

## COVER SHEET

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

USBI Contact: \_\_\_\_\_

Mailing Address: EP-MN-WS4M, 60 Livingston Ave.  
St. Paul, MN 55107

Fax/email: \_\_\_\_\_

Phone: 1.800.888.4700. M-F 7:30 a.m. - 7:00 p.m. CT

Re: \_\_\_\_\_

Fax: 651.495.8045

Date: \_\_\_\_\_

Total Number of Pages: \_\_\_\_\_

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**Comments:**

NOT A DEPOSIT	NOT FDIC INSURED	NOT GUARANTEED BY THE BANK	MAY LOSE VALUE
NOT INSURED BY ANY FEDERAL GOVERNMENT AGENCY			

Investment products and services are available through U.S. Bancorp Investments, Inc., member FINRA and SIPC, an investment advisor and brokerage subsidiary of U.S. Bancorp, and affiliate of U.S. Bank.

Insurance products including annuities are available through U.S. Bancorp Insurance Services, LLC; U.S. Bancorp Investments, Inc.; in Montana, U.S. Bancorp Insurance Services of Montana, Inc.; and in Wyoming, U.S. Bancorp Insurance & Investments, Inc.

All are licensed insurance agencies and subsidiaries of U.S. Bancorp and affiliates of U.S. Bank.

Insurance and annuity policies are underwritten by unaffiliated insurance companies and may not be available in all states.

# USBI SELF-DIRECTED BROKERAGE IRA ADOPTION AGREEMENT and ACCOUNT APPLICATION CLIENT INSTRUCTIONS

➡ **Be sure to submit a photocopy of your government-issued picture ID with this application.**

➡ **If linking a bank account: Submit voided check or pre-printed savings slip.**

1. **Above Sec. 1** Check "New" to tell us you are opening a new account or "Update" if you are making changes to an existing IRA account. If updating, also enter the account number.
2. **Sec. 1** Check the type of IRA you are opening or modifying.
  - If you are transferring in assets which you inherited from someone's IRA: Complete all items in row 2 to tell us about that inherited IRA, and be certain you are opening the same type of IRA you inherited. *For example*, if you inherited assets from a Traditional IRA, you must open a Traditional ABO IRA to hold them at USBI.
3. **Sec. 2** Enter all requested information about yourself.
  - Work carefully on this section as it asks for many detailed pieces of information, and all must be answered before your account can be opened or modified.
  - For "Number of dependents" check the box which reflects the number on your tax return.
    - a) If you have no dependents, check "0". Leaving it blank will delay your account transaction.
  - If you are employed: Enter requested information in all 6 cells. If you are not employed: Check the applicable box. You do not need to enter any other information in the employment cells.
4. **Sec. 3** Tell us your estimated liquid net worth, your income range, and how you acquired the funds you are investing today.
5. **Sec. 4** Answer all three questions, and if any is answered "Yes": Enter the requested information.
6. **Sec. 5**
  - Sub-section A. You are required to link a checking or savings account (Link A) to the brokerage account. You have the option of linking a second one (Link B) if you want.
    - a) The attached USBI Bank Link Request form must be completed if you are not the sole owner of the bank account or if you and your spouse are not the only signers on the bank account you want to link.
    - b) Be sure to submit a voided check or pre-printed savings slip for the account you want to link.
  - Sub-section B. If you would like duplicate statements and trade confirmations to be mailed to another person besides yourself, enter that person's name and address.
7. **Sec. 7**
  - Enter the names of persons or entities you want to inherit your IRA assets and check "P" or "C" to indicate whether Primary or Contingent Beneficiary.
  - Dates of birth are required.
  - If the person is your spouse: Check the box.
  - Be sure that the share percentages add up to 100%.
  - If you are married **and you didn't** give your spouse at least 50% of your IRA assets **and** live in one of the listed states: Your spouse must sign and date the application.
8. **Sec. 8** Sign and date the form.

Investment products and services are available through U.S. Bancorp Investments, Inc., member FINRA and SIPC, an investment adviser and a brokerage subsidiary of U.S. Bancorp and affiliate of U.S. Bank.

Not a Deposit	Not FDIC Insured	Not Guaranteed by the Bank
Not Insured by Any Federal Government Agency		May Lose Value

# SELF-DIRECTED BROKERAGE IRA ADOPTION AGREEMENT and ACCOUNT APPLICATION

Call 1.800.888.4700 for assistance completing this form.

**You must complete this application in its entirety. Missing information will delay account set-up and your ability to place trades. You must sign and date the application before mailing a photocopy of your I.D. and voided check or savings slip for establishing the required bank link to U.S. Bancorp Investments, Inc., Self-Directed Brokerage, EP-MN-WS4M, 60 Livingston Ave., St. Paul, MN 55107.**

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 to you: When you open an account with U.S. Bancorp Investments, Inc. "USBI", we will ask for your name, address, date of birth, and other information that will allow us to identify you. We will also ask to see your driver's license or other identifying document. When you send in your application, you must also enclose a photocopy of your driver's license, passport, military identification, state identification card, alien registration card/green card, or other government-issued photo ID. No other type of identifying document can be accepted.

<input type="checkbox"/> New <input type="checkbox"/> Update	USBI CONTACT + INTERNAL PHONE	REP # M964	BRANCH # 106	USBI ACCOUNT #. <i>USBI to enter.</i>
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## 1. TYPE OF IRA. "As beneficiary of" = ABO; an inherited IRA.

Type of IRA: ☐ Traditional IRA ☐ Traditional ABO IRA ☐ Roth IRA ☐ Roth ABO IRA ☐ SEP IRA

If Transferring in an Inherited/ABO IRA: Complete the following. **NOTE: Do not submit a death certificate.**

- Decedent's birth date: \_\_\_\_\_ 2. Date of death: \_\_\_\_\_ 3. Relationship to decedent: ☐ Spouse ☐ Non-spouse
- Indicate election option selected at the other institution: ☐ 5 year plan ☐ Life expectancy
- When was the original beneficiary account opened?
  - ☐ By 12/31 of the year the decedent died. *Example: Date of death 08/08/08. Account opened 11/15/08.*
  - ☐ By 12/31 of the year following the year the decedent died. *Example: Date of death 08/08/08. Account opened 11/15/09.*
  - ☐ After 12/31 of the year following the year of death. *Example: Date of death 08/08/08. Account opened 11/15/10.*
- Were there multiple beneficiaries on the decedent's account? ☐ Yes ☐ No
- If yes, enter the oldest beneficiary's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 2. ACCOUNT HOLDER INFORMATION. *Account holder must have earned income unless spousal IRA or As Beneficiary Of IRA or rollover. If account owner is a minor, complete "USBI Indemnification Agreement for Minor IRA Account Holder."*

PRIMARY ACCOUNT OWNER NAME. <i>If ABO: [Beneficiary's Name] ABO [Decedent's Name].</i>		SSN/TIN	EMAIL ADDRESS. <i>Optional.</i>	DATE OF BIRTH
CITIZENSHIP <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Resident alien <input type="checkbox"/> Nonresident alien <i>Must submit USBI Substitute W8.</i>	ARE YOU A SENIOR FOREIGN POLITICAL FIGURE OR FAMILY MEMBER OR ASSOCIATE OF A SENIOR FOREIGN POLITICAL FIGURE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Not married	PICTURE IDENTIFICATION Number on ID: _____ <input type="checkbox"/> Driver's license. State: _____ <input type="checkbox"/> Govt. ID <input type="checkbox"/> Passport <input type="checkbox"/> Other _____	NUMBER OF DEPENDENTS. <i>As on your tax return</i> <input type="checkbox"/> 0 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9 <input type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 7 <input type="checkbox"/> 10 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> 8 <input type="checkbox"/> >10
STREET ADDRESS OF RESIDENCE. <i>Cannot be a P.O. Box.</i>			CITY	STATE
			ZIP	HOME PHONE + AREA CODE
MAILING ADDRESS (Optional) IF DIFFERENT FROM STREET ADDRESS			CITY	STATE
			ZIP	CELL PHONE OR PHONE # WHERE USBI CAN REACH YOU

IF EMPLOYED: Complete all 6 cells regarding employment.

IF NOT EMPLOYED, CHECK AS APPLICABLE:

☐ Student ☐ Homemaker ☐ Retired ☐ Unemployed ☐ Other \_\_\_\_\_

1. EMPLOYER <input type="checkbox"/> Retired. <i>If retired, no other employment information is needed.</i> <input type="checkbox"/> USB <input type="checkbox"/> USBI	2. EMPLOYER CITY AND STATE	3. WORK PHONE + AREA CODE
4. YEARS WITH EMPLOYER	5. OCCUPATION	6. TYPE OF BUSINESS

## 3. OWNER FINANCIAL and INVESTMENT INFORMATION

LIQUID NET WORTH (LNW)					
<input type="checkbox"/> < \$25K	<input type="checkbox"/> \$25K - < \$50K	<input type="checkbox"/> \$50K - < \$100K	<input type="checkbox"/> \$100K - < \$200K	<input type="checkbox"/> \$200K - < \$500K	<input type="checkbox"/> \$500K - < \$1MIL. <input type="checkbox"/> \$1MIL. +
ANNUAL INCOME					
<input type="checkbox"/> < \$20K	<input type="checkbox"/> \$20K - < \$35K	<input type="checkbox"/> \$35K - < \$50K	<input type="checkbox"/> \$50K - < \$75K	<input type="checkbox"/> \$75K - < \$150K	<input type="checkbox"/> \$150K +
HOW DID YOU ACQUIRE THE FUNDS BEING INVESTED?					
<input type="checkbox"/> Annuity: Qualified transfer	<input type="checkbox"/> CD: Early liquidation	<input type="checkbox"/> Fixed income product: Sale	<input type="checkbox"/> Mutual fund: Sale of	<input type="checkbox"/> Settlement	
<input type="checkbox"/> Annuity: Surrender of contract	<input type="checkbox"/> Death benefit proceeds	<input type="checkbox"/> Gift	<input type="checkbox"/> Physical asset: Sale of	<input type="checkbox"/> Transfer in kind	
<input type="checkbox"/> Business: Sale of	<input type="checkbox"/> Equity: Sale	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Real Estate: Sale of	<input type="checkbox"/> UIT: Sale of	
<input type="checkbox"/> CD: Maturity	<input type="checkbox"/> Fixed income product: Maturity	<input type="checkbox"/> Insurance: Surrender	<input type="checkbox"/> Rollover from Qualified Plan	<input type="checkbox"/> Income	
				<input type="checkbox"/> Savings > 12 months	

**4. SECURITIES INDUSTRY AFFILIATION. This information is required by law and must be completed in full.**

*NOTE: Immediate family is defined as any child, stepchild, grandchild; parent, stepparent, grandparent; spouse; sibling; mother-in-law, father-in-law, daughter-in-law, son-in-law, brother-in-law, or sister-in-law if living in the same household; includes adoptive relationships.*

**Are you or an immediate family member/domestic partner:**

- ☐ Yes ☐ No 1. A director, 10% shareholder, or policy making officer of any publicly traded company? If yes: Symbol \_\_\_\_\_
- ☐ Yes ☐ No 2. Employed by Financial Industry Regulatory Authority, a broker/dealer, investment advisor, or other securities firm? If employed by a broker/dealer other than USBI: USBI must receive written authorization from your employer authorizing the opening of an account with USBI.
- ☐ Yes ☐ No 3. A senior officer of a bank, savings and loan, insurance company, registered investment advisory firm, registered investment company, or a person who could influence the trading of investments in an institutional type account?

If yes to #1, 2, or 3:

Name of Person: \_\_\_\_\_ Relationship of this person to you: \_\_\_\_\_

Name of Firm/Employer: \_\_\_\_\_ Address of Firm/Employer: \_\_\_\_\_

**5. ACCOUNT HANDLING. You must submit a voided check or encoded savings account slip.****A. Link to Bank Account**

➔ If you are not the sole owner or joint owner with your spouse of the bank account you want to link, you must complete the USBI Bank Link Request form and have all owners and/or authorized persons of the bank account sign the form.

**REQUIRED:** Bank account A: ☐ Checking ☐ Savings

Routing # = 9 digits

Bank Account #

**OPTIONAL:** Bank account B: ☐ Checking ☐ Savings

Routing # = 9 digits

Bank Account #

**B. Duplicate Statements and Confirms**  
Optional

Name \_\_\_\_\_

Address: \_\_\_\_\_

**6. CUSTOMER AGREEMENT (Continued on page 3)**

In consideration of U.S. Bancorp Investments, Inc. (USBI) accepting and maintaining this Individual Retirement Account for me, I agree that all transactions with respect to any such account and the maintenance of the account shall be subject to the following terms:

- Nature of Broker-Dealer.** USBI IS NOT A BANK. USBI IS A CORPORATE ENTITY SEPARATE AND DISTINCT FROM ITS AFFILIATES. NONE OF THE ACTIVITIES OR OBLIGATIONS OF USBI ARE GUARANTEED BY ANY OF ITS AFFILIATES, BANK OR NON-BANK, NOR SHALL ANY SUCH AFFILIATE BE RESPONSIBLE TO ME FOR PERFORMING ANY OF USBI'S OBLIGATIONS. NON-DEPOSIT INVESTMENT PRODUCTS SOLD OR OFFERED BY USBI ARE NOT DEPOSITS AND ARE NOT INSURED BY THE FDIC OR ANY OTHER GOVERNMENTAL AGENCY AND ARE SUBJECT TO INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF PRINCIPAL.
- Nature of Services.** USBI will act as broker for purposes of buying and selling securities based on client's orders and instructions. USBI does not give investment advice, tax advice, legal advice, or make recommendations for the purchase or sale of securities.
- Applicable Rules and Regulations.** This Agreement and all transactions under this Agreement will be subject to the constitution, rules, regulations, customs and usages of the exchange or market, and its clearing house, if any, where the transactions are executed and applicable federal and state laws, rules and regulations as well as all applicable rules and regulations of the Self Regulatory Organization.
- Definitions.** For purposes of this Agreement, "securities and other property" includes, but is not limited to, money, securities, financial instruments of every kind and nature and all contracts and options relating thereto, whether for present or future delivery. An "affiliate" means any person that directly or indirectly controls, is controlled by, or is under common control with USBI.
- Authority to Act as Broker.** In purchasing and selling securities and other property for me, USBI shall act as my broker except where specific agreement or notice in writing is given to the contrary. USBI may employ sub-brokers of their selection. USBI may deal with members of any exchange who are specialists or odd-lot dealers who in the execution of my orders may act as sub-brokers for me and may also buy and sell securities and other property for themselves as dealers for their own accounts.
- Payment of Obligations Upon Demand.** I will discharge my obligations to USBI upon demand and pay amounts due USBI, including costs and expenses of collection and attorney's fees incurred in connection with collection.
- Fees and Commissions.** I agree to the fees and commissions indicated on USBI's schedule of fees and commissions as may be amended from time to time. USBI will furnish to me a copy of its current schedule upon my request.
- Failed Transactions.** If on or before the settlement date I fail to pay in full for any security purchased for my account or I fail to deliver any security sold for my account, USBI is authorized in its discretion and without notice or demand to take any one or more of the following actions: to cancel the transaction, sell the securities covered thereby, "buy-in" securities or other property required to make delivery for my account, charge my account for the amount due, hold me liable for any resulting loss including but not limited to the interest cost to carry any securities purchased and/or impose late fees.
- Set Off and Other Rights of Broker-Dealer.** In the event that: (a) the margin of any of my accounts shall not meet your requirements; (b) I fail to pay any fees for USBI services within thirty (30) days after they become due or, in any event, prior to closing my account; (c) a petition in bankruptcy or for the appointment of a receiver shall be filed by or against me; (d) an attachment or garnishment shall be levied or served with respect to any of my accounts; (e) I (if an individual) shall die; or (f) USBI shall deem it necessary for its protection, USBI is then hereby authorized, in its sole discretion to: (i) close out any margin accounts; (ii) buy any and all securities which may be short in such accounts; (iii) close any or all outstanding contracts; (iv) reduce or satisfy any indebtedness of me to USBI by selling, at public or private sale, any or all of the securities or other property which may be in your possession, or which may be carried by you for me (either individually or jointly with others); or (v) buy, at public or private sale, any and all securities sold for my account but not received from me. Any or all of the foregoing options may be undertaken by USBI without advertising the same, and without prior tender or notice to, or demand upon me. Upon any sale other than a private sale, USBI may purchase the whole or any part thereof for your own account. No specific tender, demand or notice, nor any failure on the part of USBI to exercise such right to reduce or satisfy any such indebtedness shall invalidate the waiver of tender, demand and notice herein contained. After deducting all costs and expenses of such sales and purchases, including commissions and stamp taxes, USBI shall apply the net proceeds to the payment of my obligations to USBI, and I shall remain liable for deficiency remaining in such accounts.

**6. CUSTOMER AGREEMENT (Continued from page 2)**

10. **Authority to Sell, Purchase, or Cancel.** Any sale, purchase, or cancellation authorized by paragraphs 8 and 9 of this Agreement may be made according to USBI's judgment and in its discretion on the exchange or other market where such business is then usually transacted, at public auction, or at private sale, without advertising the same and without any notice, prior tender, demand or call, and USBI may purchase the whole or any part of such securities free from any right of redemption. In any case I will remain liable for any deficiency and will be responsible for any loss, cost or expense of collection (including, but not limited to, attorney's fees) that USBI may sustain.
11. **Confirmations and Account Statements.** Order confirmations and account statements will be conclusive if I do not object in writing within ten days after the confirmation has been forwarded to me or within ten days in the case of an account statement.
12. **Sharing of Information.** USBI may not share my non-public personal information with any unaffiliated third parties except as permitted by law or pursuant to my consent. USBI may share my transaction experience and other non-public information with its affiliates, provided I have not made written objection to such sharing directly to USBI.
13. **Margin Loans and Options.** Margin loans are not permitted in this IRA account and will not be made by USBI. Option transactions may be permitted and must comply with regulations governing option trading.
14. **Recording of Telephone Conversations.** For our mutual protection, USBI and its agents may record our telephone conversations by electronic recording equipment. This authorization constitutes standing and continuing permission to record all telephone conversations. USBI need not give me specific notice of the recording of any particular telephone conversation.
15. **My Reporting Obligation.** In the interest of better client service and for our mutual protection, I agree to immediately report any trades and transactions that were executed without my prior authorization; any transactions that I believe to be unsuitable given my investment objectives; any transactions which are not properly reflected on my confirmation or monthly statement; or any other activities or omissions by USBI or its agents or employees that I believe to be improper. Such communication will be directed to the Director of Compliance.
16. **Monitoring of Call Notices.** USBI is required to use only reasonable care to monitor call notices published by a reporting service relating to securities held by it in nominee name for my account; USBI does not have any obligation to monitor call notices published in any other publications or relating to securities held by it in my name, which remain my responsibility.
17. **Pre-Dispute Arbitration Agreement.**  
I understand and acknowledge that:
  - a. All parties to this agreement are giving up the right to sue each other in court, including the right to a trial by jury, except as provided by the rules of the arbitration forum in which a claim is filed.
  - b. Arbitration awards are generally final and binding; a party's ability to have a court reverse or modify an arbitration award is very limited.
  - c. The ability of the parties to obtain documents, witness statements and other discovery is generally more limited in arbitration than in court proceedings.
  - d. The arbitrators do not have to explain the reason(s) for their award.
  - e. The panel of arbitrators will typically include a minority of arbitrators who were or are affiliated with the securities industry.
  - f. The rules of some arbitration forums may impose time limits for bringing a claim in arbitration. In some cases, a claim that is ineligible for arbitration may be brought in court.
  - g. The rules of the arbitration forum in which the claim is filed, and any amendments thereto, shall be incorporated into this agreement.

No person shall bring a putative or certified class action to arbitration, nor seek to enforce any pre-dispute arbitration agreement against any person who has initiated in court a putative class action; or who is a member of a putative class who has not opted out of the class with respect to any claims encompassed by the putative class action until: (i) the class certification is denied; (ii) the class is decertified; or (iii) the client is excluded from the class by the court. Such forbearance to enforce an agreement to arbitrate shall not constitute a waiver of any rights under this Agreement except to the extent stated herein.

I agree that any controversy arising out of or relating to my account, to transactions with or for me or to this agreement or the breach thereof, whether executed or to be executed within or outside of the United States, and whether asserted against USBI and/or its present or former agents or employees, will be settled by arbitration before and in accordance with the then current rules of the Financial Industry Regulatory Authority. Judgment upon any award rendered by the arbitrators may be entered in any court having jurisdiction thereof. Notwithstanding anything to the contrary in this agreement, the arbitrability of disputes under this agreement shall be governed by the Federal Arbitration Act.
18. **Notification of Changes.** I agree to notify USBI immediately of any changes to the representations I have made in this Agreement.
19. **Amendments, Assignments, and Terminations.** No provision of this Agreement may be waived or amended except in writing and signed by an authorized officer of USBI. I agree that USBI may amend this Agreement upon notice to me. This Agreement will be continuous and will survive any temporary or intermittent closing out or reopening of any account with USBI, shall be binding upon my heirs and estate and shall inure to the benefit of USBI's successors and assigns and its Clearing Agents. USBI may transfer my accounts to its successors and assigns. USBI, in its discretion, may close any account at any time upon written notice to me. The notice shall provide me the ability to elect to have my assets transferred to another brokerage firm of my choosing. If no election is made within a reasonable period as specified within the notice, USBI is authorized to deliver by first class mail to the last address specified on the account all securities and to issue a check payable to me for all money balances held within the account.
20. **Governing Law.** This Agreement and its enforcement will be governed by the laws of the State of Minnesota.
21. **Severability.** If any provision or condition of this Agreement is held to be invalid or unenforceable, such invalidity or unenforceability shall attach only to such provision or condition, and the validity of the remaining provisions and conditions will not be affected.
22. **Sweep Account Authorization.** I specifically consent to the transfer of funds from the account to the designated money market funds for the purchase of the money market fund securities from the account and for USBI to sell securities of the money market fund on my behalf and transfer the proceeds to the account to pay for other securities purchased or to pay cash to me pursuant to the procedures and limitations USBI may from time to time establish.
23. **Payment for Order Flow.** USBI transmits client orders for execution to various U.S. exchanges or market centers based on a number of factors. These include trading characteristics of the security and availability of efficient automated transaction processing. Listed equity securities will post on registered national securities exchanges. USBI will route most of its orders for the over-the-counter equity securities to selected market makers. Market centers may execute orders at prices superior to the publicly quoted market in accordance with their rules or practices. USBI may receive payment for order flow. Further information about the source and nature of the compensation for a particular transaction will be provided upon written request.
24. **Disclosure of Beneficial Ownership.** I understand that for shareholder communications, USBI will disclose my name, address and securities positions to issuers of securities held in my account, unless I direct USBI otherwise in writing.
25. **Community/Marital Property State Spousal Consent to Beneficiary.** If the percentages designated for beneficiaries other than the account holder's spouse total more than 50% of the account, the spouse must consent to such designation and by signature on the front page acknowledge the following provisions of this agreement and consent to the designation: I certify that I am the spouse of the Applicant. I acknowledge that I have received a full and reasonable disclosure of my spouse's property and financial obligations. Due to any possible consequences of giving up my community/marital property interest in this Self-Directed IRA account, I have been advised to seek tax or legal advice prior to signing this consent. I hereby consent to the beneficiary designation for this Self-Directed IRA account.
26. **Account Protection.** The securities held in your U.S. Bancorp Investments, Inc. trading account and cash on deposit for the purpose of purchasing securities, or as a result of the sale of securities, are protected by the Securities Investor Protection Corporation (SIPC). SIPC protects each client up to a maximum of \$500,000, including up to \$250,000 on claims for cash balances awaiting re-investment. SIPC does not protect against losses from the rise and fall in market value of your investment. It does, however, provide important protections against certain losses if a SIPC member fails financially and is unable to meet obligations to its securities clients. For information about SIPC or to obtain a SIPC brochure, please see [www.sipc.org](http://www.sipc.org) or call SIPC at (202) 371-8300.
27. **Cost Basis Method.** USBI uses FIFO (First in First Out) as the default when calculating your cost basis for individual securities. If you wish to change the cost basis method, please contact Investments Connect. Once a trade settles, no change to the cost-basis methodology can be made.

**7. ADOPTION AGREEMENT****DESIGNATION OF BENEFICIARY****1. Primary Beneficiaries**

- a) If you name Primary Beneficiaries, the total percentage of all named Primary Beneficiaries must equal 100%.
- If any named Primary Beneficiary pre-deceases you, that share will be proportioned among surviving named Primary Beneficiaries.
- b) If you do not name any primary beneficiaries, your surviving spouse will become the sole primary beneficiary.
- If no surviving spouse, assets will go to named Contingent Beneficiaries, or if no surviving named Contingent Beneficiary, to your estate.

**2. Contingent Beneficiaries**

- a) If you name any Contingent Beneficiaries, the total percentage of all named Contingent Beneficiaries must equal 100%.
- b) If you have no surviving spouse and no surviving named Primary Beneficiary:
- Assets will go to surviving named Contingent Beneficiaries.
  - If any named Contingent Beneficiary pre-deceases you, that share will be proportioned among surviving named Contingent Beneficiaries.

*If you have more than ten beneficiaries: Complete the USBI IRA Beneficiary Designation Form in lieu of completing this section. Check "P" to indicate a primary beneficiary and "C" to indicate a contingent beneficiary.*

BENEFICIARIES	Legal Name	Date of Birth	Spouse?	Share
1. <input type="checkbox"/> P <input type="checkbox"/> C	_____	_____	<input type="checkbox"/> Yes	_____ %
2. <input type="checkbox"/> P <input type="checkbox"/> C	_____	_____	<input type="checkbox"/> Yes	_____ %
3. <input type="checkbox"/> P <input type="checkbox"/> C	_____	_____	<input type="checkbox"/> Yes	_____ %
4. <input type="checkbox"/> P <input type="checkbox"/> C	_____	_____	<input type="checkbox"/> Yes	_____ %
5. <input type="checkbox"/> P <input type="checkbox"/> C	_____	_____	<input type="checkbox"/> Yes	_____ %
6. <input type="checkbox"/> P <input type="checkbox"/> C	_____	_____	<input type="checkbox"/> Yes	_____ %
7. <input type="checkbox"/> P <input type="checkbox"/> C	_____	_____	<input type="checkbox"/> Yes	_____ %
8. <input type="checkbox"/> P <input type="checkbox"/> C	_____	_____	<input type="checkbox"/> Yes	_____ %
9. <input type="checkbox"/> P <input type="checkbox"/> C	_____	_____	<input type="checkbox"/> Yes	_____ %
10. <input type="checkbox"/> P <input type="checkbox"/> C	_____	_____	<input type="checkbox"/> Yes	_____ %

**COMMUNITY/MARITAL PROPERTY STATE SPOUSAL CONSENT.** Residents of AZ, CA, ID, LA, NV, NM, TX, WA and WI: See Item 25 printed on page 3 of this application.

*If you are married and you did NOT list your spouse to receive at least 50% of the assets: Do you live in one of these states? AZ, CA, ID, LA, NV, NM, TX, WA or WI. If yes, your spouse must sign here to acknowledge and agree to the SPOUSAL CONSENT TO BENEFICIARY DESIGNATION in Item 25 printed in the Customer Agreement section of this application.*

Signature of Plan Owner's Spouse (if applicable) \_\_\_\_\_

Date

	/	/	
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**8. SIGNATURE AND CERTIFICATION** Read Customer Agreement in Section 6 before signing.

- **RECEIPT OF DOCUMENTS.** I acknowledge that I have received a copy of this application which includes the Customer Agreement and a copy of "Important Information and General Product Acknowledgment." I further acknowledge that I have read and understood the terms and conditions contained therein. USBI IRA Custodial Agreement and Disclosure Statement will be mailed to client upon receipt of application.
- **CUSTOMER AGREEMENT.** The Terms and Conditions including the pre-dispute arbitration agreement contained in Item 17 in the Customer Agreement in Section 6 are a part of this application document, and applicant agrees to be bound by such and as such may be amended from time to time.
- **TAXPAYER CERTIFICATION.** Under penalty of perjury, I certify that the number provided in Section 2 above is the applicant's correct federal taxpayer identification number.

X

Signature of Primary Account Owner

Date

**For U.S. Bancorp Investments, Inc. Use Only**

USBI INVESTMENTS CONNECT PRINCIPAL SIGNATURE

DATE

USBI CENTRAL PRINCIPAL GROUP SIGNATURE

DATE

- You are encouraged to keep a photocopy of this application.
- Complete, sign, date, and mail all pages of this application, photocopy of your ID, and voided check or deposit slip to: **USBI Self-Directed Brokerage**  
EP-MN-WS4M  
60 Livingston Ave., St. Paul, MN 55107