



Cash Management Supplement

By signing below, the applicant(s) agrees to the terms and conditions on the accompanying Liberty Cash Management Account Disclosure Booklet, as well as the fees noted on a separate schedule and the Terms & Conditions statement(s) that will be mailed with the checks and/or card(s). Use of the checks and cards indicates that you have received, read and agreed to these documents. Checks and cards will be mailed to the name and address of record on the Vision brokerage account, which may be different from the information below. **Accounts may not be available to non-U.S. residents. All persons listed on the account must sign the applicable area.**

Note: We comply with Section 326 of the USA PATRIOT Act. This law requires us to verify certain information about you while processing your application. To aide in our identification process, Vision has contracted with a third party vendor to assist with our Customer Identification Program. If applicable, certain relevant information regarding your account may be passed to such third party to verify your identity and help Vision comply with the USA PATRIOT Act.

<input type="checkbox"/> New Application	<input type="checkbox"/> Updating Application
Margin Access (Margin Account Required): <input type="checkbox"/> Yes <input type="checkbox"/> No	

Vision Account Number (if known):

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Services Requested (Check all that apply):

<input type="checkbox"/> Check Writing <input type="checkbox"/> Visa® Platinum Rewards Card Credit (with ATM access to brokerage accounts) 8770 <input type="checkbox"/> Direct Pay (automatic payment of credit card balance)	<input type="checkbox"/> Automatic Account Builder <input type="checkbox"/> Money Market Sweep <input type="checkbox"/> Direct Deposit
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Applicant Data (Account User Information)			
PRIMARY ACCOUNT HOLDER		JOINT ACCOUNT HOLDER (Attach additional sheets, if necessary, for each additional account holder)	
First Name	Middle Initial	First Name	Middle Initial
Last Name		Last Name	
Name of Beneficiary if UGMA/UTMA			
Social Security Number (required)	Date of Birth (required)	Social Security Number (required)	Date of Birth (required)
Mother's Maiden Name		Mother's Maiden Name	

Trusts & Family Partnerships (Please furnish appropriate trust or partnership documents)

Name of Trust/Partnership

Tax Identification Number

Trustee/Authorized Partner

Business & Non-Profit Accounts (Please furnish appropriate resolution)

Name of Business or Non-Profit Entity

Authorized Representative Name

Tax Identification Number

Nature of Check and Card Usage

ADDRESS**PRIMARY ACCOUNT HOLDER****JOINT ACCOUNT HOLDER**

Street Address (P.O. Boxes not acceptable)

Street Address (P.O. Boxes not acceptable)

City State Zip Code

City State Zip Code

Length of Time at Address Own or Rent

Length of Time at Address Own or Rent

Previous Address (If at current address less than 2 years)

Previous Address (If at current address less than 2 years)

Mailing Address (If different from home address)

Mailing Address (If different from home address)

Home Phone

Home Phone

Cell Phone E-mail Address

Cell Phone E-mail Address

EMPLOYMENT INFORMATION (Not needed for Business & Non-Profit Accounts)**PRIMARY ACCOUNT HOLDER****JOINT ACCOUNT HOLDER**

Employer

Employer

Business Address

Business Address

Position Length of Employment

Position Length of Employment

Gross Annual Salary Business Phone

Gross Annual Salary Business Phone

Other Source(s) of Income* - Amount (per month)

Other Source(s) of Income* - Amount (per month)

 Checking Savings Checking Savings

Bank Name Account Number

Bank Name Account Number

Bank Address

Bank Address

*Alimony, child support or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying the obligation.

Choose the Vision Liberty Cash Management Account features that you would like:

I. Check Writing

Unless otherwise advised, check registration will contain name and address only. Any one of the signatures in the signature card below, standing alone, is sufficient for the payment of checks. Please note that check writing privileges are only available to those accounts with greater than \$10,000 in cash, money market funds and/or margin capacity.

Check writing is available only to accounts that have selected a fund in Section V for Money Market Sweep.

Personal Checking Business Checking

1. Primary Account Holder Name

2. Joint Account Holder Name

Account Address

Street

City

State

Zip Code

Please see the check writing account agreement provided in this Supplement and indicate below how you would like your checks to appear:

Name and Address Name Only

II. Visa® Platinum Credit Card

If a joint account, a separate credit card will be issued to each account owner.

Cash Rewards*

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* Other restrictions apply. Full details are provided in the Program Rules Brochure which you will receive after your account is opened.

Notice To Young Applicants: If you are under 21 years of age, Federal law prohibits us from approving your application for a credit card unless you demonstrate that you have the independent ability to make the required payments on your account, or unless you provide a guarantor or cosigner. The guarantor or cosigner must be acceptable to us and must sign our form of guaranty agreement.

NOTE: When you furnish Applicant and Co-Applicant information and each such person signs below, you indicate your INTENT TO APPLY FOR JOINT CREDIT. Each person can use the account, and each person is liable for the debt. All applicants applying for credit must be an owner, or authorized party, of a Vision Financial Markets brokerage account.

Please see the disclosure of credit card rules and terms provided in this Supplement.

□ III. Direct Pay Authorization for Automatic Payment

I authorize the financial institution that issues my credit card to deduct my monthly credit card payments from my below referenced account. The payment amount will be either the minimum payment due or the new balance due as specified below. I understand my automatic payment will be deducted each month five (5) days prior to the next statement closing date. If this date falls on a non-bank business day, the payment will be deducted on the prior business day. I agree that if my account does not have sufficient funds on the day my credit card issuer attempts to deduct the payment, the deduction may not be made. I understand that my credit card issuer may attempt, but shall have no further obligation to continue to attempt to deduct the payment amount from my account. Until such time that payment is made, I understand I am responsible to make such payment and any other payments that may be due. If at any time I decide to stop the automatic payment, I will send my credit card issuer written notice at least ten (10) days prior to the next scheduled payment date. I understand that I will receive my monthly credit card statement at least ten (10) days prior to the date the automatic payment will be made. That statement will constitute notice to me of the amount of the automatic payment.

With this Direct Pay Authorization form, please enclose a voided check for the bank account from which your payment will be deducted.

DEBIT THE FOLLOWING ACCOUNT:

□ **My Vision Liberty Cash Management Account (if known):**

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 UMB Routing Number: 101218856

□ **Other Financial Institution**

 Name of Institution Account Number

 Financial Institution Address Routing Number

PAYMENT AMOUNT TO BE DEDUCTED EACH MONTH (Please check one):

MINIMUM PAYMENT DUE **NEW BALANCE DUE**

I understand my automatic payment will be deducted each month five (5) days prior to the next statement closing date.

Signature Card

(This signature card MUST be signed if any of the above services I, II or III have been selected)

ON A JOINT ACCOUNT, ALL PERSONS NAMED ON THE ACCOUNT MUST SIGN THIS APPLICATION.

By signing below, I (we) certify that the information provided on this application is true and correct and that I (we) are applying for each of the services indicated above. I (we) certify that I (we) have received the Liberty Cash Management Account Disclosure Booklet and I (we) have read and agree to all of the terms, conditions and disclosures set forth in this Disclosure Booklet. The provisions in the Liberty Cash Management Account Disclosure Booklet are binding on me (us) with respect to each product or service applied for. Any one (1) of the signature(s) in the Signature Card below, standing alone, is sufficient for the payment of checks. The signature(s) set forth is recognized for all purposes in connection with receipt of services applied for in this application, including the payment of checks.

X _____
 Primary Account Holder's Signature Print Name of Primary Account Holder Date

X _____
 Joint Account Holder's Signature Print Name Joint Account Holder Date

Vision Account Number (if known):

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□ IV. Automatic Account Builder

Automatic Account Builder lets you choose a monthly or quarterly date for automatic deposits to your Vision account(s). Each transfer must be for a minimum of \$100 and can be up to \$100,000.

Are these instructions replacing existing Automatic Account Builder instructions on your account?

YES NO

I would like to invest* \$ _____ on the _____ day of every month or quarter beginning on _____ into the account indicated on the first page of this Supplement. If a start date or investment amount is not provided, the installment will begin on the first day of the frequency indicated above and the investment amount will be the minimum. I authorize the bank named below to deduct the amount I have specified from my below referenced account.

With this Automatic Account Builder form, please enclose a voided check for the bank account from which your investment will be deducted.

Financial Institution Information

Bank Name _____ Bank Account Name _____

Bank Address _____ Street _____ City _____ State _____ Zip Code _____

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ABA/Routing Number

Bank Account Number

Checking Savings

For mutual fund investments, indicate the fund(s) you wish to automatically invest in. Please provide symbol(s) and percentage allocation below. Note that investments will be placed in the core money market fund unless otherwise instructed. Percentages must equal 100%.

Symbol**	Percentage
1. _____	_____ %
2. _____	_____ %
3. _____	_____ %
4. _____	_____ %
5. _____	_____ %

Please Sign and Date Below

I request and authorize this Automatic Account Builder arrangement.

X

Authorized Signature _____

Print Name _____

Date _____

Vision Financial Markets LLC is an independent, registered broker/dealer. Member FINRA/SIPC.

Securities and insurance products offered by Vision Financial Markets • Not FDIC insured • May go down in value • Not financial institution guaranteed • Not a deposit • Not insured by any federal government agency

*Minimum investment is \$100 for the money market funds available through the Vision Liberty Account (other funds may be higher). Please refer to the fund's prospectus for minimum purchase requirements.

** Please see the prospectus for any mutual funds you may be interested in. The prospectus contains complete information including all charges and expenses. Please read the prospectus carefully before investing.

□ V. Money Market Sweep

Please be sure to carefully read the prospectus for the one fund that you select. The prospectus contains complete information including all charges and expenses. By signing below you acknowledge that you have read the prospectus for the fund you select.

Fund Name	Ticker Symbol	Select One
Prime Cash Series	CTPXX	<input type="checkbox"/>
Government Cash Series	CTGXX	<input type="checkbox"/>
Treasury Cash Series	CTTXX	<input type="checkbox"/>
Municipal Cash Series	CMSXX	<input type="checkbox"/>

State-Specific Municipal Funds	Ticker Symbol	Select One (if nothing selected above)
Alabama Municipal Cash Trust	ALMXX	<input type="checkbox"/>
California Municipal Cash Trust	CCSXX	<input type="checkbox"/>
Connecticut Municipal Cash Trust	CTCXX	<input type="checkbox"/>
Florida Municipal Cash Trust	FLSXX	<input type="checkbox"/>
Georgia Municipal Cash Trust	GAMXX	<input type="checkbox"/>
Massachusetts Municipal Cash Trust	FMCXX	<input type="checkbox"/>
Michigan Municipal Cash Trust	MIMXX	<input type="checkbox"/>
Minnesota Municipal Cash Trust	MNMXX	<input type="checkbox"/>
New Jersey Municipal Cash Trust	NJCXX	<input type="checkbox"/>
New York Municipal Cash Trust	FNCXX	<input type="checkbox"/>
North Carolina Municipal Cash Trust	NCMXX	<input type="checkbox"/>
Ohio Municipal Cash Trust	FOHXX	<input type="checkbox"/>
Pennsylvania Municipal Cash Trust	PACXX	<input type="checkbox"/>
Virginia Municipal Cash Trust	VCSXX	<input type="checkbox"/>

A money market mutual fund investment is not insured or guaranteed by the Federal Deposit Insurance Corporation or any other government agency. Although a money market mutual fund seeks to maintain a stable net asset value of \$1.00 per share, there is no guarantee that it will be able to do so (it is possible to lose money by investing in such a fund).

Money market mutual funds other than the specific funds listed above may be available to be established as the sweep option for your account. Please contact your Financial Advisor or Vision's Client Services team for more information.

Please Sign and Date Below

X

Authorized Signature

Print Name

Date

□ VI. Direct Deposit

It is easy and convenient for you to direct deposit funds into your brokerage account with Vision Financial Markets. Your paycheck from your employer or recurring checks such as Social Security checks from the U.S. Treasury can be deposited directly in your Vision account saving you from waiting for the check to show up in the mail and/or the hassle of going to the bank to make a deposit. If you have a money market sweep set up, the funds will be swept automatically to your core money market fund. If you do not have a sweep option set up, the funds will be held in your account in cash.

Instructions

- First determine whether the specific entity can accommodate direct deposit.
- Ask the entity if they have a standard direct deposit form they require you to use and if so, complete the form using the information provided below.
- Entities such as the Social Security Administration provide copies of their direct deposit form on their Web site.
- If the entity does not have a standard form that they use, but is willing to provide direct deposit on your behalf, please contact Vision's Customer Support team and we can provide you with a form to submit to them in order to establish direct deposit.
- Note: many entities with existing forms will request that you attach a voided check to their completed form in order to establish direct deposit. If you requested Vision's free check writing service, your initial order of checks will be sent to you in approximately two weeks.

Information to use on any form required to establish direct deposit to your Vision Financial Markets account:

US Bank, Routing Number:

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Credit: Vision Financial Markets LLC

Account Number: 1-5230777-1294

Further Credit Account Name: _____

My Vision Account Number:

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 (complete when known)

(All 14 digits of your Vision account number are required to use direct deposit)

Disclosure Booklet (Retain for your records)

CHECKWRITING ACCOUNT AGREEMENT

Each person who signs the Liberty Cash Management Account Application and requests checkwriting services certifies that his or her signature thereon represents such Applicant's legal signature. Each Applicant guarantees the genuineness of any other Applicant's signature appearing on the Signature Card. The Fund from which Applicant's checks are to be paid, Vision Financial Markets LLC ("Vision"), and UMB Bank, N.A. or its bank affiliates (collectively, the "Bank") and any of their successors are authorized to recognize such signature in the payment of checks, drafts and other instruments ("Checks") against Applicant's investment account ("Account"), **any one of the signatures on the Signature Card, standing alone, being sufficient.**

Each Applicant agrees to be bound by the Terms and Conditions for Checkwriting (the "Terms"), which may be forwarded to Applicant by broker from time to time. The Terms may be amended by the broker, and shall be binding on Applicant and the Account when an Applicant receives notice of any such changes.

Each Applicant hereby appoints the Bank as Applicant's agent for purposes of this Checkwriting Account Agreement. The Bank is authorized, upon the presentment of Checks or other electronic debits drawn on the Account (collectively, "Debits"), to transmit such Debits to the Fund or its Transfer Agent or to Vision (as appropriate) as requests to redeem shares in the Account in an amount sufficient to pay such Debits, and to effect their payment. Applicant agrees that Bank may honor electronic payments to or from the Account as authorized by Applicant, when such payments are processed in accordance with law and the applicable payment system rules.

Applicant agrees that the Account is subject to the applicable terms and restrictions, including charges for checkwriting and payment processing services, as set forth in the current Prospectus or in a separate fee schedule for each Fund.

Applicant agrees that payments made from the Account under this Checkwriting Account Agreement are governed by the laws, including the Uniform Commercial Code, as enacted in the State of Missouri, as amended from time to time. Applicant consents to the jurisdiction of the state or federal courts in Missouri over any dispute or claim arising out of the

provision of checkwriting or other payment services under this Agreement. Applicant agrees to examine the statement for the Account promptly. **Applicant agrees to report any claim that a Check or other payment made from the Account was forged, altered, or otherwise not authorized within thirty (30) days of receipt of the statement by any account holder. Failure to notify the Fund, Vision or the Bank within that time will preclude any claim against the Fund, Vision and the Bank by reason of any unauthorized or missing signature, alteration, or error of any kind.** In the event the Fund, Vision or the Bank is deemed liable for and unauthorized payment or any failure to honor a stop payment order that has been properly given, such liability shall not exceed the face amount of the Check or other payment improperly made.

DIRECT PAY AUTHORIZATION (Copy information from the corresponding section of the Application for a record of your authorization.)

On _____ (date), I authorized the financial institution which issues my credit card to deduct my monthly credit card payments from my below referenced account. The payment amount will be either the minimum payment due or the new balance due as specified below. I understand my automatic payment will be deducted each month five (5) days prior to the next statement closing date. If this date falls on a non-bank business day, the payment will be deducted on the prior business day. I agree that if my account does not have sufficient funds on the day my credit card issuer attempts to deduct the payment, the deduction may not be made. I understand that my credit card issuer may attempt, but shall have no further obligation to continue to attempt to deduct the payment amount from my account. Until such time that payment is made, I understand I am responsible to make such payment and any other payments that may be due. If at any time I decide to stop the automatic payment, I will send my credit card issuer written notice to the address set forth below at least ten (10) days prior to the next scheduled payment date. I understand that I will receive my monthly credit card statement at least ten (10) days prior to the date the automatic payment will be made. That statement will constitute notice to me of the amount of the automatic payment.

The payment alternative I selected was:

My Vision Liberty Cash Management Account (if known):

UMB Routing Number: 101218856

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Other Financial Institution

Name of Institution

Account Number

Financial Institution Address

Routing Number

DISCLOSURES OF CREDIT CARD RATES AND TERMS

To All Applicants: Each Applicant(s) applies to UMB Bank, N.A., Kansas City, MO or its successors or assigns ("Issuer") for an Account as indicated on the application. If this Application is accepted and a credit card(s) is issued, those signing the Application will be deemed to be in agreement with the terms and conditions accompanying the card(s). Each Applicant, in signing this form, certifies the information given herein to be true and correct and agrees to pay all charges on such Account when due.

Each Applicant authorizes the Issuer to obtain a credit report in connection with this Application and from time to time after the Account is established, the Issuer may verify that the Applicant(s) continues to qualify for the Account. Issuer may verify Applicant(s) credit, employment history and other information relating to the Applicant(s) and to answer questions about the Issuer's experience with each person. Each Applicant acknowledges and agrees that such information may be used to establish, administer or collect the Account requested by those signing this Application, or for any legitimate purpose relating to the Account. Each Applicant understands the Issuer will retain this Application whether or not it is approved. **By obtain-**

ing an Account and Card, you authorize Issuer to provide information to Federated Investors and Vision Financial Markets LLC, concerning your Account and your use of your Account.

Terms and Conditions Applicable to Brokerage Accounts: By signing this Application and supplying a Brokerage account number on this Application, Applicant(s) further allows Issuer to obtain additional information regarding Applicant(s) financial status with Vision Financial Markets LLC. Applicant(s) further requests that the Card(s) be simultaneously validated by Issuer and Vision Financial Markets LLC at which Applicant(s) Brokerage account is maintained, so that such card may be used as a device to access ATMs.

NOTE: THE SERVICES DESCRIBED IN THE TERMS AND CONDITIONS APPLICABLE TO BROKERAGE ACCOUNTS ARE APPLICABLE ONLY IF THE INDIVIDUAL(S) SIGNING THIS APPLICATION ARE AUTHORIZED SIGNERS ON THE DESIGNATED BROKERAGE ACCOUNT

IMPORTANT COST INFORMATION ABOUT OUR CREDIT CARD

Interest Rates and Charges	
Annual Percentage Rate ("APR") for Purchases	10.99% This is a variable rate, as explained below.
APR for Cash Advances	14.99%. This APR will vary with the market based on the Prime Rate.
APR for Balance Transfers	10.99% if your Balance Transfer is treated as a Purchase, or 14.99% if your Balance Transfer is treated as a Cash Advance. These APRs will vary with the market based on the Prime Rate.
Penalty APR and When it Applies	21.75%. This APR may be applied to your account if you make a late payment. How long will the Penalty APR apply? If your APRs are increased for the above reason, the Penalty APR will apply until you make six (6) consecutive payments of at least the minimum payment when due.
Paying Interest	Your due date is at least 21 days after the close of each billing cycle. We will not charge you interest on Purchases if you pay your entire balance by the due date each month. Generally, we will begin charging interest on Cash Advances and Balance Transfers on the transaction date.
Minimum Interest Charge	If you are charged interest, the charge will be no less than \$0.50.
For Credit Card Tips from the Federal Reserve Board	To learn more about factors to consider when applying for or using a credit card, visit the website of the Federal Reserve Board at http://www.federalreserve.gov/creditcard
Fees	
Annual Fee	None.
Transaction Fees	
• Balance Transfer	Three percent (3%) of the amount of the Balance Transfer, with a \$15 minimum and no maximum.
• Cash Advance	Three percent (3%) of the amount of the Cash Advance, with a \$15 minimum and a \$50.00 maximum.
• Foreign Transaction	Two percent (2%) of the U. S. dollar amount of each Cash Advance or Purchase.
Penalty Fees	
• Late Payment	Up to \$35
• Returned Payment	Up to \$35
• Over the Credit Limit	None

How We Will Calculate Your Balance: We use a method called the "average daily balance (including new purchases)".

Loss of Promotional APRs: We may end any Promotional APRs that you have been offered on Balance Transfers, Promotional Purchases or Special Promotional Items, and apply the Penalty APR, if you make a late payment.

How We Determine APRs: The Purchase and Cash Advance APRs are determined by adding a Margin to the Prime Rate. The Prime Rate is the highest Prime Rate published in The Wall Street Journal Money Rates table on the fifteenth (15th) day of each month, or the next business day, if the 15th falls on a weekend or holiday. The APR for Purchase and Cash Advances will not exceed 25.00%, and the Penalty APR will not exceed 27.90%.

Margin: We will add 7.74% to the Prime Rate to determine the APR for Purchases. We will add 11.74% to the Prime Rate to determine APR for Cash Advances. We will 18.50% to the Prime Rate to determine the Penalty APR.

Cardholder Agreement. For additional information about the costs and terms of the Account, see Issuer's Cardholder Agreement, which will be sent with the Card. The Cardholder Agreement and the Account will be governed

by Missouri and applicable federal law, but the Issuer will rely on the provisions of Nebraska law with respect to the fees and charges (other than interest) that apply to your Account, as authorized by Missouri Revised Statutes Section 408.145. The Cardholder Agreement permits the Issuer to charge the terms of this Account, including the rates, fees and other credit terms, upon notice to cardholder and subject to the provisions of applicable law.

Important Information About Procedures For Opening A New Account. Our bank complies with Section 326 of the USA PATRIOT Act. This law mandates that we collect and verify certain information about you while processing your Account application. Please talk with a Bank representative if you have questions.

Important. This information about the costs of credit cards is accurate as of October 1, 2010, the date this document was printed. This information may have changed after that date. To find out what may have changed, call us at 800-821-5184 or write to us at UMB Bank, n.a., P.O. Box 419734, Kansas City, Missouri 64141-6734.