

Account # \_\_\_\_\_

Advisor # \_\_\_\_\_

**INVESTMENT ADVISOR INFORMATION**

Investment Advisor Firm (Agent) and Primary Contact:

Firm Name: \_\_\_\_\_ Primary Contact: \_\_\_\_\_

**1 TRUST: COMPLETE ALL THE INFORMATION BELOW FOR THE TRUST**

Title of Trust\* \_\_\_\_\_

Effective Date of Trust \_\_\_\_\_ Trust Tax I.D. Number \_\_\_\_\_

*\*If you are unsure of the proper title of your trust you should consult with your attorney. Some examples are: 1) The XYZ Co. Money Purchase Pension Trust; 2) Dr. John Smith P.C. Profit Sharing Trust; 3) Cardiologist Assoc. Defined Benefit Plan. If you are opening a PERSONAL TRUST you should use our PERSONAL TRUST APPLICATION. When we open your account, we will include the title, trustee(s), employee participant (where applicable), and effective date in the account registration; for example: The XYZ Profit Sharing Trust FBO John Doe, John Smith Tr, UA 1/5/01.*

Trustee(s): \_\_\_\_\_

Name of Employee Participant (where applicable): \_\_\_\_\_

*(Complete only if you are establishing a segregated account for this individual and you have answered "yes" to Part B of section 14)*

**2 ACCOUNT OWNER: PLEASE PROVIDE PRIMARY TRUSTEE INFORMATION**

Name (First, Middle Initial, Last):	Social Security Number:	Date of Birth:
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Home Street Address (No PO Boxes): \_\_\_\_\_

City:	State:	ZIP Code:
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Mailing Address (if different from above): \_\_\_\_\_

City:	State:	ZIP Code:
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Day Telephone Number:	Other Telephone Number:	E-mail Address:
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Driver's License Number:	Expiration:	State/Country:
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Please specify if you are:  Unemployed  Retired  Homemaker  Student Source of income (if retired or unemployed): \_\_\_\_\_

Employer Name (If self-employed, please provide the name of your business and industry):	Occupation:
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Type of Business: \_\_\_\_\_

Employer Street Address: \_\_\_\_\_

City:	State:	ZIP Code:
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Are you a U.S. citizen or a U.S. permanent resident?  Yes  No. Country of citizenship: \_\_\_\_\_

Non-U.S. citizens: Do you hold a current U.S. immigration Visa?  Yes  No. Specify Visa type: \_\_\_\_\_ Passport #: \_\_\_\_\_ Expiration: \_\_\_\_\_  
*(Non resident aliens must submit W-8BEN form and copy of current passport. If a U.S. address is listed, then attach a signed letter of instruction explaining why you have a U.S. address.)*

Check here if you, a member of your immediate family, or any business associate is a senior political figure (SPF). Specify the name of the SPF, political title, relationship, 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:  
 \_\_\_\_\_

Check here if you are licensed or employed by a registered broker/dealer. Specify the company name and include a compliance letter:  
 \_\_\_\_\_



**3 CO-OWNER/CO-TRUSTEE: COMPLETE ALL INFORMATION BELOW FOR THE CO-OWNER/CO-TRUSTEE**

Name (First, Middle Initial, Last):		Social Security Number:	Date of Birth:
Home Street Address (No PO Boxes):			
City:		State:	ZIP Code:
Mailing Address (If different from above):			
City:		State:	ZIP Code:
Day Telephone Number:	Other Telephone Number:	E-mail Address:	
Driver's License Number:	Expiration:	State/Country:	
Please specify if you are: <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student      Source of income (if retired or unemployed): _____			
Employer Name (If self-employed, please provide the name of your business and industry):			Occupation:
Type of Business:			
Employer Street Address:			
City:		State:	ZIP Code:
Are you a U.S. citizen or a U.S. permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No. Country of citizenship: _____			
Non-U.S. citizens: Do you hold a current U.S. immigration Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No. Specify Visa type: _____ Passport #: _____ Expiration: _____ (Non resident aliens must submit W-8BEN form and copy of current passport. If a U.S. address is listed, then attach a signed letter of instruction explaining why you have a U.S. address.)			
<input type="checkbox"/> Check here if you, a member of your immediate family, or any business associate is a senior political figure (SPF). Specify the name of the SPF, political title, relationship, and country of office: _____			
<input type="checkbox"/> 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: _____			
<input type="checkbox"/> Check here if you are licensed or employed by a registered broker/dealer. Specify the company name and include a compliance letter: _____			

**4 ADVISOR AUTHORIZATION**

Please initial to indicate your approval. (If joint account, both parties must initial.)

Initials:	Initials:	I hereby authorize the Agent listed above to execute trades in my account. (Limited Power of Attorney – see attached)
Initials:	Initials:	I hereby authorize TD AMERITRADE to pay my Agent's fee from my account as directed by my Agent. (Authorization to Pay Fees to Agent – see attached)

**5 PLEASE CHOOSE A SWEEP VEHICLE FOR YOUR UNINVESTED CASH BALANCES (select only one)**

- |  |   |
|--|---|
| <p><input type="checkbox"/> <b>TD AMERITRADE Cash</b><br/>Pays interest on credit balances.</p> <p><input type="checkbox"/> <b>TD Asset Management Funds USA Money Market Portfolio —</b><br/>Invests in high-quality money market securities.</p> <p><input type="checkbox"/> <b>U.S. Government Portfolio —</b><br/>Invests in securities issued or guaranteed by the U.S. Gov't.</p> <p><input type="checkbox"/> <b>Municipal Portfolio —</b><br/>Provides federally tax-exempt income.</p> | <p><input type="checkbox"/> <b>Tax-Exempt NY Money Market Mutual Fund</b><br/>Invests in high-quality municipal securities that pay dividends exempt from Federal, NY State, and NYC income tax.</p> <p><input type="checkbox"/> <b>Tax-Exempt CA Money Market Mutual Fund</b><br/>Invests in high-quality municipal securities that pay dividends exempt from Federal and CA State income taxes.</p> <p><input type="checkbox"/> <b>TD Bank USA, N.A.</b><br/>FDIC-Insured Money Market Deposit Account.</p> |
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NOTE: If not specified, all credit balances will automatically be swept daily to the TD Asset Management Funds USA Money Market Portfolio. Money market mutual funds are neither FDIC-insured nor guaranteed by the U.S. Government and are not deposits or obligations of, or guaranteed by, any bank. There can be no assurance that these funds will be able to maintain a stable net asset value of \$1 per share. Tax-Exempt Funds may be subject to the alternative minimum tax. More complete information about the money market funds, including management fees and expenses, is contained in the prospectus which can be obtained by calling your advisor. Please read it carefully before you invest or send money.

**6 CUSTODY SERVICES, CONFIRMATION AND STATEMENT PREFERENCES**

All dividends will be held in the account unless I check here.\*

TD AMERITRADE will provide my name to corporations whose securities I hold in my account for the purpose of additional corporate communications, unless I have checked here.

\*Dividends will be mailed monthly to the address of record if this box is checked.

By providing your e-mail address, you consent to receive electronic trade confirmations and statements. Account statements and trade confirmations detailing any purchase or sale of a security will be sent to the e-mail address on record unless you choose to have them sent to the mailing address of record by checking below.

Monthly Paper Statements     Paper Trade Confirmations

**7 DUPLICATE ADDRESS**

Name (First, Middle Initial, Last): \_\_\_\_\_ Check the appropriate box:  Plan Sponsor/Employee     Trustee     Employee Participant

Street/PO Box: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

**8 TRUSTEE CERTIFICATION OF INVESTMENT POWERS**

In consideration of your opening and/or maintaining one or more accounts for the Trust named below, I, (we) the undersigned Trustee(s), certify to TD AMERITRADE, Inc. and TD AMERITRADE Clearing (collectively "you") that the following is true, under the penalties of perjury:

The title of the trust to which this certificate applies: \_\_\_\_\_

Effective Date of Trust \_\_\_\_\_

Latest Date of Amendment or Restatement \_\_\_\_\_

There are no other trustees other than the undersigned.

**9 AUTHORIZATION TO ACT INDIVIDUALLY**

The Trust Agreement explicitly authorizes each of the following Trustees to act individually without the approval of the other Trustees. You have the authority to accept orders and other instructions relative to the Trust account from any of these Trustees and they may execute any documents on behalf of the Trust which you may require.

**Please indicate the paragraph or page of the Trust Agreement where this authority is granted** \_\_\_\_\_

\_\_\_\_\_  
Trustee

\_\_\_\_\_  
Trustee

\_\_\_\_\_  
Trustee

\_\_\_\_\_  
Trustee

*Please Note: Although the Trust Agreement may allow a Trustee to act individually, under certain circumstances, your policies may require that the written approval of all Co-Trustees be obtained.*

**10 AUTHORIZATION FOR PURCHASE AND SALE**

The undersigned Trustees certify that we have the power under the Trust Agreement to enter into transactions for the purchase and sale of securities and other investments, including, without limitation, stocks (preferred or common), bonds, mutual funds, and certificates of deposit.

A. In addition to the foregoing powers, are the undersigned Trustees specifically authorized to write (sell) covered calls?  Yes  No

**Please indicate the paragraph or page of the Trust Agreement where this authority is granted** \_\_\_\_\_

B. Does the Trust Agreement authorize the establishment of segregated accounts for the benefit of individual employee participants?  
 Yes  No

If yes, is the employee authorized to direct the investment of his/her account directly with you, or indirectly by means of a limited power of attorney?  Yes  No

**Please indicate the paragraph or page of the Trust Agreement where this authority is granted** \_\_\_\_\_

**11 LIMITED POWER OF ATTORNEY**

**LIMITED TO PURCHASE AND SALE OF SECURITIES, INCLUDING THE TRADING OF OPTIONS, IF APPLICABLE.**

By my signature below, and to the extent indicated herein, I hereby constitute and appoint the Advisory Firm or individual named herein as my agent and attorney in-fact ("Agent"), to buy, sell (including short sales) and trade in stocks, bonds and any other securities and/or contracts relating to the same on margin (if I have signed a margin agreement) or otherwise in accordance with the Client Agreement (incorporated by reference) applicable to this account held in my name, or number on your books, without notice to me. My Agent is authorized to effect such transactions in my account via any available medium, electronic access or otherwise, including but not limited to electronic access via personal computer or touch-tone phone.

If I have signed an option agreement, my Agent is specifically authorized to effect option transactions in my account, including uncovered options transactions or to uncover a covered option position for my account, as such terms are defined in the booklet "Characteristics and Risks of Standardized Options," a copy of which I have received. I hereby agree to indemnify and hold harmless TD AMERITRADE, Inc. ("TD AMERITRADE"), its affiliates and their directors, officers, employees and agents from and against all claims, actions, costs and liabilities, including attorney's fees, arising out of or related to reliance on this authorization and to pay promptly on demand any and all losses arising there from or debit balance due thereon. In all such purchases, sales or trades you are authorized to follow the instructions of my Agent in every respect concerning my account with you; and my Agent is authorized to act for me and on my behalf in the same manner and with the same force and effect as I might or could do with respect to such purchases, sales or trades, as well as with respect to all other things necessary or incidental to the furtherance or conduct of such purchases, sales or trades, including the delivery of securities or monies from the account in the Account Owner(s) name.

I hereby ratify and confirm any and all transactions with you heretofore or hereafter made by my Agent for my account. This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which you may have under any other agreement or agreements between me and TD AMERITRADE.

If this is a fiduciary account, Account Owner(s) affirms that this grant of limited trading authority has been conferred consistent with any fiduciary duties or powers of Account Owner(s). This authorization is a continuing one and shall remain in full force and effect and you shall have no duty of inquiry. I may change or revoke this authorization by a written notice addressed and delivered to TD AMERITRADE. Until you receive such written revocation, you are entitled to act in reliance on this authorization and indemnity. Any revocation of this authorization shall have no effect on any liability which results from transactions initiated before you receive written notice of revocation. This authorization and indemnity shall inure to the benefit of your present firm and of any successor firm or firms, irrespective of any change or changes at any time in the personnel thereof for any causes whatsoever, and of the assigns of your present firm or any successor firms.

**I have carefully read this power of attorney and indemnity and understand that it authorizes my Agent named herein to exercise rights and powers over my accounts as if I had exercised them myself and that my Agent's actions and instructions with respect to my accounts are fully binding on me. I also understand and agree that TD AMERITRADE has no duty or responsibility to monitor trading in my accounts by my Agent or notify me prior to accepting instructions I understand that Agent will automatically receive duplicate confirmations and statements unless I request otherwise.**

**12 AUTHORIZATION TO PAY FEES TO AGENT**

By my signature below, and to the extent indicated herein, I hereby authorize TD AMERITRADE, to pay Agent from my account the Agent's management fees as invoiced by Agent. I also authorize TD AMERITRADE to liquidate shares of any money market mutual fund I may hold in my account to the extent necessary to pay such fees. TD AMERITRADE shall rely on Agent's invoices and have no responsibility for the calculation or verification of fees.

I will indemnify and hold TD AMERITRADE and its affiliates, directors, officers, employees, successors and assigns harmless from all losses, claims, damages, liabilities and costs, including attorney's fees, which TD AMERITRADE may incur by relying upon representation of Agent or upon this authorization.

This authorization will remain in full force and effect until revoked by me by a written notice addressed and delivered to TD AMERITRADE.

**13 AGREEMENT – BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT:**

Under penalties of perjury, I certify (1) that the Social Security number shown on this form is my correct taxpayer identification number, (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 a W-8BEN 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 acknowledge that I have received and read the "Client Agreement," available at [www.advisorclient.com](http://www.advisorclient.com) or by calling 866-268-3247, that will govern my account. I agree to be bound by the "Client Agreement" which may be amended from time to time and which are incorporated by this reference. I release and agree to indemnify and hold harmless TD AMERITRADE Institutional ("TDAI") from any and all liability and claims for damages resulting from any action taken pursuant to this Agreement. By my signature below, I attest that I am of legal age to contract and that the information contained in this application is true and correct. I hereby request, subject to acceptance by TDAI, an account as indicated in Section 1 be opened in the name(s) set forth below.

If I have requested an options account, I agree to be bound by the "Client Agreement" and any supplemental option agreements that will govern my account applicable to the trading of option contracts. I am aware of the risks involved in options trading and represent that I am financially able to bear such risks and withstand options-trading losses.

All securities, dividends and proceeds will be held at TD AMERITRADE Clearing, Inc. (the "Clearing Firm"), unless otherwise instructed.

I understand that TDAI 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 TDAI to extend credit may be based on information contained in a consumer or credit report, as well as the policies of TDAI and the Clearing Firm.

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

Unless specified otherwise, I understand that non-deposit investments purchased through TDAI 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.**

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

Successors and Heirs. This Authorization supplements and in no way limits or restricts rights which TDAI and the Clearing Firm may have under any other agreement with me. This Authorization will bind my heirs, executors, administrators, successors and assigns and will benefit TDAI and the Clearing Firm's successors and assigns.

**The Client Agreement applicable to this brokerage account agreement contains predispute arbitration clauses. By signing this agreement the parties agree to be bound by the terms of the agreement including the arbitration agreement located at paragraph 92-94 of the Client Agreement.**

**14 ACCOUNT OWNER(S)/TRUSTEE(S) SIGNATURES**

The undersigned Trustees jointly and severally indemnify you and hold you harmless from any liability (including attorney's fees) arising out of or related to any actual or alleged improper or unsuitable actions resulting from instructions given by any of us to you. This indemnification is made by us both in our capacities as Trustees and in our individual capacities. We agree to inform you, in writing, of any amendment to the Trust, any change in the composition of the Trustees or any other event which could alter the certifications made above. We acknowledge your right to examine the Trust Agreement and hereby agree to provide you with a copy of the Trust agreement if so requested in writing. (Where applicable, plural references in this certification shall be deemed singular). **All Trustees must sign.**

Trustee Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trustee Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trustee Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trustee Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TD AMERITRADE Institutional**  
4075 Sorrento Valley Blvd., Suite A  
San Diego, CA 92121

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