

Account # _____

Advisor Code _____

Case # _____

INVESTMENT ADVISOR: TO BE COMPLETED BY ADVISOR

Investment Advisor Firm (Agent) and Primary Contact:

Firm Name: _____ Primary Contact: _____

1 PLEASE SELECT THE TYPE OF IRA YOU WANT (SELECT ONLY ONE TYPE OF ACCOUNT)

- TRADITIONAL IRA**
- ROTH IRA**
- ROLLOVER IRA**
- SEP – Simplified Employee Pension IRA***
- SIMPLE – Savings Incentive Match Plan for Employees IRA***
- MINOR TRADITIONAL IRA ****
- MINOR ROTH IRA ****

**Per IRS regulations, employers are responsible for maintaining a SEP/SIMPLE Adoption Agreement for their Plan, but these do not need to be sent to TD Ameritrade.*

*** Please complete minor's information in Section 2. The responsible individual must complete an Account Application Supplement Form, initial in Section 8, as applicable, and sign in Section 10.*

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

First Name: _____ Middle Initial: _____ Last Name: _____

Social Security Number: _____ Date of Birth: _____

Primary Telephone Number: _____ Check here if this is not a U.S. phone number. Secondary Telephone Number: _____ 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: Employed Self-employed Unemployed Retired Homemaker Student Source of income (if Unemployed, Retired, Homemaker, or Student): _____

Employer Name (if self-employed, please provide the name of your business and industry): _____ Occupation: _____

Type of Business: _____

Employer Street Address: _____

City: _____ State: _____ ZIP Code: _____

Check here if you are a: U.S. Citizen Permanent Resident 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? Yes 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 "Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to Form W-8" (Form TDAI 835).

Check here if you or your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents, and any personal or business associates 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 or your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents, is a director, 10% shareholder, or policy-making officer of a publicly traded company. Specify the company name, address, city, and state: _____

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): _____



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CASH SWEEP VEHICLE (SELECT ONLY ONE)

NOTE: All credit balances will be deposited in the TD Ameritrade FDIC Insured Deposit Account (IDA) as a part of the Cash Balance program. See the Client Agreement for a complete description of the Cash Sweep program.

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DEATH BENEFICIARY INFORMATION*

First Name:	Middle Initial:	Last 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:	
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:	
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:	
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:	
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:	
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 %:

This section should be reviewed if the residence of the account owner is located in a community property or marital property state, and the account owner is married and is not naming their spouse as sole primary beneficiary. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a tax or legal advisor.

I am the spouse of the account owner. I consent to the named beneficiaries other than or in addition to myself. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

Signature of Spouse: _____ Date: _____

** 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 signed by the account owner. I have attached a separate sheet with additional beneficiaries signed by the account owner. 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.*

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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 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.

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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:

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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.

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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/Responsible Individual'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/Responsible Individual'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.

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 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 Plan and Custodial Agreement, which is incorporated 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, available at www.advisorclient.com or by calling 800-431-3500, I understand that the Custodian will invest and reinvest my account assets only with 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.

I acknowledge that I have received and read the Client Agreement, available at www.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 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 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.

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.

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 which 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/Responsible Individual's Printed Name: _____

X Account Owner's/Responsible Individual's Signature: _____ Date: _____

TD Ameritrade Institutional

PO BOX 650567
Dallas, TX 75265-0567

TDAI 1468 REV. 02/18

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

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