

ENTITY 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: Entity Account Type (Check only one)

- | | |
|---|--|
| <input type="checkbox"/> Irrevocable Trust | <input type="checkbox"/> Revocable/Amendable Trust |
| <input type="checkbox"/> Testamentary Trust | <input type="checkbox"/> Other Trust (specify below) |
| Other Trust: | |
| <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 | |
| <input type="checkbox"/> Solo(k) ^F | |
| <input type="checkbox"/> Solo(k) w/Roth ^F | |
| <input type="checkbox"/> Qualified Retirement Plan – with Form 1099-R reporting ^G | |
| ↳ <input type="checkbox"/> Pooled Plan or <input type="checkbox"/> Participant Account | |
| <input type="checkbox"/> Qualified Retirement Plan – with no Form 1099-R reporting ^G | |
| ↳ <input type="checkbox"/> Pooled Plan or <input type="checkbox"/> Participant Account | |

- 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.
F. SOLO(k): Provide the Adoption Agreement with this application, and if applicable provide the Solo(k) Bene Designation.
G. QUALIFIED RETIREMENT PLANS: Please select either Pooled Plan or Participant Account.

SECTION 2: Entity 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. Date of Trust or Plan: _____

C. Entity Tax ID, EIN or SSN: _____

D. Entity Mailing Address **PO Boxes Allowed** - If providing a PO Box, Section 2E must be completed providing an entity street address.

Address 1

Address 2

City _____ State _____ Zip _____

Business Phone # _____

E. Entity Street Address Required if 2D has PO Box, **No PO Boxes**

Address 1

Address 2

City _____ State _____ Zip _____



Trust Company Account Number

SECTION 3: Authorized Party/Participant Information

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 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
- 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) _____

SECTION 4: Additional Authorized Party Information, If Applicable

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 4C must be completed providing a residential address.

Address 1

Address 2

City _____ State _____ Zip _____

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SECTION 4: Additional Authorized Party Information (Continued)

C. Residential Address Required if 4B 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) _____

Additional Authorized Party information provided.
Note: Complete the "Additional Information Application Addendum."

E. For Solo K Employer only:

Employer Name _____ EIN _____

Address _____

City _____ State _____ Zip _____

i. Type of Business: Sole Proprietorship Partnership Corporation
 Other: _____

ii. IRS Activity Code: _____

iii. Existing TCA Plan #: _____

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-statements if elected.

B. E-Delivery: With your consent, TCA can electronically deliver account statements as well as required notices and reports.

To consent to e-delivery of statements and other account documents, please log in to <https://www.trustamerica.com/liberty>. Please contact your advisor for any questions you may have.

SECTION 7: 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: www.trustamerica.com/tca. If this is a Solo K Plan application, the designated Trustee signing below hereby accepts appointment as Trustee under the Adoption Agreement on file.

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-