

# QUALIFIED PLAN ACCOUNT APPLICATION INSTRUCTIONS



## BY ACCOUNT TYPE

*By clicking your account type below, you will be taken to the necessary instructions to complete the application based on your account type.*

**Purpose of this form** - 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 outlined at [www.etrade.com/advisorservices/advisorforms](http://www.etrade.com/advisorservices/advisorforms). This form is required to open a managed account through your designated investment advisor, with E\*TRADE Advisor Services providing custodial services to you and your investment advisor.

**Where to get additional forms** - If additional E\*TRADE Advisor Services forms are needed, you may either ask your investment advisor or client representative for a copy of the form or download the form online at [www.etrade.com/advisorservices/advisorforms](http://www.etrade.com/advisorservices/advisorforms).

You must **complete all required fields and provide all required additional forms and documentation** to expedite processing and to avoid requests for additional information. The only exceptions are if a section or entry is listed as 'optional' or 'if applicable'. 'Optional' indicates the section or entry is an elective and nonobligatory service or feature. By entering information in an optional section or entry, you are choosing to participate in the service or feature. 'If applicable' indicates the section or entry is required if certain conditions apply. These conditions are outlined in detail in these instructions.

**Print or type all entries.** Print clearly in all CAPITAL LETTERS to complete this application. To type entries, a fillable PDF of this form can be found online at [www.etrade.com/advisorservices/advisorforms](http://www.etrade.com/advisorservices/advisorforms).

**Unknown information** - If information is requested and you do not know where to obtain the requested information, contact your investment advisor or client representative for direction.

**Important New Account Information** To help the government fight the funding of terrorism and money-laundering activities, federal law requires E\*TRADE Advisor Services to verify your identity by obtaining your name, date of birth, address, and a government-issued identification number before opening your account. In certain circumstances, E\*TRADE Advisor Services requires this information for any person(s) authorized to effect transactions in an account. *Note: E\*TRADE Advisor Services reserves the right to request additional information for an entity and/or as otherwise required to carry out any instructions including but not limited to transfer or liquidation of securities owned by the account.* An account may be restricted and/or closed if E\*TRADE Advisor Services cannot verify required information. E\*TRADE Advisor Services will not be responsible for any losses or damages (including but not limited to lost opportunities) resulting from any failure to provide this information or from any restriction placed upon, or close of, your account.

You must complete all required fields and provide all required forms and documentation to expedite processing and to avoid unnecessary requests for additional information.

### Qualified plan account types

***Click the account type you wish to open and it will send you to the appropriate instructions.***

[Solo\(k\)](#)

[Solo\(k\) w/Roth](#)

[Qualified Retirement Plan – with tax reporting \(Pooled Plan/Participant Plan\)](#)

[Qualified Retirement Plan – with no tax reporting \(Pooled Plan/Participant Plan\)](#)

## Solo(k)/Solo(k) Roth

### Solo(k)

Check the account type Solo(k) if you would like to make or have already made regular contributions to your account.

### Solo(k) with ROTH

Check the account type Solo(k) with Roth if you would like to make or have already made ROTH contributions to your account. Both Solo(k) and Solo(k) Roth accounts will be setup to keep the contributions segregated.

### ***If you are opening a new E\*TRADE Advisor Services Plan, an Adoption Agreement for E\*TRADE Advisor Services Solo 401(k) Profit Sharing Plan and Trust is required.***

Please indicate if you are opening an additional Participant Account for an Existing E\*TRADE Advisor Services Solo(k) Plan by completing section 4, E, ii.

*Note: E\*TRADE Advisor Services reserves the right to request additional information as required to carry out any instructions including but not limited to transfer or liquidation of securities owned by the account.*

### Section 1: Account Type, check only one

Check the appropriate box to indicate the type of account you want to create with this application; whether that be a "Solo(k)" or a "Solo(k) Roth."

### Section 2: Account Information – for this account type, enter the Plan information

#### A. Account Registration

Enter the Solo(k) plan name and contact information.

#### B. Date of Plan

Enter the date the Plan or Trust was established.

#### C. Tax ID

If the Plan has an EIN, enter it here. The Employer's EIN should be entered at section 4E.

#### D. Plan Mailing Address (PO BOX allowed)

You must provide the Plan's mailing address and this may contain a PO Box or mailbox drop. *If a PO Box or mailbox drop is provided in this section, then Section 2E must be completed to provide the residential address for mail.*

#### E. Plan Street Address (PO BOX NOT allowed)

This should only be completed if a PO Box or mailbox drop is provided in Section 2D.

#### F. Industry business operates- select one:

- a) Manufacturing Food, Textile, and Leather
- b) Manufacturing Wood, Paper, Chemical and Nonmetallic Minerals
- c) Manufacturing Metal, Machinery and Other
- d) Transportation
- e) Professional, Scientific, and Technical Services
- f) Health Care and Social Assistance
- g) Arts, Entertainment, and Recreation
- h) Educational Services
- i) Agriculture, Forestry, Fishing and Hunting
- j) Administrative and Support and Waste Management and Remediation Services
- k) Public Administration
- l) Mining, Quarrying, and Oil and Gas Extraction
- m) Utilities
- n) Wholesale Trade
- o) Retail Trade - Motor Vehicle, Home, Clothing, and Food
- p) Retail Trade - Sport, Gift, Department Store, and other
- q) Warehousing and Delivery
- r) Information
- s) Accommodation and Food Services

- t) Other Services (except Public Administration)
- u) Other Industry
- v) Construction
- w) Finance and Insurance
- x) Real Estate and Rental and Leasing
- y) Management of Companies and Enterprises

#### G. Source of funds

Select only one box.

#### H. Purpose and expected use of the account

Select only one box.

### Section 3: Authorized Party/Participant Information – for this acct type, enter the Participant information

#### A. Name and Contact Information.

Enter the name and contact information of the Participant for whom the account is being established.

#### B. Mailing Address (PO BOX allowed)

You must provide the Participant's mailing address and this may contain a PO Box or mailbox drop. *If a PO Box, mailbox drop or non-residential address is provided in this section, then Section 3C must be completed to provide the residential address for mail.*

#### C. Physical Address (PO BOX NOT allowed)

This should only be completed if a PO Box or mailbox drop is provided in Section 3B.

#### D. Citizenship status

Check the box for the type of identification you are providing for the Participant. Enter the identification number and expiration date in the spaces provided. Enter the state designation if applicable.

### Section 4: Additional Authorized Party – for this account type, enter the Trustee and Employer information

#### A. Name and Contact Information.

Enter the legal name and contact information of the Authorized Trustee who may act individually and independently on behalf of the Plan applying for the account.

#### B. Mailing Address (PO BOX allowed)

You must provide the Authorized Party's mailing address and this may contain a PO Box or mailbox drop. *If a PO Box, mailbox drop or non-residential address is provided in this section, then Section 4C must be completed to provide the residential address for mail.*

#### C. Physical Address (PO BOX NOT allowed)

This should only be completed if a PO Box or mailbox drop is provided in Section 4B.

#### D. Citizenship status

Check the box for the type of identification you are providing for the Authorized Party. Enter the identification number and expiration date in the spaces provided. Enter the state designation if applicable.

*IMPORTANT: To designate additional account owners, complete the Additional Information Application Addendum.*

#### E. For Solo K Employer Only

**Enter the name and EIN of the employer for this account.**

**Important:** The employer identification number (EIN) is the tax identification number assigned to your business. Do not use your Social Security number. *Note: If your business does not have a tax identification number, you or your tax advisor may obtain one immediately online or by telephone; the instructions for IRS Form SS-4 (available at [IRS.gov](https://www.irs.gov)).*

## Solo(k)/Solo(k) Roth (continued)

**i. Type of Business:** Check the box indicating the Employer's type of business. If other, check the box marked 'Other' and enter the type of business below.

**ii. Existing E\*TRADE Advisor Services Plan #.** If this account is being established under a plan that already exists at E\*TRADE Advisor Services, please input the account number for that plan and do not complete an additional Adoption Agreement.

### Section 5: Account Management

#### A. Client Representative

Enter the information for the client representative that is associated with or referring you to the Investment Advisor that will be managing the account.

#### B. Investment Advisor Information

Enter the name of the investment advisor or money manager firm managing the account. *Note: As Authorized Party, you are granting the exclusive authority to your investment advisor or money manager firm to direct the investment activities of this account.*

### Section 6: Email and Electronic Delivery

#### A. Email Address

**Please type or print legibly.** One valid email address is requested for each account and will be used for e-delivery of statements and other account documents if opted in.

#### B. Electronic Delivery (e-delivery)

To opt in to e-delivery of statements and other account documents, please log in to [www.etrade.com/liberty](http://www.etrade.com/liberty). Go to: About your Account – then Document Delivery. Please contact your advisor for any questions you may have.

**Important:** If you would like to consolidate your statements for accounts managed by a single investment advisor, please complete the separate Statement Family Request form.

### Section 7: Authorized Signatures

It is important for you to read and understand the terms and conditions covering this application before you sign. Please print and keep a copy for your records of the terms and conditions which are made available by your advisor and at [www.etrade.com/advisorservices/advisorforms](http://www.etrade.com/advisorservices/advisorforms).

**Sign and date.** Read over the signature section carefully, insert your designation in the title box ("Employer," "Participant," or "Plan TTEE"), then sign and date the application. Remember to sign in the capacity under which you are acting for this account.

*Note:* Enter the Trustee information for the plan associated with this account.

**By signing this application, the Trustee(s) is accepting their appointment under the E\*TRADE Advisor Services Adoption Agreement under which the Solo 401(k) Plan is maintained.**

#### Designating Beneficiaries

If a Participant would like to designate beneficiaries for a Solo(k)/Solo(k) Roth account, he or she should complete the Solo 401(k) Beneficiary Designation/Change Request. The form and instructions to complete the document can be made available by your advisor and at [www.etrade.com/advisorservices/advisorforms](http://www.etrade.com/advisorservices/advisorforms).

#### Interested Third Party(s)

If you would like to designate interested third parties receive copies of statements, deposit confirmations, or tax forms, then complete, sign, and provide an "Additional Information Application Addendum" form.

Examples of interested third parties are tax accountants, attorneys, and other types of personal representatives. *Note: An interested third party is not your investment advisor or your client representative.*

## Qualified retirement plan (with or without tax reporting)

### Qualified Retirement Plan – with Form 1099-R reporting:

E\*TRADE Advisor Services provides Form 1099-R participant level reporting.

### Qualified Retirement Plan – with NO Form 1099-R reporting:

E\*TRADE Advisor Services does not provide Form 1099-R reporting.

**Pooled Account.** This is a trustee-directed pooled account in which all assets are owned at the plan level.

**Participant Account.** This is an account for one participant (also known as For the Benefit Of (FBO) account). For individual FBO accounts, assets for each participant are held in separate accounts. If you choose this option, you must submit a separate application for each participant.

**Important: To open a Solo 401(k) Plan account with E\*TRADE Advisor Services Plan documents, complete the Solo 401(k) Plan Account Application and the Solo 401(k) Adoption Agreement. To open a 401(k), contact your representative or investment advisor for information regarding E\*TRADE Advisor Services 401(k) services.**

*Note: Additional information for beneficiaries and account funding may also be required to complete the application.*

*Note: E\*TRADE Advisor Services reserves the right to request additional information as required to carry out any instructions including but not limited to transfer or liquidation of securities owned by the account.*

## Section 1: Entity Account Type

Check the appropriate box to indicate the type of account you want to create with this application; whether that be a “Qualified Retirement Plan – with tax reporting,” or a “Qualified Retirement Plan – without tax reporting.”

Then check the appropriate box to indicate if this is a Pooled Account, or Participant Account.

## Section 2: Entity Account Information – Provide the plan information here

### A. Account Registration

Enter the Plan name and contact information.

### B. Date of Trust or Plan

Enter the date the plan was established.

### C. Entity Tax ID

Enter the Tax ID of the plan, if applicable

### D. Mailing Address (PO BOX allowed)

You must provide the Plan's mailing address and this may contain a PO Box or mailbox drop. *If a PO Box, mailbox drop or non-residential address is provided in this section, then Section 2E must be completed to provide the residential address for mail.*

### E. Residential Address (PO BOX NOT allowed)

This should only be completed if a PO Box or mailbox drop is provided in Section 2D.

### F. Industry business operates- select one:

- a) Manufacturing Food, Textile, and Leather
- b) Manufacturing Wood, Paper, Chemical and Nonmetallic Minerals
- c) Manufacturing Metal, Machinery and Other
- d) Transportation
- e) Professional, Scientific, and Technical Services
- f) Health Care and Social Assistance
- g) Arts, Entertainment, and Recreation
- h) Educational Services
- i) Agriculture, Forestry, Fishing and Hunting

- j) Administrative and Support and Waste Management and Remediation Services
- k) Public Administration
- l) Mining, Quarrying, and Oil and Gas Extraction
- m) Utilities
- n) Wholesale Trade
- o) Retail Trade - Motor Vehicle, Home, Clothing, and Food
- p) Retail Trade - Sport, Gift, Department Store, and other
- q) Warehousing and Delivery
- r) Information
- s) Accommodation and Food Services
- t) Other Services (except Public Administration)
- u) Other Industry
- v) Construction
- w) Finance and Insurance
- x) Real Estate and Rental and Leasing
- y) Management of Companies and Enterprises

## Section 3: Authorized Party/Participant Information

### A. Name and Contact Information

**Pooled Account:** Enter the name and contact information of the trustee in Section 3A. If there is more than 1 authorized trustee, complete section 4.

**Participant Account:** Enter the name and contact information of the participant in section 3A, and the plan trustee's Information in section 4.

*Note: Correspondence, including quarterly statements, will be mailed to the address specified in Section 2. For additional copies, complete the Interested Third Party section of the Additional Information Application Addendum.*

### B. Mailing Address (PO BOX allowed)

You must provide the Participant's mailing address and this may contain a PO Box or mailbox drop. *If a PO Box, mailbox drop or non-residential address is provided in this section, then Section 3C must be completed to provide the residential address for mail.*

### C. Residential Address (PO BOX NOT allowed)

This should only be completed if a PO Box or mailbox drop is provided in Section 3B.

### D. Citizenship status

Check the box for the type of identification you are providing for the Participant. Enter the identification number and expiration date in the spaces provided. Enter the state designation if applicable.

## Section 4: Additional Authorized Party/Employer

### A. Account Owner - Authorized Trustee Name.

Enter the legal name and contact information of the Authorized Party who may act individually and independently on behalf of the Plan applying for the account.

### B. Mailing Address (PO BOX allowed)

You must provide the Authorized Party's mailing address and this may contain a PO Box or mailbox drop. *If a PO Box, mailbox drop or non-residential address is provided in this section, then Section 4C must be completed to provide the residential address for mail.*

### C. Residential Address (PO BOX NOT allowed)

This should only be completed if a PO Box or mailbox drop is provided in Section 4B.

### D. Citizenship status

Check the box for the type of identification you are providing for the Authorized Party. Enter the identification number and expiration date in the spaces provided. Enter the state designation if applicable.

### Qualified retirement plan (with or without tax reporting) (continued)

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

**Important: More than two authorized parties.** If there are more individuals authorized to act individually and independently on behalf of the Plan, complete, sign, and provide an “Additional Information Application Addendum” form and check the ‘Additional authorized party information provided’ box at the end of the section.

*Note: The authorized parties listed in this section must sign the account application in Section 7, or the additional information application addendum.*

#### E. For Solo K Employer Only

*Skip this section; if not required for this account type.*

### Section 5: Account Management

#### A. Client Representative

Enter the information with or referring you to the Investment Advisor that will be managing the account.

#### B. Investment Advisor Information

Enter the name of the investment advisor or money manager firm managing the account. *Note: As Authorized Party, you are granting the exclusive authority to your investment advisor or money manager firm to direct the investment activities of this account.*

### Section 6: Email and Electronic Delivery

#### A. Email Address

**Please type or print legibly.** One valid email address is requested for each account and will be used for e-delivery of statements and other account documents if opted in...

*Note: Correspondence, including quarterly statements, will be mailed to the address specified in Section 2. For additional copies, enter the information in Section 7, Interested Third Party.*

#### B. Electronic Delivery (e-delivery)

To opt-in to e-delivery of statements and other account documents, please log in to [www.etrade.com/liberty](http://www.etrade.com/liberty). Go to: About your Account –then Document Delivery. Please contact your advisor for any questions you may have.

**Important:** If you would like to consolidate your statements for accounts managed by a single investment advisor, please complete the separate Statement Family Request form.

### Section 7: Authorized Signatures

**Important:** This document uses the term ‘authorized party’ to imply ‘plan trustee’ or ‘plan administrator’.

It is important for you to read and understand the terms and conditions covering this application before you sign. Please print and keep a copy for your records of the terms and conditions which are made available by your advisor and at [www.etrade.com/advisorservices/advisorforms](http://www.etrade.com/advisorservices/advisorforms).

**Pooled Account – Sign and date.** Read over the signature section carefully. Then the “Plan TTEE” or the “Authorized Party,” will need to insert their designation in the “title” box, and sign and date the application.

*Note: Enter the Trustee information for the plan associated with this account.*

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

**More than two authorized parties.** If there are more individuals authorized to act individually and independently on behalf of the Plan, complete, sign, and provide an “Additional Information Application Addendum” form and check the ‘Additional authorized party information provided’ box at the end of the section.

*Note: The authorized parties listed in Section 3 and/or 4, must sign the account application in Section 7.*

### Interested Third Party(s)

If you would like to designate interested third parties to receive copies of your statements, deposit confirmations, or tax forms, then complete, sign, and provide an “Additional Information Application Addendum” form.

Examples of interested third parties are tax accountants, attorneys, and other types of personal representatives. *Note: An interested third party is not your investment advisor or your client representative.*