

New Account Opening Request
Return completed form to your account opening contact.

Version 31-Mar-15

Please provide client's service location	<input type="text" value="United States"/>
Please provide client's business type	<input type="text" value="CGNP"/>

* Name of Legal Entity (Name on Tax Form)	<input type="text" value="The Lynde and Harry Bradley Foundation, Inc."/>
Beneficial Owner Name (if different from listed Legal Entity Name)	<input type="text"/>

Client Contact Information

* Name	<input type="text" value="Mandy Hess"/>
* Address	<input type="text" value="1241 N. Franklin Pl"/>
* City	<input type="text" value="Milwaukee"/>
* State/Province	<input type="text" value="WI"/>
* Postal Code	<input type="text" value="53202"/>
* Country	<input type="text" value="USA"/>
* Telephone	<input type="text" value="414-291-9915"/>
Facsimile	<input type="text"/>
* Email	<input type="text" value="mhess@bradleyfdn.org"/>

Account Information

* Account Name	<input type="text" value="Cambridge Timber"/>	Account Number	<input type="text"/>
* Account will be funded by	<input type="text" value="Securities"/>		
* Initial Funding Date (DD-MMM-YY)	<input type="text" value="28-Apr-15"/>		
* Expected Funding Amount	<input type="text" value="23,000,000"/>		
* Assets to be held in the account	<input type="text" value="U.S. Valued Securities & Funds, Including Global Funds Valued in U.S. Dollars (Domestic)"/>		

* Response must be provided to complete the account opening request

* Do you require Short Term Investment Funds (STIF) set-up ?

No

Trade Instruction

* Is this account an Active/Separate Account or Line Item/Passive/Cash Account

Line Item/Passive/Cash Account

Passive or Line Item Account

* Please select the appropriate asset type to be held in the account

Limited Partnership

* Fund Name

* Contact Name

* Address

* City

* State/Province

* Postal Code

* Country

* Telephone

Facsimile

* Email

Proxy

* Who has proxy voting authority for this account

Investment Manager

Accounting

* Is this account to have Principal and Income segregation

No

List Accounting Consolidations to ensure new account is added to consolidations

LHBG0001000

Delete

LHBG6000000

Delete

* Response must be provided to complete the account opening request

LHBG6000000

Delete

Add Consolidation Account

Global Risk Solutions (Performance and Analytics)

* Will this account subscribe to Global Risk Solutions

Yes

* Benchmark Name/Information

S&P Global Timber and Forestry Index

Benchmark Number

IX1F00333697

* Line Item Account Sub Style for Global Risk Solutions.

List Global Risk Solutions Account Consolidation number(s)

LHBG00010000

Delete

LHBG60000000

Delete

Add Consolidation Account

Client's Comment Section

Signature

The undersigned hereby directs BNY Mellon to open account(s) in accordance with the terms set forth in this direction letter. It is the undersign's responsibility to ensure the accuracy of the information and substance of the transaction contained in the letter. BNYMellon is not responsible or liable for the contents of the direction letter. BNY Mellon's sole responsibility is to carry out your direction as set forth in the letter.

If you are an ERISA client, by signing this your are representing... "The undersigned hereby represents that the Committee/Client is the "named fiduciary" (when the meaning of section 402 (a) 2 of ERISA as amended of the Plan) and that the undersigned has been duly authorized to make the above direction on behalf of the Committee/Client. The undersigned hereby certifies that the above direction is a proper direction made in accordance with the Plan and is not in violation of ERISA or any regulations promulgated thereunder."

* Response must be provided to complete the account opening request

Cynthia K. Frank

Authorized Signature of Client

4/21/2015

Date

CYNTHIA K. FRANK

Print Authorized Signer's Name

Additional Signature - if required by Client Authorization

Date

Print Additional Authorized Signer's name