

CLIENT 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 www.trustamerica.com/tca
- Instructions to complete this document can be found at <http://www.trustamerica.com/advisor-forms/>

SECTION 1: Client Account Type (Check only one)

- | | |
|---|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> IRA |
| <input type="checkbox"/> Joint With Rights of Survivorship (WROS) | <input type="checkbox"/> Roth IRA |
| <input type="checkbox"/> Joint (Tenants in Common) | <input type="checkbox"/> Beneficiary IRA ^A |
| <input type="checkbox"/> Joint (Tenants by the Entirety) | <input type="checkbox"/> Beneficiary Roth IRA ^A |
| <input type="checkbox"/> Joint (Community Property) | <input type="checkbox"/> SEP IRA ^B |
| <input type="checkbox"/> Joint (Community Property WROS) | <input type="checkbox"/> SARSEP ^B (Existing Only) |
| <input type="checkbox"/> Custodial (UTMA/UGMA) | <input type="checkbox"/> SIMPLE IRA ^B (Type 5304) |
| <input type="checkbox"/> Legal/Estate | |

A. BENEFICIARY IRA: Deceased account owner information is required in section 3A in addition to the other sections of the form. If the designated beneficiary is a TRUST a copy of the fully executed TRUST document must be provided with this application and certification of Trust (IRA's).
B. SEP IRA, SARSEP, SIMPLE IRA: Please ensure the employer information is completed in section 2E.

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 _____

B. Mailing Address **PO Boxes Allowed - If providing a PO Box, on 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-151 or I-551)

Identification Number (provide number from selected document) _____
Expiration Date _____ State (If applicable) _____



Trust Company Account Number _____

E. Employer Information (For SEP, SARSEP Simple IRA Only)

Employer Name _____
Address 1 _____
Address 2 _____
City _____ State _____ Zip _____

F. Simple IRAs only (required): 1st Funding Date:

SECTION 3: Additional Account Owner Information

Select One: Additional Owner Custodian Decedent Executor
 Other: _____

A. Name and Contact Information

Name _____
Date of Birth _____ Social Security Number _____
Date of Death _____ Relationship of Decedent _____
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 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 _____

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-151 or I-551)

Identification Number (provide number from selected document) _____
Expiration Date _____ State (If applicable) _____

Additional account owner information provided.

Note: Complete the "Additional Information Application Addendum."

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SECTION 4: IRA Beneficiary Designation (if applicable)

DO NOT USE FOR TRANSFER ON DEATH (TOD) DESIGNATION
By completing this section, you may designate primary and contingent beneficiaries for an IRA. 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. Separate IRA Beneficiary Designations, and Transfer on Death Designation Forms can be provided.
 Additional Information is attached.

SECTION 5: Account Management

A. Client Representative

Client Representative Name _____
 Client Representative Firm Name _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Work Phone _____ E-mail _____

B. Investment Advisor Information

Investment Advisor/Money Manager Firm Name _____

Trust Company Account Number _____

SECTION 6: E-Mail and Electronic Delivery

A. E-Mail Address One valid e-mail address is requested for each account and will be used for e-delivery of statements and other account documents if opt-in.

B. E-Delivery:
To opt-in to e-delivery of statements and other account documents, please log in to <https://www.trustamerica.com/liberty>. Go to: About your Account - then Document Delivery. Please contact your advisor for any questions you may have.

SECTION 7: Authorized Signatures

By signing below I certify that the information provided in this application is correct and can be relied upon to establish my account and that I have read and agree to the Account Terms and Conditions, Policies and Disclosures, and (in the case of an IRA) the applicable IRA documents, all of which are made available to me by my advisor and at: www.trustamerica.com/tca.

Taxpayer Identification Number Certification:

By signing below, I also certify under penalties of perjury that:

- My taxpayer identification number provided above is correct;
- I am 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*);
- I am 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 your consent to any provision of this document other than this Identification Number Certification.

 Account Owner/Custodian Signature Date _____

 Printed Name

 Account Owner/Custodian Signature Date _____

 Printed Name

 Account Owner/Custodian Signature Date _____

 Printed Name

- End Form-