

# 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](http://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 <sup>A</sup>        |
| <input type="checkbox"/> Joint (Tenants by the Entirety)          | <input type="checkbox"/> Beneficiary Roth IRA <sup>A</sup>   |
| <input type="checkbox"/> Joint (Community Property)               | <input type="checkbox"/> SEP IRA <sup>B</sup>                |
| <input type="checkbox"/> Joint (Community Property WROS)          | <input type="checkbox"/> SARSEP <sup>B</sup> (Existing Only) |
| <input type="checkbox"/> Custodial (UTMA/UGMA)                    | <input type="checkbox"/> SIMPLE IRA <sup>B</sup> (Type 5304) |
| <input type="checkbox"/> Legal:                                   |  |

A. **BENEFICIARY IRA:** Deceased account owner information is required in section 3A in addition to the other sections of the form.

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  Other \_\_\_\_\_ Phone #  Cell  Work  Other \_\_\_\_\_

**B. Mailing Address** *PO Boxes Allowed - If providing a PO Box, 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:

###### 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:

- 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

Employer Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**F. Simple IRAs only:** 1<sup>st</sup> 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 \_\_\_\_\_

Phone #  Cell  Work  Other \_\_\_\_\_ Phone #  Cell  Work  Other \_\_\_\_\_

**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:

###### U.S. Citizens only:

- Driver's license or ID card issued by a state or outlying possession of the United States
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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."**



