

Account # _____

Advisor Code _____

Case # _____

INVESTMENT ADVISOR: TO BE COMPLETED BY ADVISOR

Investment Advisor Firm (Agent) and Primary Contact:

Firm Name: _____ Primary Contact: _____

1

ACCOUNT TYPE: PLEASE CHECK THE APPROPRIATE BOX

- ☐ **Individual**
- ☐ **Custodian for a Minor¹** Please indicate the state of establishment: _____. If the state is left blank, the minor's state of residence will default.
- ☐ **Joint Tenants with Rights of Survivorship** If one Joint owner dies, his/her interest passes to the surviving owner(s). (Not available for Louisiana residents)²
- ☐ **Tenants in Common** _____% Owner _____% Co-owner If one Joint owner dies, his/her interest passes to his/her estate (50/50, unless otherwise noted).
- ☐ **Community Property** For AZ, CA, ID, LA, NM, NV, TX, WA, and WI only. Laws vary by state.
- ☐ **Tenants by the Entireties** If one Joint owner dies, his/her interest passes to the surviving owner (Spouses only). Not available in all states. Laws vary by state.
- ☐ **Estate Decedent's account number at TD Ameritrade:** _____. Provide estate name and estate tax ID in Section 2, and the executor's information in Section 3. Include a copy of the decedent's death certificate, and a copy of the Letters of Testamentary.
- ☐ **Guardianship³** Please include a copy of the court certified letter of guardianship.
- ☐ **Conservatorship³** Please include a copy of the court certified letter of conservatorship.

¹ Provide minor's information in the Primary Account Owner information portion of Section 2, and the custodian's information in the Joint Account Owner portion of Section 3. Complete the Custodian's Designation of Successor Custodian to UTMA/UGMA Account form. If the custodian dies or becomes incapacitated without designating a successor, a court certified Appointment of Successor Custodian may be required.

² For residents of Louisiana, if married the account type will default to Community Property, if not married account type will default to Tenants in Common.

³ Additional information and/or paperwork may be required. Please contact your advisor.

2

PRIMARY ACCOUNT OWNER: COMPLETE ALL INFORMATION BELOW FOR THE PRIMARY OR MINOR ACCOUNT OWNER

First Name:		Middle Initial:	Last Name:
Estate Name:		Social Security Number/Estate Tax ID:	Date of Birth:
Primary Telephone Number:	<input type="checkbox"/> Check here if this is not a U.S. phone number.	Secondary Telephone Number:	<input type="checkbox"/> Check here if this is not a U.S. phone number.
Email Address (required for electronic delivery of your account statement and trade confirmations):			
Home Street Address (No PO Boxes):			
City:	State:	ZIP Code:	
Mailing Address (If different from above):			
City:	State:	ZIP Code:	
Please specify if you are:		Source of income (if Unemployed, Retired, Homemaker, or Student):	
<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student			
Employer Name (If self-employed, please provide the name of your business and industry):			Occupation:
Type of Business:			
Employer Street Address:			
City:	State:	ZIP Code:	
Check here if you are a:		Country of Citizenship (For non-U.S. Citizens and Permanent Residents):	
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Not a U.S. Citizen If a Permanent Resident, please attach a copy of an unexpired Permanent Resident card.			
Country of Dual or Secondary Citizenship (if applicable):		Country of Birth (For non-U.S. Citizens and Permanent Residents):	
Non-U.S. citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No Specify visa type: _____ Visa Number: _____ Expiration: _____ (Nonresident aliens must submit Form W-8BEN and a copy of a current passport. If a U.S. address is listed, then attach a signed "Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to Form W-8" (Form TDAI 835).			
<input type="checkbox"/> Check here if you or your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents, and any personal or business associates is a senior political figure (SPF). Specify the name of the SPF, political title, relationship to Account owner, and country of office: _____			



☐ Check here if you or your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents, is a director, 10% shareholder, or policy-making officer of a publicly traded company. Specify the company name, address, city, and state:

☐ Check here if you or your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents is licensed, employed by, or associated with, a broker-dealer firm, a financial services regulator, securities exchange, or member of a securities exchange. If checked, please specify entity below, and provide a copy of the required authorization letter (with this application):

3

JOINT ACCOUNT OWNER: COMPLETE ALL INFORMATION BELOW FOR THE JOINT ACCOUNT OWNER OR CUSTODIAN

First Name:		Middle Initial:	Last Name:	
Estate Name:		Social Security Number/Estate Tax ID:		Date of Birth:
Primary Telephone Number: <input type="checkbox"/> Check here if this is not a U.S. phone number.		Secondary Telephone Number: <input type="checkbox"/> Check here if this is not a U.S. phone number.		
Home Street Address (no PO boxes):				
City:		State:		ZIP Code:
Mailing Address (if different from above):				
City:		State:		ZIP Code:
Please specify if you are: <input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student			Source of income (if Unemployed, Retired, Homemaker, or Student):	
Employer Name (If self-employed, please provide the name of your business and industry):				Occupation:
Type of Business:				
Employer Street Address:		City:		State:
Check here if you are a: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Not a U.S. Citizen If a Permanent Resident, please attach a copy of an unexpired Permanent Resident card.		Country of Citizenship (For non-U.S. Citizens and Permanent Residents):		
Country of Dual or Secondary Citizenship (if applicable):		Country of Birth (For non-U.S. Citizens and Permanent Residents):		

Non-U.S. citizens: Do you hold a current U.S. immigration visa? ☐ Yes ☐ No Specify visa type: _____ Visa Number: _____ Expiration: _____
(Nonresident aliens must submit Form W-8BEN and a copy of a current passport. If a U.S. address is listed, then attach a signed "Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to Form W-8" (Form TDAI 835).

☐ Check here if you or your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents, and any personal or business associates is a senior political figure (SPF). Specify the name of the SPF, political title, relationship to Account owner, and country of office:

☐ Check here if you or your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents, is a director, 10% shareholder, or policy-making officer of a publicly traded company. Specify the company name, address, city, and state:

☐ Check here if you or your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents is licensed, employed by, or associated with, a broker-dealer firm, a financial services regulator, securities exchange, or member of a securities exchange. If checked, please specify entity below, and provide a copy of the required authorization letter (with this application):

4

CASH SWEEP VEHICLE CHOICES (PLEASE SELECT ONLY ONE)

☐ TD Ameritrade FDIC Insured Deposit Account (IDA)
Pays interest on credit balances.

☐ TD Ameritrade Cash (Protected by the Securities Investor Protection Corporation [SIPC])
Pays interest on credit balances.

NOTE: If not specified, all credit balances will automatically be swept daily to the TD Ameritrade FDIC Insured Deposit Account. See the Client Agreement for a complete description of the Cash Sweep program.

5

DIVIDEND & INTEREST PREFERENCES (PLEASE SELECT ONLY ONE OPTION FOR DIVIDEND & INTEREST DELIVERY)

Please select one of the below choices. If no selection is made TD Ameritrade will default to holding all dividends and interest at TD Ameritrade.

☐ Hold all dividends and interest at TD Ameritrade

☐ Mail check for all dividends and interest on the first business day of the month

6

CONFIRMATION AND STATEMENT PREFERENCES

I understand that I will receive monthly account statements and trade confirmations electronically, unless I make a selection below. If I do not provide a valid email address, I will receive a monthly paper statement. Certain types of accounts or activity (such as options trading) require a monthly statement, either electronically or via U.S. mail.

In the event that no email address is provided or an email sent to the address above is returned as undeliverable, TD Ameritrade will send paper statements and trade confirmations to the address of record.

If I elect to receive either electronic statements or electronic confirmations, I will receive shareholder information electronically when available.

Account Statement: ☐ Monthly Electronic Statements ☐ Monthly Paper Statements

Trade Confirmation: ☐ Electronic Trade Confirmations ☐ Paper Trade Confirmations

☐ Unless I have checked this box, TD Ameritrade will provide my name to corporations whose securities I hold in my account for the purpose of additional corporate communications.

7

DUPLICATE STATEMENTS & CONFIRMS FOR AN INTERESTED PARTY

If you would like to provide duplicate paper statements and/or duplicate paper trade confirmations to an interested party, please complete the information below:

Please check all that apply ☐ Statements ☐ Trade Confirmations

Name:

Company Name (if any):

Street Address:

City:

State:

ZIP Code:

8

PROXY AUTHORIZATION

Please select one of the below choices. If no selection is made, TD Ameritrade will default to sending me proxies. The Agent can only vote my proxies if they have discretion over my account.

- ☐ I would like to receive and vote on proxies.
- ☐ Agent receives and votes proxies. I hereby authorize TD Ameritrade to forward proxy soliciting materials, annual reports, and other related issuer materials, normally sent to me, to my advisor (Agent) and to allow Agent to vote Proxies on my behalf.*
- ☐ Agent receives and votes proxies but I would like to receive informational copies. I hereby authorize TD Ameritrade to forward proxy soliciting materials, annual reports, and other related issuer materials, normally sent to me, to my advisor (Agent) and to allow Agent to vote Proxies on my behalf.*

* I confirm that the Agent holds discretionary authority over my account pursuant to an advisory contract with the Agent. I understand that this authorization may be rescinded at any time for any reason, by a written notice addressed to TD Ameritrade and delivered to your office. This authorization shall extend to the benefit of your successors and assigns.

9

ADVISOR AUTHORIZATIONS**Limited Disbursement and Journal Authorization**

By my signature below on this application, I hereby authorize TD Ameritrade to: disburse assets to me at my address of record at the direction of my Advisor and; journal assets between my TD Ameritrade accounts of identical registration at the direction of my Advisor as provided in the TD Ameritrade Institutional Client Agreement.

Please initial further authorizations below as applicable.

Directed Trading Authorization

I authorize TD Ameritrade to execute trades in my Account at the direction of my Advisor as provided in the TD Ameritrade Institutional Client Agreement.

Account Owner Initials: _____ Account Co-Owner Initials: _____

Fee Deduction and Payment Authorization

I authorize TD Ameritrade to pay investment advisory fees and related fees (collectively, "Advisory Fees") to my Advisor from my Account(s) in the amounts instructed by my Advisor as provided in the TD Ameritrade Institutional Client Agreement.

Account Owner Initials: _____ Account Co-Owner Initials: _____

These choices can be modified or revoked at any time by notice to TD Ameritrade Institutional at PO BOX 650567, Dallas, TX 75265-0567 or 800-431-3500.

10

TRUSTED CONTACT (OPTIONAL)

By completing this section, you authorize TD Ameritrade to contact the person(s) named below for the following reasons: if there are questions or concerns about my whereabouts or health status; if TD Ameritrade suspects that I may be a victim of fraud or financial exploitation; if TD Ameritrade suspects that I might no longer be able to handle my financial affairs; to confirm the identity of any legal guardian, executor, trustee, authorized trader, or holder of a power of attorney; or if TD Ameritrade has any other concerns or is unable to contact me about my account(s) held at TD Ameritrade. **Please review the Client Agreement for the full terms and conditions regarding how TD Ameritrade uses this information.**

NOTE: Your Trusted Contact must be someone other than an account owner and cannot be the Investment Advisor. You may provide more than two Trusted Contact Persons by completing and signing additional Authorization Forms.

First Name:	Middle Initial:	Last Name:
Relationship:		
Primary Telephone Number:	Email Address:	
Mailing Address:		
City:	State:	ZIP Code:
First Name:	Middle Initial:	Last Name:
Relationship:		
Primary Telephone Number:	Email Address:	
Mailing Address:		
City:	State:	ZIP Code:

11

AGREEMENT — BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT:

I acknowledge that I have received and read the Client Agreement, available at advisorclient.com or by calling 800-431-3500, that will govern my account. I agree to be bound by the Client Agreement, which may be amended from time to time and which is incorporated by this reference. I release and agree to indemnify and hold harmless TD Ameritrade from any and all liability and claims for damages resulting from any action taken pursuant to this Agreement. By my signature below, I attest that I am of legal age to contract and that the information contained in this application is true and correct. I hereby request, subject to acceptance by TD Ameritrade, an account as indicated in Section 1 be opened in the name(s) set forth below.

If I have requested an options account, I agree to be bound by the Client Agreement and any supplemental options agreements that will govern my account applicable to the trading of options contracts. I agree to abide by the rules of the listed options exchanges and the Options Clearing Corporation and will not violate current position and exercise limits. I am aware of the risks involved in options trading and represent that I am financially able to bear such risks and withstand options-trading losses.

All securities, dividends, and proceeds will be held at TD Ameritrade Clearing, Inc. (the "Clearing Firm"), unless otherwise instructed.

I understand that TD Ameritrade may obtain a current consumer or credit report to determine my eligibility, or continuing eligibility, for credit or for other legitimate business purposes. Any decision by TD Ameritrade to extend credit may be based on information contained in a consumer or credit report, as well as the policies of TD Ameritrade and the Clearing Firm.

I understand that TD Ameritrade may relate information regarding this account, including account delinquency and voluntary closures, to consumer or credit reporting agencies. Upon my request, TD Ameritrade shall inform me of each consumer or credit reporting agency from which they have obtained and/or reported my consumer or credit report. TD Ameritrade agrees to notify the consumer or credit reporting agencies if I dispute the completeness or accuracy of the information furnished by TD Ameritrade. By my signature below, I authorize TD Ameritrade to obtain consumer or credit reports for the name(s) set forth below.

Unless specified otherwise, I understand that non-deposit investments purchased through TD Ameritrade are not insured by the Federal Deposit Insurance Corporation (FDIC), are not obligations of or guaranteed by any financial institution, and are subject to investment risk and loss that may exceed the principal invested.

Important information about procedures for opening a new account: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents.

Successors and Heirs. This Authorization supplements and in no way limits or restricts rights that TD Ameritrade and the Clearing Firm may have under any other agreement with me. This Authorization will bind my heirs, executors, administrators, successors, and assigns and will benefit TD Ameritrade and the Clearing Firm's successors and assigns.

If I am a U.S. person for tax purposes:

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Services (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; (3) I am a U.S. citizen or other U.S. person; and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

If I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, I must cross out (2) in this certification.

If I am not a U.S. Person for tax purposes:

I am submitting the applicable Form W-8 with this form to certify my foreign status.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

The Client Agreement applicable to this brokerage account contains a predispute arbitration clause. By signing this agreement, the parties agree to be bound by the terms of the Client Agreement, including the arbitration agreement located in Section 14 of the Client Agreement on pages 11 and 12.

12

ACCOUNT OWNER(S) SIGNATURE:

Primary Account Owner's Printed Name: _____

X Primary Account Owner's Signature: _____ Date: _____

Joint Account Owner's Printed Name: _____

X Joint Account Owner's Signature: _____ Date: _____

Mailing Address:
TD Ameritrade Institutional
PO BOX 650567
Dallas, TX 75265-0567

TDAI 9017 REV. 02/18

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

TD Ameritrade Institutional, Division of TD Ameritrade, Inc., and TD Ameritrade Clearing, Inc., members FINRA/SIPC.
TD Ameritrade is a trademark jointly owned by TD Ameritrade IP Company, Inc. and The Toronto-Dominion Bank. © 2018 TD Ameritrade.