



TELEPHONE BILL PAYMENT
Service Application

*Bill Paying Power at
Your Fingertips*

WHAT IS THE BILL PAYMENT SERVICE?

The bill payment service is an easy-to-use bill payment alternative. All you need is a touch-tone telephone to tell us who, when, and how much to pay and we will take care of the rest.

WHEN AND WHERE CAN I USE THE BILL PAYMENT SERVICE?

You can pay any bill, anytime—24 hours a day, 7 days a week—without the hassels involved with stamps, checks, and bookkeeping.

WHAT ARE MY BILL PAYMENT ALTERNATIVES?

You can make payments easily with the bill payment service by selecting one of the following payment alternatives:

Automatic, fixed payments. Once these payments are established, disbursements are made to the appropriate merchants automatically. Some examples of automatic, fixed payments include mortgage or rent payments, car payments, and insurance payments.

Occasional payments with varied amounts. Just call to let us know who to pay, and how much to pay. Occasional payments with varied amounts include bills such as the dentist, the lawn-care service, or your travel agent.

Note: All payments are initially considered occasional. Once you are enrolled, you can easily change the payments to automatic, fixed payments using a touch-tone telephone.

HOW WILL I KEEP TRACK OF MY PAYMENTS?

You will see your payments consolidated on your asset management account statement, making record keeping easy and clutter-free. Your statement will list all payee information, dates posted, and the amounts of all payment transactions.

HOW DO I USE THE BILL PAYMENT SERVICE?

Call this toll-free demonstration line to see how it works: (800) 877-8058. The demonstration line is available from 8:30 a.m. to 8:30 p.m. (ET), Monday through Friday, except holidays.

When you call for an automated demonstration, you will be guided through a practice bill payment session. You may press *0 at any time during the session to speak with a Customer Service Representative.

HOW DO I ENROLL IN THE BILL PAYMENT SERVICE?

Enrolling in the bill payment service is simple—just complete the steps below. In approximately one week, you will receive your Welcome Kit, including your account number, an itemized list of the merchants you have established, a Reference Manual, and the Terms and Conditions to which you agree to comply with upon enrollment in this service. Your PIN code will be preassigned and sent to you under separate cover.

1. Complete the application.
2. Void a blank check from the asset management account from which you would like to have funds debited.



3. Place your voided check, along with a completed application, in the postage-paid envelope and mail. The bill payment service cannot be established without your voided asset management account check.

HOW DO I ESTABLISH MERCHANTS?

To establish merchants for this service, complete the attached payee forms, selecting payee codes from the Merchant Directory. Place the completed forms in the postage-paid envelope.

Your Welcome Kit will provide instructions for establishing additional merchants.

BILL PAYMENT SERVICE APPLICATION

Instructions: Complete this form by writing the information in BLOCK letters. Sign the completed form, attach an imprinted, voided check from your asset management account, and mail to the address on the right.

Mail To:
Bill Payment Processing Center
P.O. Box 182477
Columbus, OH 43216-4935

Note: Save a copy of this form for your records.

PRIMARY ACCOUNT OWNER

Security and Access

Social Security Number:

(To be used as your confidential Subscriber ID)

Mother's Maiden Name:

(For security purposes)

Date of Birth:

Personal Information (Must be valid U.S. address and telephone numbers)

First Name:

Middle Initial:

Last Name:

Mailing Address:

City:

State:

Zip Code:

Daytime Telephone Number:

()

Evening Telephone Number:

()

Fax Number:

()

JOINT ACCOUNT OWNER

ADDITIONAL AUTHORIZED USER - OPTIONAL

Security and Access

Social Security Number:

(To be used as your confidential Subscriber ID)

Mother's Maiden Name:

(For security purposes)

Date of Birth:

Personal Information (Must be valid U.S. address and telephone numbers)

First Name:

Middle Initial:

Last Name:

Mailing Address:

City:

State:

Zip Code:

Daytime Telephone Number:

()

Evening Telephone Number:

()

Fax Number:

()

SERVICE INFORMATION

I will be using Pershing's Bill Payment Service.

PRODUCT CODE: **TBP02**

FULFILLMENT CODE: **070**

BILLING CLASS: **600**

I authorize my financial organization to debit the account indicated on the attached voided check for payments I request through the service and for the appropriate monthly bill payment service fee. I understand that all service fees will be automatically debited monthly from the designated account until I provide written notification to cancel the account. My first use of the service signifies that I have read and accepted all of the terms and conditions of the service.

Primary Account Owner Signature:

Date:

Joint Account Owner Signature:

Date:

Your signature must be included in order to process this information.

Marketing Source Code: _____

Form Code: _____

PAYEE FORM

Your Name:

Payee Name (required):

Payee Mailing Address (required):

City:

State:

Zip Code:

Payee Telephone Number:

()

Payee Code (VRU Name) (required):

(refer to Merchant Directory)

PAYEE FORM

Your Name:

Payee Name (required):

Payee Mailing Address (required):

City:

State:

Zip Code:

Payee Telephone Number:

()

Payee Code (VRU Name) (required):

(refer to Merchant Directory)

PAYEE FORM

Your Name:

Payee Name (required):

Payee Mailing Address (required):

City:

State:

Zip Code:

Payee Telephone Number:

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Payee Code (VRU Name) (required):

(refer to Merchant Directory)

PAYEE FORM

Your Name:

Payee Name (required):

Payee Mailing Address (required):

City:

State:

Zip Code:

Payee Telephone Number:

()

Payee Code (VRU Name) (required):

(refer to Merchant Directory)

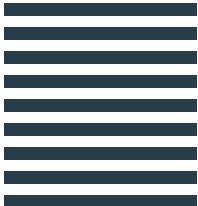


BUSINESS REPLY MAIL
FIRST CLASS PERMIT NO. 4548 COLUMBUS, OH

POSTAGE WILL BE PAID BY ADDRESSEE

BILL PAYMENT PROCESSING CENTER
PO BOX 182477
COLUMBUS, OH 43272-4935

NO POSTAGE
NECESSARY IF
MAILED IN THE
UNITED STATES



MERCHANT DIRECTORY

Payee Name	Code	Payee Name	Code
Utilities		Automobile/Gasoline (continued)	
Electric	001	Sunoco	055
Gas	002	Texaco	056
Water/Sewer	003	Unocal	057
Local Telephone	004	Gasoline	058
Long Distance	005		
Utility	008		
Household Expenses		Retail Stores	
Rent	016	Lord & Taylor	061
Mortgage	017	The Limited	064
Lawn Care	018	J.C. Penny	065
Day Care	019	Montgomery Ward	066
Medical	020	Sears	067
Club	021	Retail	068
		Nordstrom	069
		Bloomingdale's	072
		Saks Fifth Avenue	073
Credit Cards		Subscriptions/Service	
American Express	030	Cable TV	075
Diner's Club	031	Local Newspaper	076
Discover	032	Subscription	077
MasterCard	033	Compuserve	200
Visa	034	Prodigy	201
		America Online	202
Insurance		Car/Installment Loans	
Insurance	040	Chrysler Credit	081
NationWide	041	Ford Credit	082
AllState	042	GMAC	083
Blue Cross/	046	Car Payment	084
Blue Shield		Installment Loan	085
		Student Loan	086
		Loan	087
Automobile/Gasoline		Other	
BP Oil	049	Miscellaneous	099
Amoco	050		
Chevron	051		
Exxon	052		
Mobil	053		
Shell	054		

Note: Listed above are commonly used payee codes. A complete list will be sent to you with your Welcome Kit.

The only payments you cannot make through this service are tax payments and court-ordered payments.

Pershing®

A BNY Securities Group Co.
Solutions from The Bank of New York

One Pershing Plaza
Jersey City, New Jersey 07399

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