

Account # _____

Advisor Code _____

Case # _____

INVESTMENT ADVISOR: TO BE COMPLETED BY ADVISOR

Investment Advisor Firm (Agent) and Primary Contact:

Firm Name: _____

Primary Contact: _____

1

TYPE OF BENEFICIARY IRA (PLEASE SELECT ONLY ONE.)

- Traditional Beneficiary IRA
- Roth Beneficiary IRA
- Minor Traditional Beneficiary IRA*
- Minor Roth Beneficiary IRA*

Please complete for Minor Beneficiary IRAs:

This Minor Beneficiary IRA will be opened pursuant to state UTMA/UGMA statutes. Please indicate the age of termination of custodianship and the state law under which this Minor Beneficiary IRA account will be governed:

(State)* _____ Age of Termination* _____. **(state of UGMA/UTMA establishment must be provided)**

*The age of termination varies by state, although most states set the age of termination at 21. If you do not indicate the governing state law or age of termination, the account will be set up under the laws of the custodian's state of residence and that state's default age of termination. Certain states permit the age of termination to be extended beyond the default statutory age of termination (usually up to 21 or 25 years of age). This election may be exercised only in those states that specifically provide for it, and only insofar as the extension complies with any applicable requirements.

I understand that electing to extend the age of termination to age 25 may cause me to lose my annual exclusion from federal gift tax and that I should consult with an attorney or tax advisor before making this election.

2

DECEDENT'S RETIREMENT ACCOUNT INFORMATION

Decedent's First Name:	Middle Initial:	Last Name:
Account Number of Decedent's IRA (if applicable):		Date of Decedent's Death (mm/dd/yyyy):
Relationship to Decedent: <small>(ex., spouse or non-spouse)</small>		Decedent's Date of Birth (mm/dd/yyyy):

3

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

First Name:	Middle Initial:	Last Name:
Social Security Number or 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: <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):		
Please choose from the list provided on page 8 the occupation code and industry of occupation code that most accurately describes your situation.		
Occupation:		Industry of Occupation:
Employer Street Address:		
City:	State:	ZIP Code:



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? <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 Form TDAI 835 "Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to Form W-8".)			
<input type="checkbox"/> Check here if you or your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents, is a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company. Specify the company name, address, city, and state: _____			
<input type="checkbox"/> 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): _____			
This section does not need to be completed for Minors in Minor Accounts			
Annual income: <input type="checkbox"/> \$0 - 24,999 <input type="checkbox"/> \$25,000 - 49,999 <input type="checkbox"/> \$50,000 - 99,999 <input type="checkbox"/> \$100,000 - 249,999 <input type="checkbox"/> \$250,000+			
Approximate net worth: <input type="checkbox"/> \$0 - 14,999 <input type="checkbox"/> \$15,000 - 49,999 <input type="checkbox"/> \$50,000 - 99,999 <input type="checkbox"/> \$100,000 - 249,999 (not including primary residence) <input type="checkbox"/> \$250,000 - 499,999 <input type="checkbox"/> \$500,000 - 999,999 <input type="checkbox"/> \$1,000,000 - 1,999,999 <input type="checkbox"/> \$2,000,000+			
CUSTODIAN INFORMATION (FOR MINOR BENEFICIARY IRAS ONLY)			
Custodian must be someone of legal age other than the Minor, and cannot be the Investment Advisor.			
Relationship to Minor: <input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other: _____			
First Name:		Middle Initial:	Last Name:
Social Security Number or 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: <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):			
Please choose from the list provided on page 8 the occupation code and industry of occupation code that most accurately describes your situation.			
Occupation:		Industry of Occupation:	
Employer Street Address:			
City:		State:	ZIP Code:
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? <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 Form TDAI 835 "Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to Form W-8".)			
<input type="checkbox"/> Check here if you or your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents, is a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company. Specify the company name, address, city, and state: _____			
<input type="checkbox"/> 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): _____			
Annual income: <input type="checkbox"/> \$0 - 24,999 <input type="checkbox"/> \$25,000 - 49,999 <input type="checkbox"/> \$50,000 - 99,999 <input type="checkbox"/> \$100,000 - 249,999 <input type="checkbox"/> \$250,000+			
Approximate net worth: <input type="checkbox"/> \$0 - 14,999 <input type="checkbox"/> \$15,000 - 49,999 <input type="checkbox"/> \$50,000 - 99,999 <input type="checkbox"/> \$100,000 - 249,999 (not including primary residence) <input type="checkbox"/> \$250,000 - 499,999 <input type="checkbox"/> \$500,000 - 999,999 <input type="checkbox"/> \$1,000,000 - 1,999,999 <input type="checkbox"/> \$2,000,000+			

4

5

BENEFICIARY ELECTIONS

An IRA owner is required to begin Required Minimum Distributions (RMDs) on April 1 of the year following the calendar year in which the owner reached age 70½; this is known as the Required Beginning Date (RBD).

An IRA beneficiary has until December 31 of the year following the IRA owner's death to determine the appropriate beneficiary election and take possession of the funds. IRA beneficiary options depend on the relationship to the deceased and if the deceased had reached the RBD. If the decedent had reached the RBD but didn't begin taking RMDs because of death, the beneficiary must start or continue those distributions. Please consult a qualified tax advisor or IRS Publication 590 should you have any questions or concerns.

Has the decedent reached the RBD? Yes No

My relationship to the deceased is:

Spouse Beneficiary (choose from elections listed below)

Treat as Own — Transfer the deceased's IRA assets to my TD Ameritrade IRA, account number: _____
If you do not have an existing TD Ameritrade IRA, please complete and submit a TD Ameritrade IRA Application with this form.

Five-Year Rule (decedent had not reached RBD) — The spouse beneficiary must withdraw the entire balance by December 31 of the fifth year after the IRA owner's death.

Life Expectancy Payments (available if decedent had or had not reached RBD) — The spouse beneficiary can take distributions over life expectancy using either the recalculation or non-recalculation method. These distributions must begin by December 31 of the year after the IRA owner's death, or December 31 of the year the deceased IRA owner would have attained age 70½.

Non-Spouse Beneficiary (choose from elections listed below)

Five-Year Rule (decedent had not reached RBD) — The non-spouse beneficiary must withdraw the entire balance by December 31 of the fifth year after the IRA owner's death.

Life Expectancy Payments (available if decedent had or had not reached RBD) — The non-spouse beneficiary can take distributions over life expectancy using the non-recalculation method. These distributions must begin by December 31 of the year after the IRA owner's death.

Non-Spouse Minor Beneficiary (please complete the Custodian Information Section).

Five-Year Rule (decedent had not reached RBD) — The non-spouse beneficiary must withdraw the entire balance by December 31 of the fifth year after the IRA owner's death.

Life Expectancy Payments (available if decedent had or had not reached RBD) — The non-spouse beneficiary can take distributions over life expectancy using the non-recalculation method. These distributions must begin by December 31 of the year after the IRA owner's death.

Entity Beneficiary

If the decedent had not reached the RBD, the Five-Year Rule will be applied and the non-individual beneficiary must withdraw the entire balance by December 31 of the fifth year after the IRA owner's death. If the decedent had reached the RBD, the Life Expectancy Payment method will be applied and the non-individual can take distributions over the life expectancy using the non-recalculation method. These distributions must begin by December 31 of the year after the IRA owner's death. Restrictions may apply.

6

DEATH BENEFICIARY INFORMATION*

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

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

If this is a Minor Beneficiary IRA, only the Minor's estate can be the beneficiary until such time as the Minor reaches the age of termination and assumes control of the IRA assets by converting the IRA assets to a standard beneficiary IRA Account.

If you are married and live in a state with community property statutes and do not designate your spouse as the sole beneficiary, you represent and warrant that your spouse has consented to such designation.

** PLEASE NOTE: Type of beneficiary is required. "Per Stirpes" designation will only be applied if the box is selected for that 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. TD Ameritrade reserves the right to require additional information upon my death to verify the identity or interests of beneficiary or beneficiaries. TD Ameritrade reserves the right to request whatever documentation it deems appropriate before making distributions to a beneficiary or beneficiaries.*

***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.*

7

CASH SWEEP VEHICLE

- TD Ameritrade FDIC Insured Deposit Account (IDA) 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.

8

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 in section 3 of this application 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.

9

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:

10

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.

11

ADVISOR AUTHORIZATIONS

Please initial 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's 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's 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.

12

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 Trusted Contact 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:

AGREEMENT — BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT:

I am establishing an Individual Retirement Account (IRA) Plan under the TD Ameritrade Clearing, Inc. (Custodian) Prototype Individual Retirement Custodial Account Agreement for the account type specified in Section 1, above, which is incorporated herein by reference. I understand that the account is subject to rules and regulations of the United States Internal Revenue Service, and that the funding of the account may have significant tax and financial consequences. I accept responsibility for the information contained in this application and affirm such information is true and correct. I agree to indemnify and hold harmless TD Ameritrade and TD Ameritrade Clearing, Inc. from any and all liability and claims for damages resulting from any action taken pursuant to this Agreement.

I designate TD Ameritrade Clearing, Inc. as Custodian and make the following declaration: Having received and read the Custodial Agreement by calling 800-431-3500, I understand that the Custodian will invest and reinvest my account assets only with written direction from me or from a properly appointed investment manager. This document constitutes my authority to execute all trades for my IRA. Confirmations and statements will verify such instructions. All securities, dividends, and proceeds will be held at TD Ameritrade Clearing, Inc. unless otherwise instructed.

For Individual (Contributory) IRAs: I direct TD Ameritrade Clearing, Inc. to maintain my deductible, rollover, and direct rollover contribution(s) in a Contributory IRA.

If a nonresident alien, I declare that I have "earned income" actually and actively earned within the United States. "Earned income" does not include, among other things, money earned from property, interest or dividend income, or money received from a pension or annuity, as deferred compensation or as a deferred incentive award.

I understand this Designation of Beneficiary will be effective on the date received by the Custodian. This Designation of Beneficiary will remain in full force and effect until such time as the Custodian is in actual receipt of a written revocation or change of beneficiary signed by me and in such form and substance as the Custodian deems necessary. If I change the beneficiaries, all previously designated beneficiaries no longer have the right to receive benefits under this Agreement.

For SEP and SIMPLE IRAs: I represent and warrant that I am eligible to participate in the plan as adopted by my employer.

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 I certify, to the best of my knowledge that the information provided on this application is complete and correct. I hereby request, subject to acceptance by TD Ameritrade, a margin account (if I have signed a margin agreement) or a cash account if otherwise indicated, to 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. I understand that TD Ameritrade Institutional will not review my IRA Plan documents and I represent and warrant that my IRA Plan allows for the trading of options in this Account at the level requested by me.

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. This disclosure is provided in the Margin Agreement which must be signed in order to add margin to the account.

For Minor Beneficiary IRAs:

I understand that this account will be opened pursuant to state UTMA/UGMA statutes. I agree that the owner of the assets in this account is the minor according to applicable state UTMA/UGMA statutes and that I will only use the assets for the benefit of the minor. Upon the minor attaining age of termination as indicated above, I instruct TD Ameritrade, without further notice or instruction, to restrict my access to the account and register the account in the name of the minor. I further agree to provide TD Ameritrade, upon request, with the minor's current address, phone number, and other contact information.

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.

This application provides for the deposit of funds or securities into the account. I understand that the funding of this account is subject to the rules and regulations of the United States Internal Revenue Service and that my failure to abide by such rules and regulations may have important and possibly irrevocable tax and financial consequences. I attest that the funding information provided is true and correct, authorize TD Ameritrade Clearing, Inc. to deposit the funds or securities according to the funding instructions, and assume full responsibility for this funding transaction. I release and agree to indemnify and hold harmless TD Ameritrade Clearing, Inc. from any and all liability and claims for damages from any adverse consequences that may result.

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.

Account Owner's Printed Name: _____

X Account Owner's Signature: _____ Date: _____

Please include the following documents with this application:

- ✓ A certified copy of the decedent's death certificate.
- ✓ If this account is being transferred from another institution, please include a copy of a recent account statement and a transfer form.
- ✓ If you are the spouse, you may include an IRA application in order to roll the assets into your own IRA. This option is not available for a non-spouse beneficiary.
- ✓ If the decedent was required to take a minimum distribution, please provide an IRA Distribution Form.
- ✓ Please include the decedent's IRA beneficiary page.

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

TDAI 4468 REV. 11/18

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.

Occupation Codes

A42 Accountant/Auditor/Bookkeeper	C82 Compliance/Regulatory Professional	N21 Nurse
A62 Adjuster	C92 Consultant	O11 Office Associate
A82 Advertiser/Marketer/PR Professional	C43 Counselor/Therapist	O21 Other; If Other, include a description in the Occupation box.
A33 Air Traffic Controller	C53 Customer Service Representative	P81 Pharmacist
A43 Ambassador/Consulate Professional	D11 Dealer	P91 Physical Therapist
A53 Analyst	D61 Dentist	P22 Pilot
A63 Appraiser	D31 Distributor	P32 Police Officer/Firefighter/Law Enforcement Professional
A73 Architect/Designer	D41 Doctor/Surgeon/Physician	P42 Politician
A83 Artist/Performer/Actor/Dancer	D51 Driver	P52 Project Manager
A93 Assistant/Executive Assistant	E51 Engineer	R81 Real Estate Professional
A44 Athlete	E71 Exterminator	R71 Researcher
A64 Attorney/Judge/Legal Professional	F71 Factory/Warehouse Worker	S41 Salesperson
A74 Auctioneer	F81 Farmer/Rancher	S51 Scientist
L51 Banker/Lending Professional	F91 Financial Planner/Advisor	S61 Seamstress/Tailor
B21 Barber/Beautician/Hairstylist	F22 Flight Attendant	S71 Security Guard
B31 Broker/Registered Rep	F32 Human Resources Professional	S81 Social Worker
B41 Business Executive (VP, Director, etc.)	I41 Importer/Exporter	T41 Teacher/Professor
B51 Business Owner	I51 Inspector/Investigator	T51 Technician
C81 Caregiver	I81 Investor	T61 Teller
C91 Carpenter/Construction Worker/Contractor	I91 IT Professional/IT Associate	T71 Tradesperson/Craftsperson
C22 Cashier	J31 Janitor	T81 Trainer/Instructor
C32 Chef/Cook	J41 Jeweler	U21 Underwriter
C42 Chiropractor	L31 Laborer	V11 Veterinarian
C52 Civil Servant	L41 Landscaper	W21 Writer/Journalist/Editor
C62 Clergy	M91 Mechanic	
C72 Clerk	M22 Military, Officer or Associated	
	M32 Mortician/Funeral Director	

Industry of Occupation Codes

A11 Accounting	F11 Fashion/Clothing	O31 Other; If Other, include a description in the Industry of Occupation box
A21 Advertising/Marketing	F21 Financial Services	P11 Parking and Car Washes
A31 Aerospace/Defense	F51 Firearms and Explosives	P21 Pawn Shops/Brokers
A41 Agriculture/Forestry	G11 Gaming/Casino/Card Club	P31 Personal Care/Hygiene (Beauty, Salon, Cosmetics, Massage, etc.)
A51 Amusement and Recreation	G21 Government/Public Administration	P41 Pharmaceuticals
A61 Animal Services and Veterinary	G31 Grocery/Supermarket	P51 Printing/Publishing
A71 Architecture/Design	H11 Healthcare/Medical Services	P71 Professional/Civic Organizations (Non-Retail)
A81 Arts/Antiques	H21 Hotel/Hospitality	R11 Real Estate
A91 Athletics/Fitness	I11 Import/Export	R21 Religious Organization
A32 Automotive	I21 Information Technology (IT)	R31 Repair Services - Home, Auto, and Other
B11 Aviation	I31 Insurance	R41 Restaurant/Food Service
C11 Bar/Nightclub/Adult Entertainment Club	J11 Jewelry, Gems, and Precious Metals	R51 Retail Sales/Retail Trade
C21 Childcare	L11 Legal Services/Public Safety	S11 Science and Biotechnology
C31 Cleaning/Janitorial/Housekeeping	L21 Logistics/Supply Chain	S21 Security
C41 Communications/Telecommunications	M11 Manufacturing	T11 Transportation
C51 Construction/Carpentry/Landscaping	M21 Maritime	T31 Travel
C61 Convenience Store/Liquor Store/Gas Station	M31 Media/Entertainment	U11 Utilities (Public)
C71 Customer Service and Support	M41 Mining, Oil, and Gas	W11 Wholesale Sales/Trade
E11 Education	M51 Money Services Businesses (Check Cashing, Money Transmitting, Payday Loans, Currency Exchange)	
E21 Embassy/Consulate	N11 Non-Profit/NGO (Non-Government Agency)/Charity	
E31 Energy		
E41 Engineering		