

NON-QUALIFIED ACCOUNT APPLICATION

Institutional Advisor Services



General Instructions

- By completing and signing this application the account owner is establishing an account subject to the terms and conditions made available by your advisor and at anvilamerica.com
- Instructions to complete this document can be found at anvilamerica.com

SECTION 1: Non-qualified account type (check only one)

- ☐ Individual
- ☐ Joint With Rights of Survivorship (WROS)
- ☐ Joint (Tenants in Common)
- ☐ Joint (Tenants by the Entirety)
- ☐ Joint (Community Property)
- ☐ Joint (Community Property WROS)
- ☐ Custodial (UTMA / UGMA)

SECTION 2: Primary account owner information (or minor)

A. Name and Contact Information

Name

Date of Birth

Social Security Number

Primary Phone #

Secondary Phone #

Occupation

B. Address **PO Boxes NOT Allowed.**

Address 1

Address 2

City

State

Zip

C. Citizenship Status

Select one type of identification, and enter the ID number and expiration date below (cannot be expired):

U.S. Citizens only:

- ☐ Driver's license or ID card issued by a state or outlying possession of the United States
- ☐ ID card issued by a federal, state, or local government agency or entity
- ☐ U.S. Passport
- ☐ Certificate of U.S. Citizenship (INS Form N-560 or N-561)
- ☐ Unexpired foreign passport, with I - 551 stamp or attached INS Form I-94 indicating unexpired employment authorization
- ☐ Permanent Resident Card or Alien Registration Receipt Card with photograph (INS Form I-551)

Identification Number (provide number from selected document)

Expiration Date

State (If applicable)



D. Where will the assets to fund this account primarily come from (choose only one)?

- | | |
|---|---|
| <input type="checkbox"/> Securities | <input type="checkbox"/> Insurance Proceeds |
| <input type="checkbox"/> Personal Funds | <input type="checkbox"/> Inheritance / Gift |
| <input type="checkbox"/> Real Estate Proceeds | <input type="checkbox"/> Pension / IRA / Retirement Savings |
| <input type="checkbox"/> Income from Earnings | <input type="checkbox"/> Other |

E. What is the purpose and expected use of the account (choose only one)?

- | | |
|---|---|
| <input type="checkbox"/> Investment account with frequent transfers | <input type="checkbox"/> Long term investment with occasional transfers |
| <input type="checkbox"/> Investing for estate planning | <input type="checkbox"/> Investing for tax planning |
| <input type="checkbox"/> Investing for college/minor | <input type="checkbox"/> Investing for retirement |

Section 3: Account management

A. Client Representative

Client Representative Name

Client Representative Firm Name

Mailing Address

City

State

Zip

Work Phone

Email

SECTION 4: Email and electronic delivery

A. Email Address *One valid email address is requested for each account and will be used for e-delivery of statements and other account documents if opt-in.*

Primary account owner email



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SECTION 5: Authorized signatures

By signing below I certify that the information provided in this application is correct and can be relied upon to establish my account and that I have read and agree to the Account Terms and Conditions, Policies and Disclosures, all of which are made available to me by my advisor and at: www.america.co.

Taxpayer Identification Number Certification:

By signing below, I also certify under penalties of perjury that:

- My taxpayer identification number provided above is correct;
- I am not subject to backup withholding for failure to report interest and dividend income (*please cross out this sentence if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return*);
- I am a U.S. citizen or other U.S. person; and
- I am exempt from FATCA reporting.

Please note that the Internal Revenue Service does not require your consent to any provision of this document other than this Identification Number Certification.

Account Owner/Custodian Signature Date _____

Printed Name

Client Representative Signature Date _____

Printed Name



- End Form -