

RETIREMENT ACCOUNT APPLICATION

Institutional Advisor Services

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: Retirement account type (check only one)

- IRA
- Roth IRA
- Beneficiary IRA^A
- Beneficiary Roth IRA^A
- SEP IRA^B
- SARSEP^B (Existing Only)
- SIMPLE IRA^B (Type 5304)

A. **BENEFICIARY IRA:** Deceased account owner information is required in section 3A in addition to the other sections of the form. If the designated beneficiary is a TRUST a copy of the fully executed TRUST document must be provided with this application and certification of Trust (IRA's).
 B. **SEP IRA, SARSEP, SIMPLE IRA:** Please ensure the employer information is completed in section 2G.

SECTION 2: Primary account owner information (or minor)

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 _____



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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)

E. 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 _____) |

F. 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 |

G. Employer Information (For SEP, SARSEP Simple IRA Only)

Employer Name

Address 1

Address 2

City

State

Zip

H. Simple IRAs only (required): 1st Funding Date: _____

I. Current Employer?

- Yes No

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SECTION 3: Additional account owner information

Select One: Custodian Decedent Executor
 Other: _____

A. Name and Contact Information

Name

Date of Birth

Social Security Number

Date of Death

Relationship of Decedent

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

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

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SECTION 4: IRA beneficiary designation (if applicable)

By completing this section, you may designate primary and contingent beneficiaries for an IRA. If more than one primary or contingent beneficiary is designated, be sure that the total percentage share adds up to 100% for primary and contingent beneficiary types. You can add additional beneficiaries on a separate document. (If no SSN is provided, the beneficiaries will not display online.) If you do not designate a beneficiary, the beneficiary will be determined under the account terms and conditions.

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. Separate IRA Beneficiary Designations, and Transfer on Death Designation Forms can be provided.
 Additional Information is attached.

SECTION 5: Account management

A. Client Representative

Client Representative Name

Client Representative Firm Name

Mailing Address

City State Zip

Work Phone Email

B. Investment Advisor Information

Investment Advisor/Money Manager Firm Name

