

Account # \_\_\_\_\_  
 Advisor Code \_\_\_\_\_  
 Case # \_\_\_\_\_

**INVESTMENT ADVISOR: TO BE COMPLETED BY ADVISOR**

Investment Advisor Firm (Agent) and Primary Contact

Firm Name: \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_

**1**

**GENERAL INFORMATION**

Type of Plan:  Individual 401(k)  Individual Roth 401(k)\*  401(k)  Roth 401(k)\*  Profit Sharing Plan  Money Purchase Pension Plan  403(b)

\*If you are opening an Individual Roth 401(k) or Roth 401(k), you will need to complete an additional Participant Application for an Individual 401(k) or 401(k) account respectively if one is not set up, to cover both salary deferrals and pre-tax contributions.

Is this account part of an existing plan at TD Ameritrade?  Yes. If yes, please provide account number \_\_\_\_\_  
 No. If no, please provide a copy of the Adoption Agreement or 403(b) Vendor Agreement.

- Single Participant/Business Partners (Owners Only)—I agree that if the Plan status changes due to hiring employees, minor children coming of legal age, etc. I will be responsible for notifying TD Ameritrade. This will enable TD Ameritrade to update the Plan to ERISA covered status, so that I receive future ERISA disclosures.
- Non-ERISA Plan 403(b).
- ERISA Plan—Plan with eligible employees; please complete below.

|                                  |                 |                           |
|----------------------------------|-----------------|---------------------------|
| Plan Fiduciary First Name:       | Middle Initial: | Last Name:                |
| Fiduciary's TIN (if applicable): |                 |                           |
| Fiduciary's Address:             |                 | Fiduciary's Phone Number: |
| City:                            | State:          | ZIP Code:                 |

If you have a Third Party Administrator (TPA) or a Record Keeper associated with your plan, please provide the following information:

|                         |               |           |
|-------------------------|---------------|-----------|
| TPA/Record Keeper Name: | Contact Name: |           |
| Address:                |               |           |
| City:                   | State:        | ZIP Code: |
| Phone Number            | Email:        |           |

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**PARTICIPANT/EMPLOYER INFORMATION**

Name Prefix (optional):  Mr.  Mrs.  Ms.  Dr.  Rev.

|  |   |            |
|--|---|------------|
| Participant First Name:  | Middle Initial:   | Last Name: |
| Social Security Number:  | Date of Birth:  |            |
| Primary Phone: <input type="checkbox"/> Check here if this is not a U.S. phone number          | Secondary Phone: <input type="checkbox"/> Check here if this is not a U.S. phone number |            |
| Participant Email (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:   |
| 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:<br><input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Not a U.S. Citizen<br>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? <input type="checkbox"/> Yes <input type="checkbox"/> No   Specify Visa type: _____ Visa Number: _____ Expiration: _____<br><i>(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).</i> |        |   |

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 PRIMARY TRUSTEE INFORMATION (IF DIFFERENT FROM PARTICIPANT)**

|                         |                 |            |
|-------------------------|-----------------|------------|
| First Name:             | Middle Initial: | Last Name: |
| Social Security Number: | Date of Birth:  |            |

**CO-TRUSTEE INFORMATION (IF DIFFERENT FROM PARTICIPANT)**

|                         |                 |            |
|-------------------------|-----------------|------------|
| First Name:             | Middle Initial: | Last Name: |
| Social Security Number: | Date of Birth:  |            |

Check here if any Trustee, any member of trustee's 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 any Trustee, any member of trustee's 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 any Trustee, any member of trustee's 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 CURRENT MARITAL STATUS**

**I Am Not Married**

I understand that if I become married in the future, my spouse will be my Primary Beneficiary unless I complete a new Designation of Beneficiary Form, and my spouse consents to my designation.

**I Am Married**

I understand that my spouse will be my Primary Beneficiary. However, I understand I may designate a Primary Beneficiary other than my spouse on the space below if my spouse signs the section below titled "Consent of Spouse."

**DESIGNATION OF BENEFICIARY(IES)**

The following individual(s) shall be my Beneficiary(ies). Please check Primary or Contingent for each individual Beneficiary. The total percentages for primary beneficiaries must equal 100% and cannot be expressed in dollar amounts. The total percentages for contingent beneficiaries must equal 100% and cannot be expressed in dollar amounts. Unless otherwise noted, proportions are deemed to be in equal share. If a trust is designated as a beneficiary, then the trust title and UA date must be provided.

If additional space is required, please attach a separate sheet with additional beneficiaries.  I have attached a separate sheet with additional beneficiaries.

**If neither Primary nor Contingent is checked, the individual will be deemed to be a Primary Beneficiary.**

If any Primary or Contingent Beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining Beneficiary(ies) shall be increased on a pro rata basis unless the "Per Stirpes\*\*" designation is selected. If no Primary Beneficiary(ies) survives me, the Contingent Beneficiary(ies) shall acquire the designated share of my Qualified Plan balance.

**\*Per Stirpes shall mean: each branch of the decedent's family shall inherit in equal parts and by way of representation. Please note that the "Per Stirpes" designation carries certain legal and tax implications, and may not be available in all states. TD Ameritrade cannot advise whether a "Per Stirpes" election is appropriate for the Account Owner's tax or estate planning. Please consult an estate planner for details regarding this designation.**

Primary Beneficiary  Contingent Beneficiary

|                         |   |  |
|-------------------------|---|--|
| First Name:             | Middle Initial:                         | Last Name:                             |
| Social Security Number: |   | Date of Birth (or UA Date if a Trust): |
| Relationship:           | <input type="checkbox"/> Per Stirpes:** | Share %:                               |

Primary Beneficiary  Contingent Beneficiary

|                         |   |  |
|-------------------------|---|--|
| First Name:             | Middle Initial:                         | Last Name:                             |
| Social Security Number: |   | Date of Birth (or UA Date if a Trust): |
| Relationship:           | <input type="checkbox"/> Per Stirpes:** | Share %:                               |

Primary Beneficiary  Contingent Beneficiary

|                         |   |  |
|-------------------------|---|--|
| First Name:             | Middle Initial:                         | Last Name:                             |
| Social Security Number: |   | Date of Birth (or UA Date if a Trust): |
| Relationship:           | <input type="checkbox"/> Per Stirpes:** | Share %:                               |

Primary Beneficiary  Contingent Beneficiary

|                         |   |  |
|-------------------------|---|--|
| First Name:             | Middle Initial:                         | Last Name:                             |
| Social Security Number: |   | Date of Birth (or UA Date if a Trust): |
| Relationship:           | <input type="checkbox"/> Per Stirpes:** | Share %:                               |

Primary Beneficiary  Contingent Beneficiary

|                         |   |  |
|-------------------------|---|--|
| First Name:             | Middle Initial:                         | Last Name:                             |
| Social Security Number: |   | Date of Birth (or UA Date if a Trust): |
| Relationship:           | <input type="checkbox"/> Per Stirpes:** | Share %:                               |

Primary Beneficiary  Contingent Beneficiary

|                         |   |  |
|-------------------------|---|--|
| First Name:             | Middle Initial:                         | Last Name:                             |
| Social Security Number: |   | Date of Birth (or UA Date if a Trust): |
| Relationship:           | <input type="checkbox"/> Per Stirpes:** | Share %:                               |

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Primary Beneficiary <input type="checkbox"/> Contingent Beneficiary |   |  |
| First Name:  | Middle Initial:                         | Last Name:                             |
| Social Security Number:  |   | Date of Birth (or UA Date if a Trust): |
| Relationship:  | <input type="checkbox"/> Per Stirpes:** | Share %:                               |

**6 CONSENT OF SPOUSE (IF NONSPOUSE BENEFICIARY[IES] IS/ARE NAMED AS PRIMARY BENEFICIARY[IES])**

I am the spouse of the participant named above. I hereby consent to the above designation of Beneficiary. I understand that if anyone other than me is designated as Primary Beneficiary on this form, I am waiving all or a portion of any rights I may have to receive benefits under the plan when my spouse dies.

Participant's Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Must be witnessed. See below.)*

**7 WAIVER ELECTION (FOR QUALIFIED PRERETIREMENT SURVIVOR ANNUITY)**

**The Plan Administrator will check here if the following election does NOT apply.**

**Married Participant's Election to Waive the Qualified Preretirement Survivor Annuity**

As a married participant in my employer's qualified retirement plan, I acknowledge that I have read the information about Qualified Preretirement Survivor Annuities below. I understand that when I die, any amount remaining in my plan account will be paid to my surviving spouse in the form of a Qualified Preretirement Survivor Annuity. I understand that I have a right to waive that form of payment.

I hereby elect to waive the requirement that my surviving spouse be paid any benefits that I may have in the plan at the time of my death in the form of a Qualified Preretirement Survivor Annuity. I understand and agree that this waiver is valid only if my spouse has consented by reading and signing the statement below.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am the spouse of the participant named above. I hereby consent to my spouse's election not to have benefits remaining in his or her plan paid in the form of a Qualified Preretirement Survivor Annuity at his or her death. I understand that my consent cannot be revoked unless my spouse revokes the above waiver.

Participant's Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Must be witnessed. See below.)*

**Witness of Spouse's Consent:** The signature of the spouse must be witnessed by a notary public or signature guarantee as required. *(Witness applies to either or both elections.)*

Notary Public/Signature Guarantee: \_\_\_\_\_ Date: \_\_\_\_\_

**EMPLOYEE:** You and your spouse must complete the Waiver Election section if the box above has not been checked.

**EMPLOYER:** The Waiver Election is applicable to all Money Purchase Pension Plans, Defined Benefit Pension Plans, and Target Benefit Plans. It also applies to Profit Sharing Plans and 401(k) Plans if you did not select the REA Safe Harbor found in the Adoption Agreement. If you did select the REA Safe Harbor provision, and no existing plan assets are subject to the REA annuity requirements, place a check mark in the indicated box above.

**8 INSTRUCTIONS FOR WAIVER ELECTION FOR QUALIFIED PRERETIREMENT SURVIVOR ANNUITIES**

**About Qualified Preretirement Survivor Annuities**

If you are a married participant in your employer's qualified retirement plan, the law requires that any amount remaining in your plan account be paid to your surviving spouse in a certain manner at your death. This manner of payment, called a "Qualified Preretirement Survivor Annuity," will provide your spouse with a series of periodic payments over his or her life. The size of the periodic payments will depend on the amount remaining in your plan account.

For example, assume that a participant dies with an account balance of \$10,000. If the balance is paid to the surviving spouse in the form of a Qualified Preretirement Survivor Annuity, the annuity will provide the spouse with monthly payments of \$76.60. (This payment amount is an estimate based on the Individual Annuity Mortality Tables – 71 using a 5% interest rate with payments commencing at age 65.)

You may elect to waive the following:

1. The requirement that your surviving spouse be paid in the form of a Qualified Preretirement Survivor Annuity, and
2. The requirement that your spouse be your Beneficiary (only if applicable).

You may make either or both of the above elections beginning with the first day, after which you become a participant in the plan. Any waiver election you sign before age 35 will become invalid the first day of the plan year in which you attain age 35. At that time, you may again waive the Qualified Preretirement Survivor Annuity and the requirement that your spouse be your Beneficiary.

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**IMPORTANT INFORMATION**

Your spouse must consent in writing to either waiver. You have the right to revoke any waiver that you have made at any time before your death. Your spouse must also consent to any subsequent changes of Beneficiary.

If your vested account balance is \$5,000 or less at the time of your death, the plan administrator may make a distribution to your surviving spouse in a single-sum cash payment even if you did not waive the Qualified Preretirement Survivor Annuity. Because a spouse has certain rights under the law, you should inform your plan administrator immediately of any changes in your marital status. A change in your marital status may require you to complete a new Participant Application and Designation of Beneficiary form.

For more information regarding Qualified Preretirement Survivor Annuities, contact your plan administrator (employer).

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**CASH SWEEP VEHICLE CHOICES (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.*

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**LIMITED POWER OF ATTORNEY**

**LIMITED TO PURCHASE AND SALE OF SECURITIES, INCLUDING THE TRADING OF OPTIONS, IF APPLICABLE.**

By my initials in Section 10, and to the extent indicated herein, I hereby constitute and appoint the Advisory Firm or individual named herein as my agent and attorney-in-fact ("Agent"), to buy, sell, and trade in stocks, bonds, and any other securities and/or contracts relating to the same in accordance with the Client Agreement (incorporated by reference) applicable to this account held in my name, or number on your books, without notice to me. My Agent is authorized to effect such transactions in my account via any available medium, electronic access or otherwise, including but not limited to electronic access via personal computer or touch-tone phone.

If I have signed an options agreement, my Agent is specifically authorized to effect options transactions in my account, up to my approval level. I have received a copy of the booklet "Characteristics and Risks of Standardized Options." I hereby agree to indemnify and hold harmless TD Ameritrade, Inc. ("TD Ameritrade"), its affiliates and their directors, officers, employees, and agents from and against all claims, actions, costs, and liabilities, including attorneys' fees, arising out of or related to reliance on this authorization and to pay promptly on demand any and all losses arising therefrom or debit balance due thereon. In all such purchases, sales, or trades, you are authorized to follow the instructions of my Agent in every respect concerning my account with you; and my Agent is authorized to act for me and on my behalf in the same manner and with the same force and effect as I might or could do with respect to such purchases, sales, or trades, as well as with respect to all other things necessary or incidental to the furtherance or conduct of such purchases, sales, or trades, including without limitation the delivery of securities or monies from the account in the Account Owner's or Owners' name and the provision of securities cost basis method selection and/or information for purposes of cost basis or tax reporting.

I hereby ratify and confirm any and all transactions with you heretofore or hereafter made by my Agent for my account. This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which you may have under any other agreement or agreements between me and TD Ameritrade. If this is a fiduciary account, Account Owner(s) affirm(s) that this grant of limited trading authority has been conferred consistent with any fiduciary duties or powers of Account Owner(s).

This authorization is a continuing one and shall remain in full force and effect until (i) you are notified by a written notice delivered to TD Ameritrade of my death or incapacity or (ii) I change or revoke this authorization by a written notice to TD Ameritrade. You shall have no duty of inquiry. Until you receive such written revocation, you are entitled to act in reliance on this authorization and indemnity. Any revocation of this authorization shall have no effect on any liability which results from transactions initiated before you receive written notice of revocation. This authorization and indemnity shall inure to the benefit of your firm and of any successor firm or firms, irrespective of any change or changes at any time in the personnel thereof for any causes whatsoever, and of the assigns of your present firm or any successor firms.

**I have carefully read this power of attorney and indemnity and understand that it authorizes my Agent named herein to exercise rights and powers over my accounts as if I had exercised them myself and that my Agent's actions and instructions with respect to my accounts are fully binding on me. I also understand and agree that TD Ameritrade has no duty or responsibility to monitor trading in my accounts by my Agent or notify me prior to accepting instructions. I understand that Agent will automatically receive duplicate confirmations and statements unless I request otherwise.**

Please initial to indicate your approval. (Employer/ Trustee must also initial.)

|                       |                                 |  |
|-----------------------|---------------------------------|--|
| Participant Initials: | Employer or Trustee's Initials: | I hereby authorize the Agent listed on page 1 to execute trades in my account. |
|-----------------------|---------------------------------|--|

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**AUTHORIZATION TO PAY FEES TO AGENT**

By my initials in Section 11, and to the extent indicated herein, I hereby authorize TD Ameritrade, Inc. ("TD Ameritrade") to pay Agent from my account the Agent's management fees as invoiced by Agent. I also authorize TD Ameritrade to liquidate shares of any money market mutual fund I may hold in my account to the extent necessary to pay such fees. TD Ameritrade shall rely on Agent's invoices and have no responsibility for the calculation or verification of fees.

I will indemnify and hold TD Ameritrade and its affiliates, directors, officers, employees, successors, and assigns harmless from all losses, claims, damages, liabilities, and costs, including attorneys' fees, which TD Ameritrade may incur by relying upon representation of Agent or upon this authorization.

This authorization will remain in full force and effect until revoked by me by a written notice addressed and delivered to TD Ameritrade.

Please initial to indicate your approval. (Employer/ Trustee must also initial.)

|                       |                                 |   |
|-----------------------|---------------------------------|---|
| Participant Initials: | Employer or Trustee's Initials: | I hereby authorize TD Ameritrade to pay my Agent's fee from my account as directed by my Agent. |
|-----------------------|---------------------------------|---|

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**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.

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**DUPLICATE PAPER CONFIRMATIONS AND STATEMENTS**

I hereby request that the following be sent to the party indicated below.  Duplicate Paper Trade Confirmations  Duplicate Monthly Paper Statements

Name (First, Middle Initial, Last):

Street/PO Box:

City:

State:

ZIP Code:

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**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.

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**AGREEMENT — BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT:**

I acknowledge that I have received and read the "Client Agreement," available at advisorservices.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, a margin account (or if otherwise indicated a cash account) 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 nondeposit 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 which 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 applicable, the undersigned hereby acknowledges that the Responsible Plan Fiduciary has received and read the TD Ameritrade, Inc. and TD Ameritrade Clearing, Inc. Section 408(b)(2) Disclosure Summary document.

TD Ameritrade, Inc. is not a Third Party Administrator or Record Keeper nor does it provide 5500 filings.

The Client Agreement applicable to this brokerage account agreement contains predispute arbitration clauses. By signing this agreement, the parties agree to be bound by the terms of the agreement, including the arbitration agreement located at Section 12 of the Client Agreement on page 8.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number, and (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 Service (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, and (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 Internal Revenue Service (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.

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

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**ACCOUNT OWNER(S) SIGNATURE**

Participant's Printed Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer's or Trustee's Printed Name: \_\_\_\_\_

Employer's or Trustee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address:  
**TD Ameritrade Institutional**  
PO BOX 919094  
San Diego, CA 92191-9094

Overnight Address:  
**TD Ameritrade Institutional**  
5010 Wateridge Vista Drive  
San Diego, CA 92121-5775

TDAI 3011 REV. 01/16

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.  
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