bu are curren nal informati ident of the anized in the permittion Ce at they are noneys on f	below to other ite hecks and or othe e that by evoking t mber or ow); an s not be or (c) th mization mizes pers ently su tion plea e United he United fully aut fille with the	acknowledge rece o operate any acc mas and to give u nd other items pay er electronic form, y checking the box he authorization a r social security d 3) the organiza- ten notified by the he IRS has notified by the IRS has	s evidenced by attached banking oid backup withholding.	
(Must match Banking Resolution & Certificate of Incumbency) :					Danut			
Print Name: Timothy S. Rosnick Authorized Signer Signature:			P	rint Title:	Deput	ty Controller		
(Must match Banking Resolution & Certificate of Incumbency) :				nint Titl		Date:		
rint Name: DESIGNATED ACCOUNT SI	GNERS (use Supple	emental Signature pa		rint Title: 4504NSB	U Was ne	eded for addition	onal signers)	
elect if signer can Add/Dele	ete Namo	e.g.ataro pu		Title			Signature	
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