

**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 <http://www.etrade.com/advisorservices/advisorforms>
- Instructions to complete this document can be found at <http://www.etrade.com/advisorservices/advisorforms>

E*TRADE Advisor Services Account Number

**SECTION 1: Qualified plan account type (check only one)**

- Solo (k)<sup>F</sup>
- Solo (k) w/Roth<sup>F</sup>
- Qualified Retirement Plan – with Form 1099-R reporting<sup>G</sup>
  - Pooled Plan or  Participant Account
- Qualified Retirement Plan – with no Form 1099-R reporting<sup>G</sup>
  - Pooled Plan or  Participant Account

F. SOLO (k): Provide the Adoption Agreement with this application, and if applicable provide the Solo (k) Bene Designation.  
G. QUALIFIED RETIREMENT PLANS: Please select either Pooled Plan or Participant Account.

**SECTION 2: Qualified plan account information**

**A. Account Registration** (Provide the official or legal name of this business, trust, or other organization, exactly as it appears on the organization's legal documents)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Date of Plan:** \_\_\_\_\_

**C.  Plan EIN or  SSN:** \_\_\_\_\_

**D. Plan Mailing Address** **PO Boxes Allowed** - If providing a PO Box or non-residential address, Section 2E must be completed providing a plan street address.

Address 1  
\_\_\_\_\_

Address 2  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone #  
\_\_\_\_\_

**E. Plan Street Address** Required if 2D has PO Box, **No PO Boxes**

Address 1  
\_\_\_\_\_

Address 2  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



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**F. Industry in which the business operates:**

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

- |   |  |
|---|--|
| <input type="checkbox"/> Securities           | <input type="checkbox"/> Insurance Proceeds                |
| <input type="checkbox"/> Personal Funds       | <input type="checkbox"/> Inheritance / Gift                |
| <input type="checkbox"/> Real Estate Proceeds | <input type="checkbox"/> Pension / IRA/ Retirement Savings |
| <input type="checkbox"/> Income from Earnings | <input type="checkbox"/> Other (please specify _____)      |

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

- |   |   |
|---|---|
| <input type="checkbox"/> Investment account with frequent transfers | <input type="checkbox"/> Long term investment with occasional transfers |
| <input type="checkbox"/> Investing for estate planning              | <input type="checkbox"/> Investing for tax planning                     |
| <input type="checkbox"/> Investing for college/minor                | <input type="checkbox"/> Investing for retirement                       |

**SECTION 3: Authorized party information**

**A. Name and Contact Information**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

Phone #  Cell  Work  Home

Phone #  Cell  Work  Home

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

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

E\*TRADE Advisor Services Account Number

**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)

**SECTION 4: Additional authorized party information, if applicable**

**A. Name and Contact Information**

Name

Date of Birth

Social Security Number

Phone #  Cell  Work  Home

Phone #  Cell  Work  Home

**B. Mailing Address** *PO Boxes Allowed - If providing a PO Box, Section 4C must be completed providing a physical address.*

Address 1

Address 2

City

State

Zip

**C. Physical Address** *Required if 4B has PO Box, No PO Boxes*

Address 1

Address 2

City

State

Zip

  <hr/> E*TRADE Advisor Services Account Number
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**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)

Additional Authorized Party information provided.  
*Note: Complete the "Additional Information Application Addendum."*

**E. For Solo K Employer only:**

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
EIN

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

i. Type of Business:  Sole Proprietorship  Partnership  Corporation  
 Other: \_\_\_\_\_

ii. Existing E\*TRADE Advisor Services Plan #: \_\_\_\_\_



# QUALIFIED PLAN ACCOUNT APPLICATION

Institutional Advisor Services



_____
E*TRADE Advisor Services Account Number

## SECTION 7: Authorized signatures

By signing below each party certifies that the information provided in this application is correct and can be relied upon to establish an account, that they have the authority to sign on behalf of the entity named above, and that they have read and agree to the Account Terms and Conditions, Policies and Disclosures made available by your advisor and at: <http://www.etrade.com/advisorservices/advisorforms>. If this is a Solo K Plan application, the designated Trustee signing below hereby accepts appointment as Trustee under the Adoption Agreement on file.

### Taxpayer Identification Number Certification:

By signing below, each signing party also certifies under penalties of perjury with respect to the entity for which the account is established that:

- The taxpayer identification number provided above is correct;
- The entity is 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*);
- The entity is 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 consent to any provision of this document other than this Identification Number Certification.*

**Please sign, date and provide your printed name and your title below.**

_____	_____
Signature	Date
_____	
Printed Name	
_____	
Title	
_____	_____
Signature	Date
_____	
Printed Name	
_____	
Title	
_____	_____
Signature	Date
_____	
Printed Name	
_____	
Title	

- End Form -

E*TRADE Advisor Services Account Number

To fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account. 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 form requires you to provide the name, address, date of birth and social security number (or passport number or other similar information, in the case of foreign persons) for both of the following:

- Control Person – An individual with significant responsibility for managing the entity (for example, a trustee, chief executive officer, chief financial officer, chief operating officer, managing member, general partner, president, vice president, or treasurer).
- Beneficial Owner – Each individual, if any, who owns, directly or indirectly, 10% or more of the equity interests (e.g. shares) of the entity. An individual is an indirect beneficial owner if his/her ownership interest is held through another entity.

If the individual who has significant responsibility for managing the entity also owns 10% or more of the entity, please enter the information in both the Control Person and Beneficial Owner sections below.

I hereby certify, to the best of my knowledge, that the beneficial ownership and control person information provided below is complete and correct.

O	
Signature	

Date

CONTROL PERSON		
Name (First, Middle initial, Last)		Title
Date of Birth (mm/dd/yyyy)	Residence Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Neither U.S. Citizen nor Resident Alien	
U.S. Federal ID	Country of Citizenship	
Physical Address		
City	State (U.S. only)	U.S. Postal/Zip Code
Foreign Province/Region Name or Code	Foreign Postal Code	
Country		
IF THE CONTROL PERSON IS NOT A U.S. CITIZEN, PLEASE PROVIDE THE FOLLOWING INFORMATION.		
Passport ID / Government ID	Country of Issuance Government ID or Passport	
Country of Legal Residence	Passport ID / Government ID Expiration Date	



If there are one or more beneficial owners who own, directly or indirectly, 10% or more of the equity interests of the legal entity, please complete the sections below for each beneficial owner. (This section does not apply to Non-Profit Organizations)

BENEFICIAL OWNER 1			BENEFICIAL OWNER 2		
Name (Title prefix, First, Middle initial, Last)			Name (Title prefix, First, Middle initial, Last)		
Date of Birth (mm/dd/yyyy)	Resident Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Neither <input type="checkbox"/> Resident Alien	Country of Citizenship	Date of Birth (mm/dd/yyyy)	Resident Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Neither <input type="checkbox"/> Resident Alien	Country of Citizenship
U.S. Federal ID		Percentage of Ownership	U.S. Federal ID		Percentage of Ownership
Physical Address			Physical Address		
City	State (U.S. only)	U.S. Postal/Zip Code	City	State (U.S. only)	U.S. Postal/Zip Code
Foreign Province/Region Name or Code		Foreign Postal Code	Foreign Province/Region Name or Code		Foreign Postal Code
Country			Country		
IF THE BENEFICIAL OWNER IS NOT A U.S. CITIZEN, PLEASE PROVIDE THE FOLLOWING INFORMATION.					
Passport ID / Government ID		Country of Issuance Government ID or Passport	Passport ID / Government ID		Country of Issuance Government ID or Passport
Country of Legal Residence		Passport ID / Government ID Expiration Date	Country of Legal Residence		Passport ID / Government ID Expiration Date

BENEFICIAL OWNER 3			BENEFICIAL OWNER 4		
Name (Title prefix, First, Middle initial, Last)			Name (Title prefix, First, Middle initial, Last)		
Date of Birth (mm/dd/yyyy)	Resident Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Neither <input type="checkbox"/> Resident Alien	Country of Citizenship	Date of Birth (mm/dd/yyyy)	Resident Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Neither <input type="checkbox"/> Resident Alien	Country of Citizenship
U.S. Federal ID		Percentage of Ownership	U.S. Federal ID		Percentage of Ownership
Physical Address			Physical Address		
City	State (U.S. only)	U.S. Postal/Zip Code	City	State (U.S. only)	U.S. Postal/Zip Code
Foreign Province/Region Name or Code		Foreign Postal Code	Foreign Province/Region Name or Code		Foreign Postal Code
Country			Country		
IF THE BENEFICIAL OWNER IS NOT A U.S. CITIZEN, PLEASE PROVIDE THE FOLLOWING INFORMATION.					
Passport ID / Government ID		Country of Issuance Government ID or Passport	Passport ID / Government ID		Country of Issuance Government ID or Passport
Country of Legal Residence		Passport ID / Government ID Expiration Date	Country of Legal Residence		Passport ID / Government ID Expiration Date



BENEFICIAL OWNER 5				BENEFICIAL OWNER 6																			
Name (Title prefix, First, Middle initial, Last)				Name (Title prefix, First, Middle initial, Last)																			
Date of Birth (mm/dd/yyyy)		Resident Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Neither <input type="checkbox"/> Resident Alien		Country of Citizenship		Date of Birth (mm/dd/yyyy)		Resident Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Neither <input type="checkbox"/> Resident Alien		Country of Citizenship													
U.S. Federal ID				Percentage of Ownership				U.S. Federal ID				Percentage of Ownership											
Physical Address																							
City			State (U.S. only)			U.S. Postal/Zip Code			City			State (U.S. only)			U.S. Postal/Zip Code								
Foreign Province/Region Name or Code						Foreign Postal Code						Foreign Province/Region Name or Code						Foreign Postal Code					
Country																							
IF THE BENEFICIAL OWNER IS NOT A U.S. CITIZEN, PLEASE PROVIDE THE FOLLOWING INFORMATION.																							
Passport ID / Government ID				Country of Issuance Government ID or Passport				Passport ID / Government ID				Country of Issuance Government ID or Passport											
Country of Legal Residence				Passport ID / Government ID Expiration Date				Country of Legal Residence				Passport ID / Government ID Expiration Date											

BENEFICIAL OWNER 7						BENEFICIAL OWNER 8																	
Name (Title prefix, First, Middle initial, Last)						Name (Title prefix, First, Middle initial, Last)																	
Date of Birth (mm/dd/yyyy)		Resident Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Neither <input type="checkbox"/> Resident Alien		Country of Citizenship		Date of Birth (mm/dd/yyyy)		Resident Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Neither <input type="checkbox"/> Resident Alien		Country of Citizenship													
U.S. Federal ID				Percentage of Ownership				U.S. Federal ID				Percentage of Ownership											
Physical Address																							
City			State (U.S. only)			U.S. Postal/Zip Code			City			State (U.S. only)			U.S. Postal/Zip Code								
Foreign Province/Region Name or Code						Foreign Postal Code						Foreign Province/Region Name or Code						Foreign Postal Code					
Country																							
IF THE BENEFICIAL OWNER IS NOT A U.S. CITIZEN, PLEASE PROVIDE THE FOLLOWING INFORMATION.																							
Passport ID / Government ID				Country of Issuance Government ID or Passport				Passport ID / Government ID				Country of Issuance Government ID or Passport											
Country of Legal Residence				Passport ID / Government ID Expiration Date				Country of Legal Residence				Passport ID / Government ID Expiration Date											

BENEFICIAL OWNER 9			BENEFICIAL OWNER 10				
Name (Title prefix, First, Middle initial, Last)			Name (Title prefix, First, Middle initial, Last)				
Date of Birth (mm/dd/yyyy)	Resident Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien	<input type="checkbox"/> Neither	Country of Citizenship	Date of Birth (mm/dd/yyyy)	Resident Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien	<input type="checkbox"/> Neither	Country of Citizenship
U.S. Federal ID		Percentage of Ownership		U.S. Federal ID		Percentage of Ownership	
Physical Address			Physical Address				
City	State (U.S. only)	U.S. Postal/Zip Code		City	State (U.S. only)	U.S. Postal/Zip Code	
Foreign Province/Region Name or Code		Foreign Postal Code		Foreign Province/Region Name or Code		Foreign Postal Code	
Country			Country				
IF THE BENEFICIAL OWNER IS NOT A U.S. CITIZEN, PLEASE PROVIDE THE FOLLOWING INFORMATION.							
Passport ID / Government ID		Country of Issuance Government ID or Passport		Passport ID / Government ID		Country of Issuance Government ID or Passport	
Country of Legal Residence		Passport ID / Government ID Expiration Date		Country of Legal Residence		Passport ID / Government ID Expiration Date	