

NON-QUALIFIED ACCOUNT APPLICATION

Institutional Advisor Services



E*TRADE Advisor Services Account Number

General Instructions

- By completing and signing this application the account owner is establishing an account subject to the terms and conditions made available by your advisor and at <https://www.etrade.com/advisorservices>
- Instructions to complete this document can be found at <https://www.etrade.com/advisorservices/advisorforms>

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

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

SECTION 2: Primary account owner information (or minor in the case of a custodial account)

A. Name and Contact Information

Name _____

Date of Birth _____ Social Security Number _____

Phone # Cell Work Home _____ Phone # Cell Work Home _____ Specific Occupation _____

B. Mailing Address **PO Boxes Allowed** - If providing a PO Box or non-residential address, Section 2C must be completed providing a residential address.

Address 1 _____

Address 2 _____

City _____ State _____ ZIP _____

C. Residential Address *Required if 2B has PO Box, **No PO Boxes***

Address 1 _____

Address 2 _____

City _____ State _____ ZIP _____

D. Citizenship Status

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

U.S. Citizens only:

- Driver's license or ID card issued by a state or outlying possession of the United States
- ID card issued by a federal, state, or local government agency or entity
- U.S. Passport
- Certificate of U.S. Citizenship (INS Form N-560 or N-561)

U.S. - Resident Aliens only

- (Driver's License not accepted):
- Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization
 - Permanent Resident Card or Alien Registration Receipt Card with photograph (INS Form I-551)

Identification Number (provide number from selected document) _____

Expiration Date _____ State (If applicable) _____



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

- Securities
- Insurance Proceeds
- Personal Funds
- Inheritance / Gift
- Real Estate Proceeds
- Pension / IRA/ Retirement Savings
- Income from Earnings
- Other (please specify _____)

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

- Investment account with frequent transfers
- Long term investment with occasional transfers
- Investing for estate planning
- Investing for tax planning
- Investing for college/minor
- Investing for retirement

SECTION 3: Additional account owner information

Select One:

- Additional Owner
- Custodian
- Other: _____

A. Name and Contact Information

Name

Date of Birth

Social Security Number

Phone # Cell Work Home

Phone # Cell Work Home

Specific Occupation

B. Mailing Address *PO Boxes Allowed - If providing a PO Box, Section 3C must be completed providing a residential address.*

Address 1

Address 2

City

State

ZIP

C. Residential Address *Required if 3B has PO Box, No PO Boxes*

Address 1

Address 2

City

State

ZIP

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D. Citizenship Status

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

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Identification Number (provide number from selected document)

Expiration Date State (If applicable)

Additional account owner information provided.
Note: Complete the "Additional Information Application Addendum."

SECTION 4: Transfer on death (TOD) designation (if applicable)

A. Designate Your Beneficiary(ies)

*We hereby designate the following person(s) as beneficiary(ies).
Note: The beneficiary(ies) must be named on this form. The terms "spouse" and "children" are not acceptable designations.*

A. Primary Beneficiary

- i. Beneficiary Name
- ii. Relationship (select one): Spouse Other: _____
- iii. Date of Birth
- iv. Social Security Number
- v. % Share

B. Select: Primary Contingent

- i. Beneficiary Name
- ii. Relationship (select one): Spouse Other: _____
- iii. Date of Birth
- iv. Social Security Number
- v. % Share

C. Select: Primary Contingent

- i. Beneficiary Name
- ii. Relationship (select one): Spouse Other: _____
- iii. Date of Birth
- iv. Social Security Number
- v. % Share

D. Select: Primary Contingent

- i. Beneficiary Name
- ii. Relationship (select one): Spouse Other: _____
- iii. Date of Birth
- iv. Social Security Number
- v. % Share

E. Select: Primary Contingent

- i. Beneficiary Name
- ii. Relationship (select one): Spouse Other: _____
- iii. Date of Birth
- iv. Social Security Number
- v. % Share

Note: Additional information may be attached. Transfer on Death Designation Forms can be provided.

Additional Information is attached.

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SECTION 7: Authorized signatures

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

Taxpayer Identification Number Certification:

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

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

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

Account Owner/Custodian Signature Date

Printed Name

Account Owner/Custodian Signature Date

Printed Name

Account Owner/Custodian Signature Date

Printed Name

- End Form -