

Please complete this application in full and return it to the address or fax number on the following page. Incomplete applications may cause a delay in opening your account. If you have questions or need additional forms, please call us at 866-766-4015.

1. ACCOUNT INFORMATION

Plan ID Number: _____

Plan Name: _____

2. ACCOUNT OWNER INFORMATION

Full Legal Name: _____

Date of Birth: (MM-DD-YYYY) _ _ - _ - _ - _ - _ -	U.S. Social Security Number: (SSN) _ _ - _ - _ - _ - _ -	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Mother's Maiden Name: (for account security) _____	
Street Address: (no PO Box or Mail Drop) _____		
City: _____	State: _____	ZIP Code: _ _ - _ _ - _ _
Mailing Address: (if different from above) _____		
City: _____	State: _____	ZIP Code: _ _ - _ _ - _ _
Phone Number: _ _ - _ - _ - _ - _ -	Email Address (required for electronic delivery of your account statement and trade confirmations): _____	

Check here if you, any member of your immediate family, personal or business associate is a senior political figure (SPF). Specify the name of the SPF, political title, relationship to Account Owner and country of office.

Check here if you are a director, 10% shareholder or policy-making officer of a publicly traded company. Specify the company name, ticker symbol, name, address, city and state.

Check here if you are licensed or employed by a registered broker/dealer, securities exchange or member of a securities exchange. We must receive a compliance letter along with this application.



3. ACCOUNT AGREEMENT

Under penalties of perjury, I certify (1) that the Social Security Number shown on this form is my correct taxpayer identification number, (2) that I am not subject to backup withholding, and (3) that I am a U.S. person (including a resident alien); provided, however, if I am a nonresident alien as disclosed in this application, I do not certify that I am a U.S. person and I understand that I must submit a Form W-8BEN. If I have been notified by the IRS that I am subject to backup withholding as a result of dividend or interest underreporting, I must cross out (2) in this certification.

I acknowledge that I have received and read the "Client Agreement," available at <http://www.tdameritraderetirement.com/forms/ACS182.pdf> or by calling 866-766-4015, 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 have received and read the TD AMERITRADE Privacy Statement. 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 that the information contained in this application is true and correct. I hereby request, subject to acceptance by TD AMERITRADE, an account be opened in the name(s) set forth below.

The "Client Agreement" applicable to this brokerage account agreement contains predispute arbitration clauses. By signing this agreement, the parties agree to be bound by the terms of the agreement including the arbitration agreement located in Section 10 of the Client Agreement.

All securities, dividends and proceeds will be held at TD AMERITRADE Clearing, Inc., 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.

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.

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.

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.

Please note: By accepting the Client Agreement, you agree to have all free credit balances held in your retirement account systematically swept into a money market fund, FDIC-insured bank deposit or other products available under TD AMERITRADE, Inc.'s sweep program. A terms sheet or prospectus detailing the sweep vehicle will be sent to your address of record at account opening.


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.

Successors and Heirs. This Authorization supplements and in no way limits or restricts rights which 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 the Clearing Firm's successors and assigns.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

 Plan Participant's Signature:	Date: _____
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Send completed form to:
PO Box 2226
Omaha, NE 68103-2226

Or fax completed form to:
Fax: 816-464-4441