

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 <https://www.etrade.com/advisorservices/advisorforms>
- Instructions to complete this application can be found at <https://www.etrade.com/advisorservices/advisorforms>

E*TRADE Advisor Services Account Number

SECTION 1: Trust account type (check only one)

- Irrevocable Trust Other Trust (specify below) Legal/Estate
- Revocable/Amendable Trust Other Trust: _____
- Testamentary Trust _____ 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)

- Securities Insurance Proceeds
 Personal Funds Inheritance / Gift
 Real Estate Proceeds Pension / IRA/ Retirement Savings
 Income from Earnings Other (please specify)

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

- Investing of Trust Asset Distribution of Estate

Other (please specify) _____

H. Please provide the industry in which the business or trust 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

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

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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 territory in 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."

SECTION 5: Beneficial ownership information

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.

Statutory Trust

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.

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
U.S. Federal ID	Country of Citizenship

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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)

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		
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	

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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 NOT 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."

SECTION 6: Account management

A. Client Representative

B. Investment Advisor Information

Client Representative Name _____

Client Representative Firm Name _____

Mailing Address _____

City _____ State _____ Zip _____

Business Phone _____ Email _____

Investment Advisor/Money Manager Firm Name _____

SECTION 7: Email and electronic delivery

A. Email Address *One valid email address is requested for each account and will be used for e-statements if opted in for e-delivery.*

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B. E-Delivery:

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

SECTION 8: 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: <https://www.etrade.com/advisorservices/advisorforms>.

Taxpayer Identification Number Certification:

- 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 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	