

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>

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| |
| E*TRADE Advisor Services Account Number |

SECTION 1: Business account type (check only one)

- | | |
|--|--|
| <input type="checkbox"/> Company ^A | <input type="checkbox"/> General Partnership |
| <input type="checkbox"/> S Corporation ^B | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> C Corporation ^C | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Exempt Entity ^D | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Exempt – Other ^E | |

A. COMPANY: Non-exempt with Forms 1099-B, D, I, M tax reporting.
B. S CORPORATION: Non-exempt Form 1099-B reporting, informational FORM 1099-D, I, M reporting.
C. C CORPORATION: Exempt with informational Form 1099-B, D, I, M reporting.
D. EXEMPT ENTITY: Informational Form 1099-B, D, I, M reporting.
E. EXEMPT – OTHER: No tax or informational reporting.

SECTION 2: Business 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. State of Organization: _____

C. Business Tax ID, EIN or SSN: _____

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

Address 1

Address 2

City State Zip

Business Phone #

E. Business 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"/> Company Income / Profit | <input type="checkbox"/> Private Capital |
| <input type="checkbox"/> Company's Working Capital | <input type="checkbox"/> Inheritance / Gift |
| <input type="checkbox"/> Investment Income | |
| <input type="checkbox"/> Other (please specify _____) | |

H. 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

SECTION 3: 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.

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 - Circle one below <div style="display: flex; justify-content: space-around; font-size: small;"> U.S Citizen Resident Alien Neither U.S. Citizen nor Resident Alien </div> |
| 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 4: 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 4C 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 5: 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 5C 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

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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: <http://www.etrade.com/advisorservices/advisorforms>.

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 -