

**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 <http://www.etrade.com/advisorservices/advisorforms>
- Instructions to complete this document can be found at <http://www.etrade.com/advisorservices/advisorforms>

E*TRADE Advisor Services Account Number

**SECTION 1: Qualified plan account type (check only one)**

- Solo (k)<sup>F</sup>
- Solo (k) w/Roth<sup>F</sup>
- Qualified Retirement Plan – with Form 1099-R reporting<sup>G</sup>
  - Pooled Plan or  Participant Account
- Qualified Retirement Plan – with no Form 1099-R reporting<sup>G</sup>
  - Pooled Plan or  Participant Account

F. SOLO (k): Provide the Adoption Agreement with this application, and if applicable provide the Solo (k) Bene Designation.  
G. QUALIFIED RETIREMENT PLANS: Please select either Pooled Plan or Participant Account.

**SECTION 2: Qualified plan 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 Plan:** \_\_\_\_\_

**C.  Plan EIN or  SSN:** \_\_\_\_\_

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

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone #  
\_\_\_\_\_

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

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



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**F. Industry in which the business operates:**

**G. 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 _____)      |

**H. 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                       |

**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. 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

**C. Physical Address** *Required if 3B has PO Box, **No PO Boxes***

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

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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**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. 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

**C. Physical Address** *Required if 4B has PO Box, No PO Boxes*

Address 1

Address 2

City

State

Zip

E\*TRADE Advisor Services Account Number

**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)

Additional Authorized Party information provided.

Note: Complete the "Additional Information Application Addendum."

**E. For Solo K Employer only:**

\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
EIN

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

i. Type of Business:  Sole Proprietorship  Partnership  Corporation

Other: \_\_\_\_\_

ii. Existing E\*TRADE Advisor Services Plan #: \_\_\_\_\_



# QUALIFIED PLAN ACCOUNT APPLICATION

Institutional Advisor Services



_____
E*TRADE Advisor Services Account Number

## SECTION 7: Authorized signatures

By signing below each party certifies that the information provided in this application is correct and can be relied upon to establish an account, that they have the authority to sign on behalf of the entity named above, and that they have read and agree to the Account Terms and Conditions, Policies and Disclosures made available by your advisor and at: <http://www.etrade.com/advisorservices/advisorforms>. If this is a Solo K Plan application, the designated Trustee signing below hereby accepts appointment as Trustee under the Adoption Agreement on file.

### Taxpayer Identification Number Certification:

By signing below, each signing party also certifies under penalties of perjury with respect to the entity for which the account is established that:

- The taxpayer identification number provided above is correct;
- The entity is not subject to backup withholding for failure to report interest and dividend income (*please cross out this sentence if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return*);
- The entity is a U.S. citizen or other U.S. person; and
- I am exempt from FATCA reporting.

*Please note that the Internal Revenue Service does not require consent to any provision of this document other than this Identification Number Certification.*

**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 -**