

**Account Owner Information**

**Please complete when opening a Trust Account**

**Account Registration and Account Number**

\_\_\_\_\_  
Account Registration

\_\_\_\_\_  
TCA by E\*TRADE Account Number

**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.

**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)?**

- Professional asset management
- Long term investment performance
- Investment account with transfers for expenses

\_\_\_\_\_  
Signature

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