

Account Owner Information

Please complete when opening a Non-Qualified, Qualified Plan or Retirement Account

Name and Account Number

Client Name

TCA by E*TRADE Account Number

A. Primary Account Owner

Specific occupation: _____

Additional Account Owner

Specific occupation: _____

B. 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): _____ |

C. What is the purpose and expected use of the account (choose only one)?

- | | |
|---|---|
| <input type="checkbox"/> Investment account with frequent transfers | <input type="checkbox"/> Long term investment with occasional transfers |
| <input type="checkbox"/> Investing for estate planning | <input type="checkbox"/> Investing for tax planning |
| <input type="checkbox"/> Investing for college/minor | <input type="checkbox"/> Investing for retirement |

Signature

Printed Name