

6. The account shall maintain a minimum of \$_____ in liquid assets in order to pay taxes or to provide for emergency expenses without penalty.
7. The taxpayer identification number shall be the social security number of the incapacitated person or the minor.
8. Broker shall provide a duplicate, summary annually to the Greenville County Probate Court, 301 University Ridge, Suite 1400, Greenville, SC 29601, Attn: G/C Division. The Court may require more frequent statements by letter or order to Broker.
9. **SHOULD DISBURSEMENTS BE MADE WITHOUT A COURT ORDER, BROKER/DEALER MAY POTENTIALLY BE LIABLE FOR THE REIMBURSEMENT OF SUCH UNAUTHORIZED DISBURSEMENTS TO THE CONSERVATORSHIP ACCOUNT.**

Executed this ___ day of _____, ____

Executed this ___ day of _____, ____

CONSERVATOR SIGNATURE

BROKER/DEALER AUTHORIZED SIGNATURE

NAME (PRINTED)
ADDRESS:

NAME (PRINTED)
TITLE:

TELEPHONE #:

ADDRESS:

TELEPHONE #:_____

THIS AGREEMENT MUST BE SIGNED BY AN AGENT OF THE BROKER/DEALER WITH ACTUAL AUTHORITY TO COMMIT THE BROKER/DEALER TO ACCEPT LIABILITY TO REIMBURSE THE CONSERVATORSHIP FOR ANY FUNDS WITHDRAWN WITHOUT COURT APPROVAL.