AMERITRADE

PO Box 2813
Omaha, NE 68103-2813

ACCOUNT NUMBER: 729

Qualified Plan Account Application

Please complete this application to open an Ameritrade account that will be opened as part of a Qualified Retirement Plan.

Please enclose a copy of your Qualified Plan document along with this Application.

For Ameritrade Use Only
Account #: 729
Date Received ___________ Initials ______

1 Type of Account

- ◯ **Individual 401(k) Plan** (open Individual 401(k) Accounts in **Office Code: 729** and **PlanID: IDK**)
- ◯ **Qualified Pension or Profit Plan for Small Business** (open Pension or Profit Plan Accounts in **Office Code: 729** and **PlanID: PSP)**

2 Funding Your Account

A minimum deposit of $2,000 is required to open an Ameritrade® account. Please consult the Ameritrade Trading Account Handbook for funding guidelines.

I will be funding with:

- ◯ A personal check in the amount of: $ ______
  Make check payable to Ameritrade.
- ◯ A wire transfer to be initiated after account opening — please contact Ameritrade prior to initiating wire transfer. $ ______
  Approximate wire amount
- ◯ A transfer of assets from an existing account. *Please complete and include an Account Transfer Form.*
- ◯ A transfer from an existing Ameritrade account. *Please complete and include an Internal Transfer Form.*
- ◯ Stock Certificates

3 Plan Information

Plan Name

Creation Date

Contact Name/Title *First, Middle Initial, Last, Suffix*

Entity Tax ID Number

Street Address *No PO boxes*

City | State/Province | Zip/Postal Code | Country

Password *For account security*

Mailing Address *If different from street address; PO boxes acceptable*

City | State/Province | Zip/Postal Code | Country

Telephone Number

E-mail Address

◯ U.S. Entity
◯ Foreign Entity — Country of Formation ____
Complete the appropriate W-8 Form.

◯ Check here if any Trustee/Officer/Authorized Agent, any member of their immediate family, or any business associate of theirs is a senior foreign political figure.
Specify the name of the SFPF, political title, relationship to the Trustee/Officer/Authorized Agent, and country of office.

◯ Check here if any Trustee/Officer/Authorized Agent is a director, 10% shareholder, or policy-making officer of a publicly traded company.
Specify the company name, address, city and state/province.

◯ Check here if any Trustee/Officer/Authorized Agent is licensed or employed by a registered broker/dealer.
We must receive a compliance letter along with this application.

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4 Plan Trustee Information

Name *First, Middle Initial, Last, Suffix*

Title in Organization *Trustee, President, Partner, etc.*

U.S. Social Security Number/ITIN Number/Tax ID Number

Date of Birth *Month/Day/Year*

Marital Status ◯ Single ◯ Married ◯ Divorced ◯ Widowed

Street Address *Complete only if different from Account Owner; No PO boxes.*

City

State/Province

Zip/Postal Code

Country

Telephone Number

E-mail Address

Are you a U.S. Citizen or a U.S. Permanent Resident? ◯ Yes ◯ No — Country of Citizenship ____
Complete Appropriate W-8 Form if applicable.

◯ Check here if you, any member of your immediate family, or business associate is a senior foreign political figure (SFPF).
Specify the name of the SFPF, political title, relationship to account owner, and country of office.

◯ Check here if you are a director, 10% shareholder, or policy-making officer of a publicly traded company.
Specify the company name, address, city and state/province.

◯ Check here if you are licensed or employed by a registered broker/dealer.
We must receive a compliance letter along with this application.

Please specify if you are: ◯ Unemployed ◯ Retired ◯ Homemaker ◯ Student

Occupation

Employer Name *If self-employed, provide the name of your business and industry.*

Employer Street Address *City, State/Province, Zip/Postal Code, Country*

5 Co-Trustee Information

Name *First, Middle Initial, Last, Suffix*

Title in Organization *Trustee, President, Partner, etc.*

U.S. Social Security Number/ITIN Number/Tax ID Number

Date of Birth *Month/Day/Year*

Marital Status ◯ Single ◯ Married ◯ Divorced ◯ Widowed

Street Address *Complete only if different from Account Owner; No PO boxes.*

City

State/Province

Zip/Postal Code

Country

Telephone Number

E-mail Address

Are you a U.S. Citizen or a U.S. Permanent Resident? ◯ Yes ◯ No — Country of Citizenship ____
Complete Appropriate W-8 Form if applicable.

◯ Check here if you, any member of your immediate family, or business associate is a senior foreign political figure (SFPF).
Specify the name of the SFPF, political title, relationship to account owner, and country of office.

◯ Check here if you are a director, 10% shareholder, or policy-making officer of a publicly traded company.
Specify the company name, address, city and state/province.

◯ Check here if you are licensed or employed by a registered broker/dealer.
We must receive a compliance letter along with this application.

Please specify if you are: ◯ Unemployed ◯ Retired ◯ Homemaker ◯ Student

Occupation

Employer Name *If self-employed, provide the name of your business and industry.*

Employer Street Address *City, State/Province, Zip/Postal Code, Country*

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6 Electronic Trade Confirmations and Account Statements

You will receive monthly account statements and trade confirmations electronically, unless you choose a different selection below. Not all statement and confirmation delivery choices are available for all accounts and paper documents may incur additional fees. With electronic delivery, an e-mail will be sent to the Account Owner's e-mail address when your statement or confirmation is available. Just log on to your account from any computer to view, print, or save your documents.

If a valid e-mail address is not provided, you will receive a quarterly paper statement unless your account type requires statements to be delivered monthly. You will be responsible for any fees that may apply.

Select only one choice for each.

Account Statement

- ○ Electronic Monthly
- ○ Paper Monthly ($2 fee may apply each month)
- ○ Paper Quarterly (certain account types, including option accounts, are not eligible)

Trade Confirmation

- ○ Electronic
- ○ Paper ($2 fee for each confirmation may apply)

7 Please provide all of the following financial information.

Joint accounts should indicate combined amounts:

Annual Income

- ○ $0 - $19,999
- ○ $20,000 - $49,999
- ○ $50,000 - $99,999
- ○ $100,000+

Approximate Net Worth *Not including residence*

- ○ $0 - $14,999
- ○ $15,000 - $49,999
- ○ $50,000 - $99,999
- ○ $100,000 - $499,999
- ○ $500,000+

Approximate Liquid Net Worth *Cash, stocks, etc.*

- ○ $0 - $14,999
- ○ $15,000 - $49,999
- ○ $50,000 - $99,999
- ○ $100,000 - $499,999
- ○ $500,000+

All Qualified Plan Accounts are opened as Cash Accounts only. Margin trading is not allowed

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8 Account Agreement

In this agreement, "Account Owner," "I" and "my" refer to the entity for which this account is established and/or the natural person(s) authorized to represent and act on behalf of the entity.

Under penalties of perjury, I certify (1) that the Social Security number shown on this form is my correct taxpayer identification number and (2) that I am not subject to backup withholding and (3) that I am a U.S. person (including a resident alien); provided, however, if I am a nonresident alien as disclosed in this application, I do not certify that I am a U.S. person and I understand that I must submit the appropriate W-8BEN, W-8ECI, W-8IMY, or W-8EXP Form. If I have been notified by the IRS that I am subject to backup withholding as a result of dividend or interest underreporting, I must cross out (2) in this certification.

I have received and read the "Terms and Conditions," which are incorporated by this reference, that will govern the account. I agree to be bound by these terms and conditions, as amended from time to time, and request an account to be opened in the name(s) set forth above.

The "Terms and Conditions" applicable to this Brokerage Account Agreement contain pre-dispute arbitration clauses.

All securities, dividends and proceeds will be held at Ameritrade unless otherwise instructed.

I understand that Ameritrade may obtain a current consumer or credit report to determine my eligibility, or continuing eligibility, for credit or for other legitimate business purposes. Any decision by Ameritrade to extend credit may be based on information contained in a consumer or credit report, as well as the policies of Ameritrade Clearing.

I understand that Ameritrade may relate information regarding this account, including account delinquency and voluntary closures, to consumer or credit-reporting agencies. Upon my request, Ameritrade shall inform me of each consumer or credit-reporting agency from which they have obtained and/or reported my consumer or credit report. Ameritrade agrees to notify the consumer or credit-reporting agencies if I dispute the completeness or accuracy of the information furnished by Ameritrade. By my signature below, I authorize Ameritrade to obtain consumer or credit reports for the name(s) set forth below.

○ Unless I have checked this circle, Ameritrade will provide my name to the corporations whose securities I hold in my account so that they can send me corporate communications and shareholder information.

I understand that investments purchased through Ameritrade are not insured by the FDIC (Federal Deposit Insurance Corporation), are not obligations of or guaranteed by any financial institution and are subject to investment risk and loss that may exceed the principal invested.

Important Information about procedures for opening a new account:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: 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.

All Account Owners must sign.

Accounts opened for more than six (6) months are subject to quarterly account maintenance fees of $15 if the account equity is below $2,000 or the account activity is fewer than four (4) executed trades during the preceding six (6) months. Not applicable to Trust, Pension, or Profit for Small Businesses accounts.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

All Trustees must provide their signatures below.

✗ Signature *Individual who completed Section 4*	Title	Date
✗ Signature *Individual who completed Section 5*	Title	Date

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