

**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 [trustamerica.com/tca](http://trustamerica.com/tca)
- Instructions to complete this document can be found at [trustamerica.com/advisor-forms/](http://trustamerica.com/advisor-forms/)

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TCA by E\*TRADE Account Number

**SECTION 1: Trust account type (check only one)**

- A.
- Irrevocable Trust                       Testamentary Trust                       Legal/Estate
- Revocable/Amendable Trust                       Other Trust (specify below)  
Other Trust: \_\_\_\_\_
- B. Is the trust a statutory trust?    YES    NO  
If you checked YES, complete **Section 5: Beneficial ownership information.**

**SECTION 2: Trust account information**

**A. Account Registration** (Provide the official or legal name of this business, trust, or other organization, exactly as it appears on the organization's legal documents)

\_\_\_\_\_

\_\_\_\_\_

**B. Date of Trust:** \_\_\_\_\_

**C.**  Estate/Trust EIN or  SSN: \_\_\_\_\_

**D. Physical Mailing Address** **PO Boxes Allowed** - If providing a **PO Box** or non-residential address, Section 2E must be completed providing a street address.

\_\_\_\_\_

Address 1

\_\_\_\_\_

Address 2

\_\_\_\_\_

City    State    Zip

\_\_\_\_\_

Business Phone #

**E. Physical Street Address** Required if 2D has PO Box, **No PO Boxes**

\_\_\_\_\_

Address 1

\_\_\_\_\_

Address 2

\_\_\_\_\_

City    State    Zip



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**F. 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 _____)      |

**G. What is the purpose and expected use of the account (Choose only one)?**

- |   |   |
|---|---|
| <input type="checkbox"/> Investing of trust asset     | <input type="checkbox"/> Distribution of estate |
| <input type="checkbox"/> Other (please specify) _____ |   |

**H. Please provide the industry in which the business operates.**

Complete this section only if the trust is a statutory trust created by filing with a Secretary of State or similar Office. (Go to: Trust Account Application Instructions for a listing of business industries).

\_\_\_\_\_

**SECTION 3: Authorized party information**

**A. Name and Contact Information**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Phone #  Cell  Work  Home

\_\_\_\_\_  
Phone #  Cell  Work  Home

**B. Physical Mailing Address** *PO Boxes Allowed - If providing a PO Box, Section 3C must be completed providing a physical address.*

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
Address 2

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_

\_\_\_\_\_

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**C. Physical 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)

**SECTION 4: Additional authorized party information, if applicable**

**A. Name and Contact Information**

\_\_\_\_\_

Name

\_\_\_\_\_

Date of Birth Social Security Number

\_\_\_\_\_

Phone # Cell Work Home Phone # Cell Work Home

**B. Physical Mailing Address** **PO Boxes Allowed** - *If providing a PO Box, Section 4C must be completed providing a physical address.*

\_\_\_\_\_

Address 1

\_\_\_\_\_

Address 2

\_\_\_\_\_

City State Zip

TCA by E*TRADE Account Number

**C. Physical Address** *Required if 4B 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)

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- 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 Authorized Party information provided.  
*Note: Complete the "Additional Information Application Addendum."*

**SECTION 5: Beneficial ownership information**

**Please only complete this section on beneficial ownership information if the trust is a statutory trust. (Statutory trust is designed for businesses that receive money on behalf of their customers and who are required by law to hold the money in trust.)**

**To fight the funding of terrorism and money laundering activities, federal law requires financial institutions to obtain, verify, and record information that identifies each person who opens an account. 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 form requires you to provide the name, address, date of birth and social security number (or passport number or other similar information, in the case of foreign persons) for both of the following:**

- Control Person – An individual with significant responsibility for managing the entity (for example, a trustee, chief executive officer, chief financial officer, chief operating officer, managing member, general partner, president, vice president, or treasurer).
- Beneficial Owner – Each individual, if any, who owns, directly or indirectly, 10% or more of the equity interests (e.g. shares) of the entity. An individual is an indirect beneficial owner if his/her ownership interest is held through another entity.

**If the individual who has significant responsibility for managing the entity also owns 10% or more of the entity, please enter the information in both the Control Person and Beneficial Owner sections below.**

**TRUST ACCOUNT APPLICATION**  
**Institutional Advisor Services**



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I hereby certify, to the best of my knowledge, that the beneficial ownership and control person information provided below is complete and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CONTROL PERSON	
Name (First, Middle initial, Last)	Title
Date of Birth (mm/dd/yyyy)	Residence Status <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Neither U.S. Citizen nor Resident Alien
U.S. Federal ID	Country of Citizenship

CONTROL PERSON (continued)		
Physical Address		
City	State (U.S. only)	U.S. Postal/Zip Code
Foreign Province/Region Name or Code	Foreign Postal Code	
Country		
IF THE CONTROL PERSON IS <i>NOT</i> A U.S. CITIZEN, PLEASE PROVIDE THE FOLLOWING INFORMATION.		
Passport ID / Government ID	Country of Issuance Government ID or Passport	
Country of Legal Residence	Passport ID / Government ID Expiration Date	

If there are one or more beneficial owners who own, directly or indirectly, 10% or more of the equity interests of the legal entity, please complete the sections below for each beneficial owner. (This section does not apply to Non-Profit Organizations)

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**Institutional Advisor Services**



TCA by E*TRADE Account Number

BENEFICIAL OWNER 1			BENEFICIAL OWNER 2		
Name (Title prefix, First, Middle initial, Last)			Name (Title prefix, First, Middle initial, Last)		
Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Neither	Country of Citizenship	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Neither	Country of Citizenship
U.S. Federal ID		Percentage of Ownership	U.S. Federal ID		Percentage of Ownership
Permanent Address			Permanent Address		
City	State (U.S. only)	U.S. Postal/Zip Code	City	State (U.S. only)	U.S. Postal/Zip Code
Foreign Province/Region Name or Code		Foreign Postal Code	Foreign Province/Region Name or Code		Foreign Postal Code
Country			Country		
<b>IF THE BENEFICIAL OWNER IS NOT A U.S. CITIZEN, PLEASE PROVIDE THE FOLLOWING INFORMATION.</b>					
Passport ID / Government ID		Country of Issuance Government ID or Passport	Passport ID / Government ID		Country of Issuance Government ID or Passport
Country of Legal Residence		Passport ID / Government ID Expiration Date	Country of Legal Residence		Passport ID / Government ID Expiration Date

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BENEFICIAL OWNER 3			BENEFICIAL OWNER 4		
Name (Title prefix, First, Middle initial, Last)			Name (Title prefix, First, Middle initial, Last)		
Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Neither	Country of Citizenship	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Neither	Country of Citizenship
U.S. Federal ID		Percentage of Ownership	U.S. Federal ID		Percentage of Ownership
Permanent Address			Permanent Address		
City	State (U.S. only)	U.S. Postal/Zip Code	City	State (U.S. only)	U.S. Postal/Zip Code
Foreign Province/Region Name or Code		Foreign Postal Code	Foreign Province/Region Name or Code		Foreign Postal Code
IF THE BENEFICIAL OWNER IS <i>NOT</i> A U.S. CITIZEN, PLEASE PROVIDE THE FOLLOWING INFORMATION.					
Passport ID / Government ID		Country of Issuance Government ID or Passport	Passport ID / Government ID		Country of Issuance Government ID or Passport
Country of Legal Residence		Passport ID / Government ID Expiration Date	Country of Legal Residence		Passport ID / Government ID Expiration Date

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





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*Please sign, date and provide your printed name and your title below.*

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**- End Form -**