M&T Bank

Manufacturers and Traders Trust Company

SCHEDULE A TO FUNDS TRANSFER AGREEMENT
List of Accounts

The following accounts are covered by the Funds Transfer Agreement by and between the Client, [Insert full name of Client] _____, and M&T Bank:
(Please insert the titles, TINs and account numbers for each of Client's or its affiliates accounts from which funds transfers may be made).

Account Number	Account Title	Client/Affiliate TIN

Each Account listed in this Schedule A will be added to M&T's records as an account covered by the Funds Transfer Agreement. Accounts you have previously designated as covered by the Funds Transfer Agreement will continue to be so covered unless and until Client advises M&T in writing to remove such account from its records as an account covered by the Funds Transfer Agreement.

CLIENT:

By: Mr./Ms./Mrs./Miss _____
(Please print full name)

Title: _____

Authorized Signature: _____ _____
(i.e., Signature of individual; for entity, of President or similar authorized representative) Date

MANUFACTURERS AND TRADERS TRUST COMPANY:

Bank Officer Signature 1	Printed Name, Title and Cost Center	Date
Bank Officer Signature 2	Printed Name, Title and Cost Center	Date