



# Individual Retirement Account (IRA) Application

PO Box 2760 ■ Omaha, NE 68103-2760  
Fax: 866-468-6268

Questions? Call a New Accounts representative at 800-276-8746. Please visit us at [www.tdameritrade.com](http://www.tdameritrade.com) for more information about opening an account.

## 1. TYPE OF IRA (Please select only one)

- Traditional (Individual Contributory) IRA** – A tax-deferred savings plan. Contributions may be tax-deductible. All distributions are subject to taxes when withdrawn.
- Roth IRA** – A savings plan like the Traditional IRA. Contributions are not tax-deductible, but qualified distributions are federal-tax-free.
- Rollover (Non-Contributory) IRA** – An IRA that receives money from a qualified employer plan, such as a 401(k). This IRA retains equity until it is rolled over into another IRA or qualified employer plan.
- Simplified Employee Pension (SEP) IRA** – An employer-run savings plan. The employer has adopted the 5305-SEP plan.
- Savings Incentive Match Plan for Employees (SIMPLE) IRA** – An employer-run savings plan that is in the form of an IRA. The employer has adopted either the 5304-SIMPLE or 5305-SIMPLE plan.

## 2. ACCOUNT OWNER INFORMATION

Full Legal Name:

Mr.  Mrs.  Ms.  Dr.  Rev.

Date of Birth:

(MM-DD-YYYY) \_\_\_\_\_

U.S. Social Security Number:

(SSN) \_\_\_\_\_

Marital Status:

Single  Married  Divorced  Widowed

Mother's Maiden Name: \_\_\_\_\_

Home Address:

(no PO box or mail drop)

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

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

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

Mailing Address:

(if different from above)

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

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

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

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address (required for electronic delivery of your account statement and trade confirmations):

Please specify if you are:

Unemployed  Retired  Homemaker  Student  Self-Employed

Source of income (if retired or unemployed):

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

Occupation: \_\_\_\_\_

Type of Business: \_\_\_\_\_

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

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

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

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

Check here if you are **NOT** a U.S. citizen.

Country of citizenship: \_\_\_\_\_

Non-U.S. citizens:\* Do you hold a current U.S. immigration visa?

Yes  No

Specify visa type: \_\_\_\_\_

Expiration: \_\_\_\_\_

Check here if you, any member of your immediate family, or any personal or 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 ticker symbol, name, address, city, and state: \_\_\_\_\_

Check here if you are licensed or employed by a registered broker/dealer, securities exchange, or member of a securities exchange. We must receive a compliance letter along with this application.

\*Nonresident aliens must submit an original Form W-8BEN, a copy of a current passport, and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a signed letter of instruction explaining why you have a U.S. address.



### 3. FINANCIAL INFORMATION

Check this box to decline margin privileges.

All qualified accounts are opened as margin-eligible accounts.

<b>Annual Income:</b>	<input type="checkbox"/> \$0-\$24,999	<input type="checkbox"/> \$25,000-\$49,999	<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$100,000-\$249,999	<input type="checkbox"/> \$250,000+
<b>Approximate Net Worth:</b> <i>(not including residence)</i>	<input type="checkbox"/> \$0-\$14,999	<input type="checkbox"/> \$15,000-\$49,999	<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$100,000-\$249,999	<input type="checkbox"/> \$250,000+
	<input type="checkbox"/> \$250,000-\$499,999	<input type="checkbox"/> \$500,000-\$999,999	<input type="checkbox"/> \$1,000,000-\$1,999,999	<input type="checkbox"/> \$2,000,000+	
<b>Approximate Liquid Net Worth:</b> <i>(cash, stocks, etc.)</i>	<input type="checkbox"/> \$0-\$14,999	<input type="checkbox"/> \$15,000-\$49,999	<input type="checkbox"/> \$50,000-\$99,999	<input type="checkbox"/> \$100,000-\$249,999	<input type="checkbox"/> \$250,000+
	<input type="checkbox"/> \$250,000-\$499,999	<input type="checkbox"/> \$500,000-\$999,999	<input type="checkbox"/> \$1,000,000-\$1,999,999	<input type="checkbox"/> \$2,000,000+	

To learn more about the use of margin in a retirement account and the associated risks involved, read the Margin Disclosure Document.

### 4. FUNDING YOUR ACCOUNT

- Regular contribution\*       Current tax year       Previous tax year
- Direct transfer from another IRA\*\*
- Direct rollover\*\* – Irrevocable Qualifying Direct Rollover from my employer’s plan 401(k), 403(b), profit-sharing plan, etc.  
**OR** 60-Day rollover\*\* – Account Owner agrees to be bound by the election of this deposit as an Irrevocable Qualifying Rollover and attests to the following: the funds deposited do not contain any amounts from a Required Minimum Distribution; are being deposited within the allowable 60-day time period; and this is the only rollover by the Account Owner within the last 12 months.

\*If no box is checked, the contribution will be reported as a current-year contribution. **Per IRS regulations, securities cannot be used to satisfy personal or employer contributions.**

\*\*How are a transfer and a rollover different? A rollover is the result of a distribution from a qualified plan or IRA. A transfer of an IRA is the result of a direct transfer from one institution to another. Contact the sending financial institution if you have questions about how your funds are being processed.

### 5. DESIGNATION OF BENEFICIARY

You must designate at least one primary beneficiary. If you select co-primary beneficiaries, indicate the percentage of your account you are designating to each. If a primary beneficiary dies prior to the Account Owner, the remaining portion shall be payable proportionately to any surviving primary beneficiaries. You may also designate contingent beneficiaries in the event that your primary beneficiaries do not outlive you. In the event that TD Ameritrade is unable to identify the beneficiaries from the documents provided, the Custodial Agreement will control.

State trust law may vary as to the legality of IRA beneficiaries naming subsequent beneficiaries. Please consult a qualified tax advisor or attorney regarding the applicable trust law for your state of residence.

**Percentages must total 100% for all primary beneficiaries and 100% for all contingent beneficiaries.** If primary or contingent is not marked, then the beneficiary will be deemed primary. If percentages are not indicated, then they will be deemed equal shares.

**Subject to the condition(s) set forth in this section, I designate the following as the beneficiary(ies) of my IRA:**

Type of Beneficiary: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name:		SSN:	
	Relationship:		Date of Birth:	
Share %	Street Address:			
	City:	State:	ZIP Code:	
Type of Beneficiary: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name:		SSN:	
	Relationship:		Date of Birth:	
Share %	Street Address:			
	City:	State:	ZIP Code:	
Type of Beneficiary: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name:		SSN:	
	Relationship:		Date of Birth:	
Share %	Street Address:			
	City:	State:	ZIP Code:	

Type of Beneficiary: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name:		SSN:
	Relationship:		Date of Birth:
Share %	Street Address:		
	City:	State:	ZIP Code:
Type of Beneficiary: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name:		SSN:
	Relationship:		Date of Birth:
Share %	Street Address:		
	City:	State:	ZIP Code:
Type of Beneficiary: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Name:		SSN:
	Relationship:		Date of Birth:
Share %	Street Address:		
	City:	State:	ZIP Code:

**This section should be reviewed if the residence of the Account Owner is located in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI) or marital property state, and the Account Owner is married and is not naming their spouse as sole primary beneficiary. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a tax or legal advisor.**

I am the spouse of the Account Owner. I consent to the named beneficiaries other than or in addition to myself. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

 Signature of Spouse:	Date:

**If you live in a community property state and your spouse is not a 100 % beneficiary, this form will need to be notarized.**

**NOTARY PUBLIC**

County of: \_\_\_\_\_ )  
 \_\_\_\_\_ ) ss  
 State of: \_\_\_\_\_ )

Subscribed to and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public: \_\_\_\_\_

[SEAL]

**6. TRADE CONFIRMATIONS**

You will receive monthly account statements and trade confirmations electronically, unless you make a selection below. If a valid email address is not provided, you will receive a quarterly paper statement or a monthly paper statement. Certain types of accounts or activity (such as options trading) require a monthly statement, either electronically or via U.S. mail. You will be responsible for any fees that apply. Accounts with a total liquidation value of \$100,000 or an average of five trades per month over a three-month period are eligible to receive free paper statement and confirmation delivery.

**Please note:** If you elected to receive either electronic statements or electronic confirmations, you will receive shareholder information electronically when available.

<b>Account Statement:</b>	<input type="checkbox"/> Electronic Monthly	<input type="checkbox"/> Paper Monthly (\$2 fee may apply each month)	<input type="checkbox"/> Paper Quarterly (\$2 fee may apply each quarter)
<b>Trade Confirmation:</b>	<input type="checkbox"/> Electronic	<input type="checkbox"/> Paper (\$2 fee for each confirmation may apply)	

Unless I have checked this box, TD Ameritrade will provide my name to corporations whose securities I hold in my account for the purpose of additional corporate communications.

**7. CASH SWEEP VEHICLE CHOICES (Please select only one)**

We offer you choices in managing all aspects of your portfolio. This includes offering different programs to earn interest on the cash in your account through our Cash Balance programs. See the Client Agreement for a complete description of the Cash Sweep program. **If you do not make a selection, your cash balances will be swept to the TD Ameritrade FDIC Insured Deposit Account. Other sweep choices are available for clients with household values greater than \$500,000 and cash balances of more than \$100,000.** Please call 800-276-8746 for more information.

- TD Ameritrade FDIC Insured Deposit Account (IDA)
- TD Ameritrade Cash (Protected by the Securities Investor Protection Corporation (SIPC))

**8. INDIVIDUAL RETIREMENT ACCOUNT AGREEMENT**

I am establishing an Individual Retirement Account (IRA) Plan under the TD Ameritrade Clearing, Inc. (Custodian) Prototype Individual Retirement Plan and Custodial Agreement, which is incorporated by reference. I understand that the account is subject to rules and regulations of the United States Internal Revenue Service, and that the funding of the account may have significant tax and financial consequences. I accept responsibility for the information contained in this application and affirm such information is true and correct. I agree to indemnify and hold harmless TD Ameritrade, Inc. and TD Ameritrade Clearing, Inc. from any and all liability and claims for damages resulting from any action taken pursuant to this Agreement.

I designate TD Ameritrade Clearing as Custodian and make the following declaration: Having received and read the Custodial Agreement, I understand that the Custodian will invest and reinvest my account assets only with written direction from me or from a properly appointed investment manager. This document constitutes my authority to execute all trades for my IRA. Confirmations and statements will verify such instructions. All securities, dividends, and proceeds will be held at TD Ameritrade Clearing unless otherwise instructed.

**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 in Section 12 of the Client Agreement.**

**For Individual (Contributory) IRAs:** I direct TD Ameritrade Clearing to maintain my deductible, rollover, and direct rollover contribution(s) in a Contributory IRA.

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. 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.

If a nonresident alien, I declare that I have "earned income" actually and actively earned within the United States. Earned income does not include, among other things, money earned from property, interest or dividend income, or money received from a pension or annuity, as deferred compensation or as a deferred incentive award.

I understand this Designation of Beneficiary will be effective on the date received by the Custodian. This Designation of Beneficiary will remain in full force and effect until such time as the Custodian is in actual receipt of a written revocation or change of beneficiary signed by me and in such form and substance as the Custodian deems necessary. If I change the beneficiaries, all previously designated beneficiaries no longer have the right to receive benefits under this Agreement.

I understand that non-deposit investments purchased through TD Ameritrade are not insured by the Federal Deposit Insurance Corporation (FDIC), 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.**

**This application provides for the deposit of funds or securities into the account.** I understand that the funding of this account is subject to the rules and regulations of the United States Internal Revenue Service and that my failure to abide by such rules and regulations may have important and possibly irrevocable tax and financial consequences. I attest that the funding information provided is true and correct, authorize TD Ameritrade to deposit the funds or securities according to the funding instructions, and assume full responsibility for this funding transaction. I release and agree to indemnify and hold harmless TD Ameritrade Clearing from any and all liability and claims for damages from any adverse consequences that may result.

I acknowledge that I have received and read the Client Agreement, available at [www.tdameritrade.com](http://www.tdameritrade.com) or by calling 800-276-8746, which will govern my account. I agree to be bound by the Client Agreement, which may be amended from time to time and which is incorporated by this reference. I release and agree to indemnify and hold harmless TD Ameritrade, Inc. 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 sign a contract and that the information contained in this application is true and correct. I hereby request, subject to acceptance by TD Ameritrade, an account be opened in the name(s) set forth above.

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

 Account Owner's Signature:	Date: ____ _
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## OPTIONS ACCOUNT

Due to the risks involved in options, we are required to obtain the following information. The Financial Information section must be completed to be considered for options.

Check this box to decline options privileges.

## 9. ACCOUNT OWNER

Number of Dependents:

Years of Investment Experience:  Less than 1  1-2  3-5  6-9  10+

Investment Knowledge & Education:  Limited  Good  Extensive  Professional trader

Types of Transactions  
(Check all that apply)  Stocks  Bonds  Options

What Are Your Options Investment Objectives?  
(Check all that apply)  Growth  Speculation  Income  Conservation of Capital

What Type of Activity Do You Plan to Conduct in Your Options Account?

<input type="checkbox"/> <u>Tier 1 – Covered</u> Write covered calls; Write cash-secured puts	<input type="checkbox"/> <u>Tier 2 – Standard Cash</u> Purchase options Write covered calls Write cash-secured puts	<input type="checkbox"/> <u>Tier 2 – Standard Margin</u> Create spreads Purchase options Write covered puts Write covered calls Write cash-secured puts <b>Requires Margin Account</b>
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Are you an Investools Client?  Yes  No

## 10. OPTIONS ACCOUNT AGREEMENT

I hereby apply for an options account and agree to abide by the rules of the listed options exchanges and the Options Clearing Corporation, and will not violate current position and exercise limits. I have received and read the Client Agreement that will govern my account, and agree to be bound by it as currently in effect and as amended from time to time. 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.

X

Account Owner's Signature:

Date:

\_\_\_\_-\_\_\_\_-\_\_\_\_

Investment Products: Not FDIC Insured \* No Bank Guarantee \* May Lose Value

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