

NON-QUALIFIED ACCOUNT APPLICATION

Institutional Advisor Services



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 trustamerica.com/tca
- Instructions to complete this document can be found at trustamerica.com/advisor-forms/

TCA by E*TRADE Account Number

SECTION 1: Non-qualified account type (check only one)

- Individual
- Joint With Rights of Survivorship (WROS)
- Joint (Tenants in Common)
- Joint (Tenants by the Entirety)
- Joint (Community Property)
- Joint (Community Property WROS)
- Custodial (UTMA/UGMA)

SECTION 2: Primary account owner information (or minor)

A. Name and Contact Information

Name

Date of Birth

Social Security Number

Phone # Cell Work Home

Phone # Cell Work Home

Specific Occupation

B. Mailing Address **PO Boxes Allowed** - If providing a PO Box or non-residential address, Section 2C must be completed providing a residential address.

Address 1

Address 2

City

State

Zip

C. Residential Address *Required if 2B has PO Box, **No PO Boxes***

Address 1

Address 2

City

State

Zip

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)



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E. 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 _____)

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

- Investment account with frequent transfers
- Long term investment with occasional transfers
- Investing for estate planning
- Investing for tax planning
- Investing for college/minor
- Investing for retirement

SECTION 3: Additional account owner information

Select One:

- Additional Owner Custodian Other: _____

A. Name and Contact Information

Name

Date of Birth

Social Security Number

Phone # Cell Work Home

Phone # Cell Work Home

Specific Occupation

B. Mailing Address **PO Boxes Allowed** - If providing a PO Box, Section 3C must be completed providing a residential address.

Address 1

Address 2

City

State

Zip

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

Address 1

Address 2

City

State

Zip

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Identification Number (provide number from selected document)

Expiration Date

State (If applicable)

Additional account owner information provided.

Note: Complete the "Additional Information Application Addendum."

SECTION 4: Transfer on death (TOD) designation (if applicable)

Note: If there is no valid beneficiary information designated, the account is classified as an Individual Account or a Joint Tenants With Rights of Survivorship (WROS), Community Property WROS or Tenants in Entirety. If more than one primary or contingent beneficiary is designated, be sure that the total percentage share adds up to 100% for primary and contingent beneficiary types. You can add additional beneficiaries on a separate document. (If no SSN is provided, the beneficiaries will not display online.) If you do not designate a beneficiary, the beneficiary will be determined under the account terms and conditions.

A. Primary Beneficiary

- _____
i. Beneficiary Name
- _____
ii. Relationship (select one): Spouse Other: _____
- _____
iii. Date of Birth
- _____
iv. Social Security Number
- _____
v. % Share

B. Select: Primary Contingent

- _____
i. Beneficiary Name
- _____
ii. Relationship (select one): Spouse Other: _____
- _____
iii. Date of Birth
- _____
iv. Social Security Number
- _____
v. % Share

C. Select: Primary Contingent

- _____
i. Beneficiary Name
- _____
ii. Relationship (select one): Spouse Other: _____
- _____
iii. Date of Birth
- _____
iv. Social Security Number
- _____
v. % Share

D. Select: Primary Contingent

- _____
i. Beneficiary Name
- _____
ii. Relationship (select one): Spouse Other: _____
- _____
iii. Date of Birth
- _____
iv. Social Security Number
- _____
v. % Share

E. Select: Primary Contingent

- _____
i. Beneficiary Name
- _____
ii. Relationship (select one): Spouse Other: _____
- _____
iii. Date of Birth
- _____
iv. Social Security Number
- _____
v. % Share

Note: Additional information may be attached. Transfer on Death Designation Forms can be provided.

Additional Information is attached.

