

SUNGARD APPLICATION

**4 Originals with Medallion Signature Guarantee Stamp Required
OUTSIDE BROKER DEALER FORM**

PLAN INFORMATION	
STN Client Name:	Dyatech
Plan Name:	
Plan Number:	
Address:	805 South Wheatley Street, Suite 600 Ridgeland, MS 39157

BROKER DEALER			
Broker Dealer:		Rep Name:	
Address:		Rep #:	
		B/D #:	
		Phone:	
Email:		Fax:	

ADDITIONAL MAIL	
(If your plan wants interested party statements, please enter address here.)	
Address:	

PLAN DOCUMENTS/ASSET INFORMATION			
(The following fields must be completed.)			
W9 on file:	Yes	Trust Document/Corp. Resolution on file:	Yes
Asset Type:	Qualified	Social Code:	401k

TRUST NETWORKING
<p>We hereby authorize you to accept orders regarding the purchase and redemption of mutual fund shares and other related information, including disbursement and distribution information (the "Instructions"), from Mid Atlantic Capital Corporation ("MACC") on behalf of the accounts registered in the name of [_____] Plan, [TIN _____], and listed in the schedule attached hereto (the "Accounts"). The Instructions will be communicated to you by way of the National Securities Clearing Corporation (the "NSCC") via STN Funds, the proprietary trade routing system operated and maintained by SunGard Institutional Brokerage Inc. You are authorized and directed to rely upon this letter in recognizing MACC as the settlement agent on behalf of such Accounts, and to deal directly with MACC in connection with NSCC settlement issues involving the Accounts until such authority is revoked in writing by the undersigned.</p>

FUND FEES
<p>We hereby authorize MACC to collect Fund Fees generated from purchase and redemption orders of the Fund and remit such fees to the Broker Dealer listed above.</p>

SIGNATURES	
Trustee Signatures: ----- ----- -----	Medallion Signature Guarantee Stamp: