


Trust Company of America Form Guide

Qualified Plan 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
QUALIFIED PLAN ACCOUNT APPLICATION



SECTION 1: Account Type

A. QUALIFIED PLAN TYPE

Select one:

<input type="checkbox"/> 401(k)	<input type="checkbox"/> DEFINED BENEFIT PLAN
<input type="checkbox"/> 401(k) Roth	<input type="checkbox"/> PROFIT SHARING PLAN
<input type="checkbox"/> 457	<input type="checkbox"/> OTHER

B. ACCOUNT TYPE

Select one: Pooled Account Participant Account

C. TAX REPORTING

Select one:

Yes, provide Form 1099-R reporting
 No, do not provide Form 1099-R reporting

D. ADDITIONAL REQUIREMENTS

Refer to Section 1D in "General Instructions" for additional documentation requirements.

SECTION 2: Qualified Plan Information

A. PLAN INFORMATION

Plan Name _____

Plan Name (Continued) _____

Employer/Plan Sponsor _____

Date Plan Established _____

Mailing Address (list P.O. Boxes here) _____

City _____ State _____ Zip+4 _____

Plan Federal Tax Identification Number (EIN) _____

Business Phone _____ Email Address _____

B. STREET ADDRESS

Mailing address is the business street address

Business Street Address (no P.O. Boxes) _____

City _____ State _____ Zip+4 _____

Account Number _____

SECTION 3: Plan Participant (If applicable)

Important: The participant's name will be included in the qualified plan account title as FBO ("For the Benefit of") and the participant must sign the account application for Participant Accounts.

First Name _____ MI _____ Last Name _____

Residential Street Address (no P.O. Boxes) _____

City _____ State _____ Zip+4 _____

Social Security Number _____ Date of Birth _____

Home Phone _____ Work Phone _____

Email Address _____

Check if participant would like to receive statements

Note: Account Statements and correspondence will be mailed to the address provided in Section 2. For additional copies, provide the information in Section 8, Interested Third Party.

SECTION 4: Authorized Party(ies)

By signing the Trust Certification, Indemnity and Agreement in Section 11, the trustees and/or other authorized parties hereby certify that Trust Company is authorized to follow the instructions of the authorized parties listed below and to deliver funds, securities or any other assets in this account to any party or on any authorized party's instructions, because either (1) the Plan Agreement and/or Trust Agreement expressly provides that each authorized party is authorized to act individually, independently and without the consent of other trustees or other authorized parties for all purposes related to the Plan's account with Trust Company, or (2) if the Plan and/or Trust Agreements do not contain such an express provision, the authorized party so acting has obtained the requisite consent of the other trustees and/or other authorized parties in accordance with the requirements of the Plan and/or Trust Agreements.

Trust Company of America, a financial institution as defined by the Bank Secrecy Act, uses the information provided below to verify your identity. Trust Company may submit the information to a third party service bureau, in which case the information will be compared against their database. Trust Company may request from you permission to obtain a credit report or any other means including requesting additional information from you or others. The responses from the above are confidential information and will not be shared with others unless required by law. Please refer to the instructions for completing this application to identify whose information should be provided below.

1. Complete (1a) select a qualified plan type; (1b) select account type, and (1c) select tax reporting preference
2. Complete qualified plan information.
 - If mailing address is not a business street address, complete Section 2B.
3. If applicable, complete plan participant information.

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SECTION 4: Authorized Party(ies) Continued

A. PLAN TRUSTEE

Plan Trustee Name Title

Residential Street Address

City State Zip+4

Social Security Number Date of Birth

Identification Number State (if applicable)

B. PLAN TRUSTEE/AUTHORIZED PARTY

Plan Trustee/Authorized Party Name Title

Residential Street Address

City State Zip+4

Social Security Number Date of Birth

Identification Number State (if applicable)

Corporate trustee. One or more authorized trustee(s) are a corporate trustee. A corporate resolution is provided.

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

SECTION 5: 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 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 Section 6.

Transferring from another custodian or other financial institution. Complete, sign, and provide a "Transfer Request" form for each transferring account.

Note: For incoming funds to be posted with special descriptions for plan administration, the details should be provided at the time funds are received. Any corrections to the detail description must be received prior to the period end date for statements.

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Trust Company Account Number

SECTION 6: Systematic Contribution (optional)

A. SYSTEMATIC ACH CONTRIBUTION

IMPORTANT: Qualified plan contributions made through a systematic contribution will be credited as contributions for the year in which they are received. It takes approximately 7 days from receipt of this form for the systematic contribution to be activated.

Amount of Contribution (\$)

Month to Begin Contribution (see important note above)

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

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

B. BANK INFORMATION

Select one:
 Voided check provided in lieu of bank information
 Checking account with the bank information below
 Savings account with the bank information below

Bank Name ABA (Routing) Number

Name on Bank Account

Account Number

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

4. Complete authorized party information for each authorized party.
5. Select how account will be funded.
6. Optional
7. Optional

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SECTION 7: Electronic Delivery and Statement Family (optional)
Continued

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: 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

SECTION 9: Account Management

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

A. INVESTMENT ADVISOR

Investment Advisor Firm Name _____


B. CLIENT REPRESENTATIVE

Client Representative Name _____

Client Representative Firm Name _____ Work Phone _____

Mailing Address _____

City _____ State _____ Zip+4 _____



Trust Company Account Number _____

SECTION 10: Signature

I/We have read and agree to the terms of the Trust Certification, Indemnity and Agreement, Section 11 and the Account Agreement, Section 12. I/We have read and understand Trust Company of America Client Privacy, Section 13 and Truth In Savings Disclosure – Institutional Client, Section 14, and our Investment Advisor’s Fee Disclosures.

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/We, the undersigned authorized parties represent and warrant that the signatures below are the genuine signatures of the authorized parties and that I/we have the authority to open this account and to execute this Agreement. If the trustee is a corporate trustee, the signatures below are the genuine signatures of the officer or the trustee duly authorized by the trustee to act on its behalf with respect to the plan. A Corporate Resolution is attached.

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.

Plan Trustee Signature _____ Date _____

Print Name _____

Plan Trustee / Authorized Party Signature _____ Date _____

Print Name _____

Participant Signature (if named in Section 3) _____ Date _____

Print Name _____

- 7. Optional
- 8. Optional
- 9. Enter investment advisor firm name.
 - If applicable, complete client representative information.
- 10. Have each authorized party named in Section 4 sign, date, and print name.
 - If named in Section 3, have the participant sign, date, and print name.

