

# Account Application Instructions

## Section I: Account Information

|   |   |
|---|---|
| 1. Account Type                         | Each account holder must receive, read and understand the contents of the Account Packet - LPL Trade Direct. This separate packet contains the Account Agreement that details the relationship between you, LPL Financial ("LPL") and other related parties as applicable to your account |
| 2. Registration Type                    | Check one circle, indicating the registration type. Some registration types will require additional documents to open the account.  |
| **Subject to ERISA                      | Check one circle indicating whether account is subject to ERISA   |
| **Government Entity                     | Check one circle indicating whether account is for a government entity  |
| **Only applicable if Retirement account |   |
| 3. Social Security Number or Tax ID     | Enter social security or employer identification number. (Any changes or corrections in this box must be initialed.)  |
| Country of Citizenship                  | If you are a Resident Alien or Non-Resident Alien, enter your country of citizenship or registration.   |
| Residency Status                        | Check one circle, indicating residency status.  |
| Account Registration                    | Enter the registration as it appears on your LPL account.   |
| Mailing Address                         | Enter mailing address.  |
| Account Address                         | Enter account address. This is required if the mailing address is a PO Box or any address other than the physical residence (e.g., a work address). Do not list a PO Box.   |
| Home Phone                              | Enter home phone number.  |
| Mobile Phone                            | Enter mobile phone number.  |
| Business Phone                          | Enter business phone number.  |
| Fax Number                              | Enter fax number.   |

## Section II: Investment Objective

1. Check the circle next to the investment objective for this account. (Any changes or corrections in this box must be initialed.)

## Section III: Account Holder Information

|                           |  |
|---------------------------|--|
| 1. Primary Account Holder | Enter the name of the primary account owner (trustee, minor, decedent).  |
| Residence Address         | Enter primary account holder's residence address. Check the circle if address is the same as the account's address. (NOTE: The address entered here must be the primary account holder's actual physical residence.) |
| Employer Name             | Enter name of employer. If retired or unemployed, check the circle and leave this field blank.   |
| Employment Address        | Enter current work address. If retired or unemployed, leave this field blank.  |
| Home Phone                | Enter home phone number.   |
| Mobile Phone              | Enter mobile phone number, if applicable.  |
| Business Phone            | Enter business phone number, if applicable.  |
| Fax Number                | Enter fax number, if applicable.   |
| Occupation                | Enter occupation. Please be specific; do not enter simply "consultant," "manager," "president," etc. If retired or unemployed, enter former occupation. If a minor, enter "minor."                                   |
| Industry                  | Enter industry. If retired or unemployed, enter former industry. If a minor, enter "minor."  |
| Social Security Number    | Enter primary account holder's Social Security or Tax ID Number.   |
| Country of Citizenship    | Enter country of citizenship.  |
| Date of Birth             | Enter the date of birth.   |
| # Dependents              | Enter number of dependents.  |



### Section III: Account Holder Information (continued)

|   |  |
|---|--|
| ID Issuance Date  | Enter the month and year that the identification was issued.   |
| ID Expiration Date  | Enter the month and year that the identification expires.  |
| Check box to indicate if you or any member of your immediate family is employed by a bank, insurance company, investment advisor or broker/dealer. If checked, please complete the following: |  |
| Full Name   | Enter the name of the person employed by the bank, insurance company, investment advisor or broker/dealer.         |
| Relationship  | Enter the relationship to the person employed by the bank, insurance company, investment advisor or broker/dealer. |
| Name of Firm  | Enter the name of the employing firm.  |
| Check box to indicate if you or a member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the last three months.     |  |
| Name of Corporation(s)  | If checked, please enter the name of the corporation.  |

2. If the account has an additional account holder (second trustee, custodian, guardian or other fiduciary), please complete section 2 with second account holder's information.

### Section IV: Financial Information and Experience

1. Enter the appropriate letter (A-H) that corresponds to the correct range to indicate financial data, using the table provided.  
\*For a minor's account, please provide the minor's financial information and the custodian or guardian's investment experience.  
\*For trusts and plans, please provide the trust or the plan's financial data and the trustee's investment experience.

|                                    |   |
|------------------------------------|---|
| Annual Income                      | Enter the appropriate letter, indicating total annual income, exclusive of home value.  |
| Net Worth                          | Enter the appropriate letter, indicating net worth.   |
| Liquid Net Worth                   | Enter the appropriate letter, indicating liquid net worth. Be sure to include the account value in the total liquid net worth.                                  |
| Approximate Account Value          | Enter the appropriate letter, indicating the approximate value of this account. The account value must be less than total net worth.                            |
| Source of Client Wealth and Income | Enter the source of wealth/income for this account (inheritance, employment salary, sale of real estate, etc.)  |
| Investment Experience              | Enter the number of years experience had with each of the investment types. If "Other" is selected, please enter the type of investment represented by "Other". |
| Federal Tax Bracket                | Enter tax bracket.  |

### Section V: Custodian Information (Only Applicable to Retirement Account Types)

1. Mark box if Outside Custodian

|                            |   |
|----------------------------|---|
| 2. Beneficiary Designation | Check circle indicating whether Primary or Contingent Beneficiary.  |
| Beneficiary Designation    | Enter Name, Relationship, Social Security Number, Date of Birth & Percentage for each beneficiary designation |

### Section VI: Client Acknowledgment and Execution

1. Client Signature and Date All account holder(s), as indicated by the LPL registration, must sign, print their name(s), date the form, and have their signature(s) notarized.



# Trade Direct Account Application Retirement

A2

Account Number

Instructions: To be used for all LPL Financial (LPL) retirement accounts. A legible copy of the account owner(s) valid government identification is required. All account holder(s) must sign this document and have it notarized. For more detailed information on the appropriate paperwork requirements for all registration types, please consult the appropriate [Account Opening Checklist](#). For existing accounts, this form should only be used for adding or removing account holders or to change the registration.

Please mail the completed form to LPL Financial, Attn: Trade Direct, P.O. Box 509049 San Diego, CA 92150-9049 or fax to (858) 202-8500.

Attention: Any alterations must be initialed by all account holders.

## Section I: Account Information

Referring Bank or Credit Union Name

Branch ID

### 1. Account Type

Each account holder must receive, read and understand the contents of the [Account Packet - LPL Trade Direct](#). This separate packet contains the Account Agreement that details the relationship between you, LPL Financial ("LPL") and other related parties, as applicable, to your account.

### 2. Registration Type: (choose only one)

- Traditional IRA     Rollover IRA     Beneficiary IRA     Roth IRA     Beneficiary Roth IRA     SEP IRA

Name of Decedent (required for Beneficiary accounts only)

Is the account holder considered an "institutional account" based on one or more of the following definitions per FINRA Rule 4512(c):     Yes     No

If yes, please select which definition the account qualifies for:

1. A bank, savings and loan association, insurance company or registered investment company;
2. An investment adviser registered either with the SEC under Section 203 of the Investment Advisers Act or with a state securities commission (or any agency or office performing like functions). Note: This is applicable only when the account is held by the RIA entity. It is not applicable when the Investment Advisor Representative (IAR) is the owner; or
3. Any other person (whether a natural person, corporation, partnership, trust or otherwise) with total assets of at least \$50 million

### 3. Registration Information

Social Security Number or Tax ID

Fill in your current residency status: (choose only one)

- U.S. Citizen     Resident Alien     Non-Resident Alien

Account Registration

Country of Citizenship

Mailing Address

Home Phone

Mobile Phone

Business Phone

Fax Number

## Section II: Investment Objective and Risk Tolerance

### 1. Select the investment objective that most accurately reflects the goals for this account: (choose only one)

The investment objectives are overall objectives for the entire account and may be inconsistent with a particular holding at any time.

Please note that achievement of the stated investment objectives is a long-term goal for the account. These choices are listed in order from what is considered to be conservative to highest risk. There is no guarantee that the investment objective will be achieved.

- Income with Capital Preservation. Designed as a longer term accumulation account, this is considered generally the most conservative investment objective. Emphasis is placed on generation of current income and prevention of capital loss. Lowering the risk generally means lowering the potential income and overall return.
- Income with Moderate Growth. Emphasis is placed on generation of current income with a secondary focus on moderate capital growth.
- Growth with Income. Emphasis is placed on modest capital growth with some focus on generation of current income.
- Growth. Emphasis is placed on achieving high long-term growth and capital appreciation. There is little focus on generation of current income.
- Aggressive Growth. Emphasis is placed on aggressive growth and maximum capital appreciation. No focus on generation of current income. This objective has a very high level of risk and is for investors with a longer time horizon.
- Trading. Emphasis is placed on speculative transaction activity. This objective represents acceptance of an extremely high level of risk.

ATTENTION: If you select an objective and cross it out to choose another, the change must be initialed by all account holders.



Member FINRA/SIPC

F1BR-CTD  
Revised 0226



Section III: Account Holder Information

1. Primary Information

|   |                                       |   |   |  |  |
|---|---------------------------------------|---|---|--|--|
| Primary Account Holder/Trustee/Minor<br><input type="text"/>  |                                       |   | Occupation (former if retired or unemployed)<br><input type="text"/>                              |  | ID Type (Ex: Driver's License, Passport, etc.)<br><input type="text"/> |
| Social Security Number<br><input type="text"/>  | Date of Birth<br><input type="text"/> | No. of Dependents<br><input type="text"/> | Industry (former if retired)<br><input type="text"/>  |  | ID Place of Issuance<br><input type="text"/>                           |
| Residence Address (no P. O. Boxes) <input type="checkbox"/> Same as mailing address<br><input type="text"/> |                                       |   | Employer Name <input type="checkbox"/> Mark here if retired or unemployed<br><input type="text"/> |  | ID Number<br><input type="text"/>                                      |
| Country of Citizenship<br><input type="text"/>  |                                       |   | Employment Address (no P.O. boxes)<br><input type="text"/>  |  | ID Issuance Date <input type="text"/>                                  |
|   |                                       |   |   |  | ID Expiration Date <input type="text"/>                                |
| Home Phone <input type="text"/>   |                                       |   | Mobile Phone <input type="text"/>   |  | Business Phone <input type="text"/>                                    |
|   |                                       |   |   |  | Fax Number <input type="text"/>  |

Is this account for the benefit of a Politically Exposed Person (PEP)\*?  Yes  No

If yes, define PEP position:

\*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.

The trusted contact person is intended to be a resource for LPL in administering your accounts, protecting your assets, and responding to possible financial exploitation (refer to account packet/agreement for more details). Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

I decline to provide a trusted contact person at this time.

|  |   |
|--|---|
| Trusted Contact Name<br><input type="text"/> | Trusted Contact Email<br><input type="text"/> |
|--|---|

Trusted Contact Address

|   |   |
|---|---|
| Trusted Contact Primary Phone<br><input type="text"/> | Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other)<br><input type="text"/> |
|---|---|

Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

|   |  |  |
|---|--|--|
| Full Name of Person Associated with Firm or FINRA<br><input type="text"/> | Relationship to Account Holder of Person Associated with Firm or FINRA<br><input type="text"/> | Name of Associated Firm (if FINRA, list FINRA)<br><input type="text"/> |
|---|--|--|

|   |  |
|---|--|
| Address of Person Associated with Firm or FINRA<br><input type="text"/> | Corporate Compliance Mailing Address of Firm<br><input type="text"/> |
|---|--|

Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.

Account Number



**Section III: Account Holder Information (continued)**

**2. Parent/Guardian Fiduciary Information**

|   |                                       |   |   |                                    |  |
|---|---------------------------------------|---|---|------------------------------------|--|
| Parent/Guardian/Fiduciary<br><input type="text"/>   |                                       |   | Occupation (former if retired or unemployed)<br><input type="text"/>                              |                                    | ID Type (Ex: Driver's License, Passport, etc.)<br><input type="text"/> |
| Social Security Number<br><input type="text"/>  | Date of Birth<br><input type="text"/> | No. of Dependents<br><input type="text"/> | Industry (former if retired)<br><input type="text"/>  |                                    | ID Place of Issuance<br><input type="text"/>                           |
| Residence Address (no P. O. Boxes) <input type="checkbox"/> Same as mailing address<br><input type="text"/> |                                       |   | Employer Name <input type="checkbox"/> Mark here if retired or unemployed<br><input type="text"/> |                                    | ID Number<br><input type="text"/>                                      |
| <input type="text"/>  |                                       |   | Employment Address (no P.O. boxes)<br><input type="text"/>  |                                    | ID Issuance Date<br><input type="text"/>                               |
| Country of Citizenship<br><input type="text"/>  |                                       |   | <input type="text"/>  |                                    | ID Expiration Date<br><input type="text"/>                             |
| <input type="text"/>  |                                       |   | ID verified? <input type="radio"/> Yes <input type="radio"/> No                                   |                                    |  |
| Home Phone<br><input type="text"/>  | Mobile Phone<br><input type="text"/>  | Business Phone<br><input type="text"/>    |   | Fax Number<br><input type="text"/> |  |

Is this account for the benefit of a Politically Exposed Person (PEP)\*?  Yes  No

If yes, define PEP position:

\*A Politically Exposed Person (PEP) is defined as: 1. A current or former senior foreign (non-U.S.) political figure; 2. His/her immediate family members (e.g., parents, spouse, sibling, children, in-laws); 3. Close associates - People who are widely and publicly known to maintain a close relationship with the PEP, including people who are in a position to conduct substantial financial transactions on behalf of the PEP; 4. Any corporation, business or other entity that has been formed by, or for the benefit of, the PEP.

The trusted contact person is intended to be a resource for LPL in administering your accounts, protecting your assets, and responding to possible financial exploitation (refer to account packet/agreement for more details). Note: Your trusted contact person must be age 18 or older, and would not be able to conduct transactions in your account.

I decline to provide a trusted contact person at this time.

Trusted Contact Name  Trusted Contact Email

Trusted Contact Address

Trusted Contact Primary Phone  Relationship to Account Holder (Spouse, Relative, Friend, Professional Relationship, Other)

Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA  Relationship to Account Holder of Person Associated with Firm or FINRA  Name of Associated Firm (if FINRA, list FINRA)

Address of Person Associated with Firm or FINRA  Corporate Compliance Mailing Address of Firm

Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months. Name of Corporation(s)

**Section IV: Financial Information and Experience**

**1. Income, Net Worth and Investment Experience**

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| A. Less than \$25,000    | B. \$25,000 - \$49,999   | C. \$50,000 - \$99,999   | D. \$100,000 - \$249,999 |
| E. \$250,000 - \$499,999 | F. \$500,000 - \$749,999 | G. \$750,000 - \$999,999 | H. \$1,000,000 and over  |

Enter the letter that corresponds to the correct range:

Annual income?  Liquid net worth?\*  Net worth? (exclusive of primary residence)  Approximate account value?

Specify the exact Source of Account Holder Wealth and Income (e.g. Inheritance, employment salary, sale of real estate, etc.)

Federal income tax bracket? (%)

Account Number



**Section IV: Financial Information and Experience (continued)**

**1. Income, Net Worth and Investment Experience (continued)**

Investment Experience (total number of years):  Other (please specify):

Stocks  Bonds  Margin  Annuities  Mutual Funds  Partnerships  Options

\*Liquid net worth is exclusive of real estate; only include assets that can be liquidated within 30 days.

**Section V: Custodian Information**

**1. Retirement Account Custodian**

Retirement Account Custodian:  
 All IRA and Roth IRA, participant accounts (Section I) will default to PTC as custodian. Each account holder must receive, read and understand the contents of the applicable Custodial Agreement located at <https://tradedirect.lpl.com/Modules/Navigation/viewTemplate.php?tmpl=forms>, referenced below based on the registration type selected in Section I.2.

Custodial Agreement PTC - IRA: For Traditional IRA, Traditional Rollover IRA, Beneficiary IRA, SEP IRA and SAR-SEP IRA accounts.  
 Custodial Agreement PTC - Roth IRA: For Roth IRA and Beneficiary Roth IRA accounts.

**2. Beneficiary Designation (this section only applies to accounts with PTC as custodian)**

Marital Status:  Single  Married

I hereby designate the following individual(s) or entity(ies) as my primary and/or contingent beneficiary(ies) unless otherwise directed in writing by the account holder and properly filed with the custodian. If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, or the percentages do not total 100%, the beneficiaries will be deemed to own equal share of the unspecified percentages in the account. If more than one contingent beneficiary is designated and no distribution percentages are indicated, or the percentages do not total 100%, the beneficiaries will be deemed to own equal share of the unspecified percentages in the account. If this is a Guardian account, the account will automatically pass to the minor's estate. Once the minor has reached the age of majority for the state of residence, he or she may then designate a beneficiary(ies).

LPL generally will divide all securities and cash in my account proportionately among the designated beneficiaries based on the allocations indicated herein; provided that LPL will seek to maintain fixed income minimum denomination in lot sizes sufficient to meet any minimum trading requirements (per issuers' requirements). In the event that any securities remain after such proportionate division of assets and the market value of each such remaining security is less than or equal to \$100.00, LPL reserves the right to distribute such remaining shares/bonds to the first primary beneficiary listed herein, provided that the first primary beneficiary retains an open account at LPL to receive the shares. If the first primary beneficiary has been fully liquidated and closed the account used to deposit their beneficiary claim, LPL will distribute to the next listed primary or contingent beneficiary maintaining an open account. In the event that any securities remain after such proportionate division of assets and the market value of each such security is greater than \$100.00, LPL will use reasonable efforts to liquidate such remaining shares/bonds and divide the proceeds proportionately among the beneficiaries based on the allocations indicated herein. Notwithstanding the foregoing, LPL will use reasonable efforts to liquidate all remaining fixed income securities and divide the proceeds proportionately among the beneficiaries based on the allocations indicated herein.

In the event that a designated beneficiary dies, you may select whether distributions will be made to other remaining beneficiaries or to your beneficiary's heirs.

- *Pro Rata (Default Rule) -- Unless Per Stirpes is indicated below, the following Pro Rata rule will be in place at my death. If any primary beneficiary(ies) dies before me, his or her interest shall terminate completely, and the percentage share of any remaining primary beneficiary (ies) shall be increased equally. If no primary beneficiary survives me, the contingent beneficiary(ies) shall acquire the designated share of my account. If no primary or contingent beneficiaries survive me, my spouse will be deemed my beneficiary. If there is no surviving spouse at the time of my death, my estate will be deemed my beneficiary. If I live in a state with community property statutes or the account is a 403(b)(7) subject to Title 1 of ERISA and do not designate my spouse as the sole primary beneficiary, I certify that my spouse has consented to such designation.*
- *Per Stirpes -- If any primary beneficiary dies before me, my estate will need to identify the heirs who are to receive that primary beneficiary's share of my TOD assets. If no primary beneficiary with the per stirpes designation survives me, that beneficiary's share shall be paid to the living descendants of such beneficiary, subject to state law. The percentage share of the remaining primary beneficiaries will remain the same.*

| Primary / Contingent                        | Pro Rata / Per Stirpes                      | Name | Relationship | SSN | Date of Birth | % |
|---|---|------|--------------|-----|---------------|---|
| <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |      |              |     |               |   |
| <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |      |              |     |               |   |
| <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |      |              |     |               |   |
| <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |      |              |     |               |   |
| <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |      |              |     |               |   |
| <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |      |              |     |               |   |
| <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |      |              |     |               |   |

Account Number



**Section V: Custodian Information (continued)**

**2. Beneficiary Designation** (this section only applies to accounts with PTC as custodian) (continued)

| Primary / Contingent                        | Pro Rata / Per Stirpes                      | Name | Relationship | SSN | Date of Birth | % |
|---|---|------|--------------|-----|---------------|---|
| <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |      |              |     |               |   |
| <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |      |              |     |               |   |
| <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |      |              |     |               |   |
| <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |      |              |     |               |   |
| <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |      |              |     |               |   |
| <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |      |              |     |               |   |
| <input type="radio"/> <input type="radio"/> | <input type="radio"/> <input type="radio"/> |      |              |     |               |   |

**Section VI: Client Acknowledgment and Execution**

**1. Delivery Preferences** If you have provided your email address in this application, you may elect to receive documents from LPL electronically.

Email

- Yes, I want to receive all documents from LPL electronically (including, but not limited to, communications, account statements, trade confirmations performance reports and legal and regulatory notices and disclosures), to the extent permitted by applicable law. I acknowledge that I need to (i) maintain an active email account to receive notifications from LPL when documents are available, (ii) login to Account View and accept its terms and conditions of use before I am able to view the documents electronically, and (iii) be responsible for certain costs associated with electronic access, such as Internet service fees. This preference for electronic delivery will remain in effect until revoked.
- No, I do not want to receive documents from LPL electronically. Please send me paper copies of all communications related to my account. This is the default selection if "Yes" is not selected above.

You may revoke your election to receive electronic documents or request paper copies of electronic documents at any time by logging into Account View or contacting your financial professional.

**2. Name Differences/One and the Same Information** (not to be used in lieu of court documentation for legal name changes)

List any name differences that you are known by or commonly use in the space provided. By listing the names below and signing the Acknowledgment Section, you are authorizing LPL to accept transactions and follow instructions under all names listed. Alterations to this section cannot be made after the form has been submitted, except by completing and submitting a separate One and the Same Form (OSL).

**3. Acknowledgment**

- Securities are offered by LPL Financial LLC (LPL). LPL is a separate registered broker-dealer and is not affiliated with your financial institution.
- The investment products offered by LPL are not insured by the FDIC, NCUA or any federal or state government agency.
  - The investments, insurance and annuity products by LPL are not obligations of, or guaranteed by, your financial institution or its affiliates.
  - Certain certificates of deposit and cash sweep accounts may be insured by the FDIC, NCUA or a federal or state governmental agency.
  - Purchasing securities involves investment risk including the possible loss of principal.
  - The extension of credit by your financial institution may not be conditioned on the purchase of an insurance product or annuity from LPL, or your financial institution. You may purchase insurance or annuities from a provider of your choice.
  - Your financial institution and LPL may have entered into a marketing agreement which may allow financial institution employees who accept deposits on behalf of the financial institution to be registered and appointed with LPL for the purpose of offering investment and insurance products. The marketing agreement may also provide for LPL to compensate your financial institution for use of its facilities.
  - If I am opening an account with a third party asset management program (TAMP), I acknowledge receipt of the LPL Form ADV Disclosure Brochure.

Account Number



## Section VI: Client Acknowledgment and Execution (continued)

### 3. Acknowledgment (continued)

LPL is a member of FINRA and the Securities Investor Protection Corporation (SIPC). SIPC covers losses in investment accounts of up to \$500,000 (of which up to \$250,000 may be uninvested cash) due to member firm failures and does not cover a decline in the market value of securities. Additional information about SIPC and asset protection may also be found at [www.sipc.org](http://www.sipc.org).

I acknowledge by signing below that I have received, read, and understand and agree to the terms of this Account Application and the applicable Account Agreement (included in the Account Packet specified in Section I). Additionally I certify the following:

- All of the information provided in this Account Application is true, correct, and complete and I agree to notify LPL of any changes to the information.
- I understand and agree to the terms of the Automatic Cash Sweep Program set out in the Account Agreement.
- I understand that LPL will supply my name to issuers of any securities held in my account so that I may receive important information regarding those securities, unless I notify LPL in writing not to do so.
- I authorize LPL to contact my trusted contact person listed above. I understand that providing this information is optional and I may withdraw it at any time.

For Accounts with PTC as Custodian, I acknowledge that I have received, read, understand, and agree to the terms of the applicable Custodial Agreement and certify that I am eligible to establish the type of account referenced above. I release the Custodian, and their affiliates, from all liability and agree to indemnify the same from any and all losses, damages or cost for acting in good faith in accordance with the account privileges selected herein. In no event shall the indemnified parties be liable for consequential damages.

Additionally, For accounts with PTC as Custodian I certify the following:

- If I make a rollover contribution, I certify that I understand the rules and conditions of the deposit and that I am eligible to make the deposit under the Internal Revenue Code.
- If this is a SEP IRA, I certify that I have received, read and accept my employer's plan document (5305-SEP or ESEP prototype).

### 4. Important Information about IRA Rollovers from Employer Sponsored Retirement Plans

If you are planning to fund this IRA account with a rollover from an employer sponsored retirement plan, like a 401(k) plan, it is important for you to fully understand the following:

- **If terminating from your employer, you have options with respect to the assets in your plan, including that you can:**
  - o Remain invested in the plan (subject to certain minimum assets)
  - o Transfer your plan assets to a plan of a new employer (if applicable)
  - o Transfer your assets to an IRA with a financial institution
  - o Receive a cash distribution (which may be fully taxable)
- **There are pros and cons of each of the options, which are described in the IRA Custodial Agreement or Trust Agreement you received in connection with opening this account**
- **If you decide to transfer assets out of the plan and into an IRA, you understand that:**
  - o Those assets will no longer be subject to the protections of ERISA or other applicable pension laws
  - o There will no longer be a responsible plan fiduciary making decisions about the investments
  - o Depending on the investments and services you select for your IRA, you will likely pay more in fees, commissions and other costs than if the assets remained in your plan, and your financial professional may receive more compensation for servicing your IRA than if you selected a different option.
- **By signing this Account Application, you acknowledge that:**
  - o You reviewed and understand the above information regarding rollovers, including the pros and cons and other information contained in the IRA Custodial Agreement or Trust Agreement and other documents required to open this account
  - o You have discussed with your financial professional the pros and cons of funding an IRA with a rollover
  - o Your financial professional only provides education regarding the options available to transfer or roll your Plan assets to an IRA, and does not recommend one option over another
  - o The decision to transfer assets from a plan to fund an IRA has been or will be made by you based on a full understanding of the options available to you

By signing this account application, I am acknowledging that I read and understood the aforementioned information regarding rollovers, and that my LPL financial professional provided education about the pros and cons of my distribution options as provided in the IRA Custodial Agreement. After my financial professional discussed the pros and cons of my distribution options, any investment decisions I make regarding assets held in my employer-sponsored retirement plan have solely been my own.

### 5. Plan Trustee or Plan Fiduciary Acknowledgment

- If this account is for a participant that is part of a group Retirement Plan, the trustee or plan fiduciary must sign below and include the information in Section III-2 - Secondary Information in addition to the participant.
- If the Plan is a 401k, Profit Sharing, Money Purchase or Defined Benefit, you are signing as a plan trustee.
- If the Plan is an ERISA 403(b) or 457, you are signing as a plan fiduciary.

Under penalties of perjury, I hereby certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, (3) I am a U.S. person (including a U.S. resident alien), and (4) I attest I am exempt from FATCA Reporting. (However, if you provide an IRS W-8 form, it will supersede this statement and you may be subject to FATCA Reporting.) (Cross out (2) if subject to backup withholding.) The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

Account Number



**Section VI: Client Acknowledgment and Execution (continued)**

**5. Plan Trustee or Plan Fiduciary Acknowledgment (continued)**

This account is governed by and I acknowledge receipt of the predispute arbitration clause that is located in the last numbered section of the Account Agreement (included in the Account Packet specified in Section I), which is incorporated by reference into this Account Application.

\_\_\_\_\_  
Account Holder Signature Account Holder Name (print) Date

\_\_\_\_\_  
Account Holder Signature Account Holder Name (print) Date

\_\_\_\_\_  
Account Holder Signature Account Holder Name (print) Date

\_\_\_\_\_  
Account Holder Signature Account Holder Name (print) Date

**Notary (all Account Owners' signatures need to be notarized)**

Sworn to and subscribed before me this day:  City  State

\_\_\_\_\_  
Notary Public Signature (affix seal/stamp)  
Sworn to and subscribed before me this day:  City  State

\_\_\_\_\_  
Notary Public Signature (affix seal/stamp)  
Sworn to and subscribed before me this day:  City  State

\_\_\_\_\_  
Notary Public Signature (affix seal/stamp)  
Sworn to and subscribed before me this day:  City  State

\_\_\_\_\_  
Notary Public Signature (affix seal/stamp)

Account Number

