


Trust Company of America Form Guide

LLC, LLP, LP, General Partnership, or Investment Club Account Application

This form guide highlights the minimum required information to open an account. Blue highlights and gray text are required under certain circumstances. If optional sections are not completed properly, the account will be opened but the option will not be activated. We recommend filling out all information requested to help us better service the account. Refer to the detailed instructions at the beginning of the application for a complete guide to completing the form.

Trust Company of America
Institutional Advisor Services
LLC, LLP, LP, GENERAL PARTNERSHIP, or
INVESTMENT CLUB ACCOUNT APPLICATION



SECTION 4: Account Funding

Select all that apply:
 By check. Make the check payable to Trust Company of America.

Check Amount (\$) _____

IMPORTANT: In the memo line on the front of the check, write your new Trust Company of America account number, if available.

By federal wire. Notify your investment advisor in advance. Wires may only be sent on or after the account open date.
 By systematic ACH contributions. Provide systematic ACH contribution and bank information in Sections 5A and 5C.
 Transferring from another custodian or other financial institution. Complete, sign, and provide a "Transfer Request" form for each transferring account.

SECTION 5: Systematic Contribution or Distribution and Bank of Record (optional)

Note: If you are electing both a systematic ACH contribution and ACH distribution with different bank accounts, complete this section for one election. Then complete and provide a "Systematic Contribution or Distribution Request" form for the other election.

A. SYSTEMATIC ACH CONTRIBUTION

IMPORTANT: It takes approximately 7 days from receipt of this form for the systematic contribution to be activated.

Amount of Each Contribution (\$) _____

Month to Begin Contributions (see note above) _____

Frequency of Contributions
Select one: Monthly Semi-annually Quarterly Annually

Day of Month to Withdraw Contributions
Select one: 5th 25th

B. SYSTEMATIC DISTRIBUTION

IMPORTANT: It takes approximately 7 days from receipt of this form for the systematic distribution to be activated.

Amount of Each Distribution (\$) _____

Month to Begin Distributions _____

Frequency of Distributions
Select one: Monthly Semi-annually Quarterly Annually

Day of Month to Withdraw Distributions
Select one: 5th 15th (checks only) 25th

Distribution Method
Select one:
 By ACH to the bank information in Section 5C.
 By check to the account owner at the address in Section 2.
 By check to the account owner at the address below.
 By check to a third party listed below.

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7103 South Revere Parkway, Centennial, CO 80112 • Member FDIC

Trust Company Account Number _____

SECTION 5: Systematic Contribution or Distribution and Bank of Record Continued (optional)

Payable To (if applicable) _____

Mailing Address _____

City _____ State _____ Zip+4 _____

C. BANK INFORMATION

Select one: Bank for systematic ACH contribution Bank for systematic ACH distribution

Select one: Checking account Savings account

Bank Name _____ ABA (Routing) Number _____

Name on Bank Account _____

Account Number _____

Voided check provided in lieu of bank information. Note: You still need to indicate the type of account above.

D. WIRING INSTRUCTIONS FOR BANK OF RECORD (optional)

Select one: Checking account Savings account

Bank Name _____ ABA (Routing) Number _____

Name on Bank Account _____

Bank Account Number _____

Voided check provided in lieu of bank information. Note: You still need to indicate the type of account above.

IMPORTANT: Wire instructions to a bank different than your designated bank of record may require written instructions signed by an authorized party for this account.

SECTION 6: Interested Third Party (optional)

Select all that apply: Statements Deposit confirmations
 Tax forms

Interested Party Name _____

Mailing Address _____

City _____ State _____ Zip+4 _____

Additional interested third party information provided. Note: Complete the "Additional Information Application Addendum" form.

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4. Select how the account will be funded.
5. Optional
6. Optional

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SECTION 7: Electronic Delivery and Statement Family (optional)

A. ELECTRONIC DELIVERY (e-delivery)

With your consent Trust Company can electronically deliver a growing number of account documents including your account statements, reports, and required notices. In order to elect e-delivery you must maintain a valid email address with Trust Company and have access to a computer to retrieve the documents through a secure account login. By consenting to e-delivery of documents you agree to receive any or all required notices through e-delivery as well as your statements. You may withdraw your consent at any time either online through your account or in writing.

I consent to e-delivery of statements and other account documents.

B. STATEMENT FAMILY

Note: If creating a new or adding to a current Statement Family, provide the account information below.

Select one:
 Create a new Statement Family
 Add to current Statement Family

Trust Company Account Number of Primary Account Holder _____

Account Title _____

Last 4 digits of Social Security or Tax Identification Number _____

Investment Advisor _____

As account owner of the primary account, I hereby acknowledge the request to add accounts to my statements. I further attest I will hold Trust Company of America harmless from any loss, claim, expense or other liability for this action.

Primary Account Holder Authorization _____

SECTION 8: Account Management

As account owner, I am granting the authority to the following investment advisor to direct the investment activities of this account:

A. INVESTMENT ADVISOR

Firm Name _____

B. CLIENT REPRESENTATIVE

Client Representative Name _____

Client Representative Firm Name _____ Work Phone _____

Mailing Address _____

City _____ State _____ Zip+4 _____

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Trust Company Account Number _____

SECTION 9: Signature

SUBSTITUTE W9 PROVISION

By signing below, I certify under penalties of perjury that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) and (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 Service (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 and (3) I am a U.S. person (including a U.S. resident alien).

Certification Instructions: You must cross out item 2 above 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. For real estate transactions item 2 does not apply. For mortgage interest paid, acquisition or abandonment or secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

I understand that the IRS does not require my consent to any provision of this document other than certifications required to avoid backup withholding.

STATEMENT FAMILY AUTHORIZATION

I authorize Trust Company of America to affiliate my account statement to the party listed as primary account in Section 7B. I understand I will no longer receive a statement as a result of this action.

I understand that the primary account of the family is electing the method of delivery and that the primary account can designate a new primary account without further authorization from the other family members.

I further attest I will hold Trust Company of America harmless from any loss, claim, expense or other liability for this action. If at some later time I wish to discontinue having my statement sent to the primary account, I must send new written instructions to Trust Company of America to make this change.

I understand that the amount of any systematic instruction, if applicable, will remain the same until I submit a request to change the existing program in place. I certify that I have full authority to make the systematic request involving the bank account provided. In the event an ACH entry is incorrect, Trust Company of America reserves the right to submit correcting entries. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

I have read and agree to the terms of the Resolution, Indemnity, and Agreement, Section 10, and the Account Agreement, Section 11. I have read and understand Trust Company of America Client Privacy, Section 12, Truth in Savings Disclosure – Institutional Client, Section 13, and my Investment Advisor's Fee Disclosures.

Authorized Party Signature (named in Section 3) _____ Date _____

Print Name _____

Authorized Party Signature (named in Section 3) _____ Date _____

Print Name _____

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7. Optional
8. Enter investment advisor firm name.
 - If applicable, complete client representative information.
9. Have each authorized party named in Section 3 sign, date, and print.

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SECTION 10: Resolution, Indemnity, and Agreement

In consideration of Trust Company of America opening and/or maintaining an account for the Partnership/LLC/Investment Club, the undersigned partners, managers and/or members represents, warrants and certifies that the representations made in the Resolution are true, complete and accurate.

Each of the party(ies) named in Section 3 has the power under this resolution and applicable law to enter into the transactions and issue the instructions that are made in this account. Such power may include, without limitation, the authority to buy, sell, exchange, convert, tender, redeem and withdraw assets (including delivery of securities to and from the account). Such power may include, without limitation, to delegate to others trading authority within the account, to retain the services of outside professionals such as investment advisors, money managers, counsel, and/or accountants and to pay the fees of such professionals from the assets of this Trust Company of America account.

The undersigned partners, managers and/or members hereby indemnifies Trust Company of America and each of its officers, directors, employees and agents from, and hold such persons harmless against, any claims, judgments, surcharges, settlement amounts, or other liabilities or costs of defense or settlement (including attorney's fees) arising out of or related to any actual or alleged improper or unsuitable actions taken at such authorized party's instructions in connection with the account established at Trust Company of America.

The representations and obligations stated herein shall survive the dissolution of the Partnership/LLC/Investment Club and the Account Agreement relating to the account with Trust Company of America.

1. Select one: General Partner Member Manager

Partner/Member/Manager Signature _____ Date _____

Print Name _____

2. Select one: General Partner Member Manager

Partner/Member/Manager Signature _____ Date _____

Print Name _____

3. Select one: General Partner Member Manager

Partner/Member/Manager Signature _____ Date _____


Print Name _____

4. Select one: General Partner Member Manager

Partner/Member/Manager Signature _____ Date _____

Print Name _____

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SECTION 10: Resolution, Indemnity, and Agreement
Continued

5. Select one: General Partner Member Manager

Partner/Member/Manager Signature _____ Date _____

Print Name _____

6. Select one: General Partner Member Manager

Partner/Member/Manager Signature _____ Date _____

Print Name _____

7. Select one: General Partner Member Manager

Partner/Member/Manager Signature _____ Date _____

Print Name _____

IMPORTANT: Organizations should not provide any supporting documentation with the account application, including but not limited to a separate corporate resolution or certification. Trust Company will not review or rely on these documents and have no responsibility to maintain these documents in the account records for the organization. If Trust Company receives the documents for any reason, they will have no responsibility for them.

SECTION 11: Account Agreement

I hereby request that Trust Company of America, ("Custodian"), a trust company organized under the laws of the State of Colorado and having its principal place of business in Centennial, Colorado, open a custodial account in the name(s) listed as account owner ("Owner") on this Trust Company of America account application ("Application"). The Owner has selected an investment advisor ("Investment Advisor") as indicated on the Application to manage the assets in the account. The Investment Advisor is an agent of the Owner and is not an agent of the Custodian. The Owner selects the Custodian to furnish system and account services to the Owner on the terms and conditions hereinafter set forth.

NOW THEREFORE, in consideration of the mutual promises and covenants contained herein and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Owner and Custodian agree with each other as follows:

1. A. Account Record Keeping – Custodian shall maintain the account on its computerized system, which provides within each account cash postings, investment activity, account assets, account contributions and account distribution records.

B. Preparation of Statements and Reports – Custodian shall provide Owner and Investment Advisor with periodic statements of account activity and fee billings. Custodian shall provide such further statements and reports as reasonably requested by the Investment Advisor. Custodian provides account statements to assist the Owner and Investment Advisor in the monitoring of the account but the Custodian has no duty to supervise or monitor the account or the actions of the Owner or the Investment Advisor. Custodian may deliver documents either through the U.S. Mail or if the Owner consents through electronic delivery. Owner consent for electronic delivery of documents includes consent to deliver

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10. Have all partners, members, or managers designated as managing the organization sign, date, and print name.