

Account # _____

Advisor # _____

Case # _____

INVESTMENT ADVISOR

Investment Advisor Firm (Agent) and Primary Contact:

Firm Name: _____ Primary Contact: _____

1

PLEASE SELECT THE TYPE OF IRA YOU WANT (SELECT ONLY ONE TYPE OF ACCOUNT)

- TRADITIONAL IRA**
- ROTH IRA**
- ROLLOVER IRA**
- SEP – Simplified Employee Pension IRA***
- SIMPLE – Savings Incentive Match Plan for Employees IRA***
- MINOR TRADITIONAL IRA ****
- MINOR ROTH IRA ****

**Per IRS regulations, employers are responsible for maintaining a SEP/SIMPLE Adoption Agreement for their Plan, but these do not need to be sent to TD Ameritrade.*

*** Please complete minor's information in section 2. The responsible individual must complete an Account Application Supplement Form, initial in Sections 8 and 9, as applicable, and sign in Section 10.*

2

ACCOUNT OWNER: COMPLETE ALL INFORMATION BELOW FOR THE PRIMARY OR MINOR ACCOUNT OWNER

Name (First, Middle Initial, Last): _____

Social Security Number:	Date of Birth:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Number of Dependents:
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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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Primary Telephone Number: <input type="checkbox"/> Check here if this is not a U.S. phone number.	Secondary Telephone Number: <input type="checkbox"/> Check here if this is not a U.S. phone number.
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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 Unemployed, Retired, Homemaker, or Student):
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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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<input type="checkbox"/> Check here if you are NOT a U.S. Citizen.	Country of Citizenship:
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Country of Dual or Secondary Citizenship:	Country of Birth:
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Non-U.S. citizens: Do you hold a current U.S. immigration visa? Yes No Specify visa type: _____ Expiration: _____
(Nonresident aliens must submit Form W-8 BEN and a 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 or your spouse, any member of your immediate family, including parents, in-laws, siblings and dependents, and any personal or business associates is a senior political figure (SPF). Specify the name of the SPF, political title, relationship to Account owner, and country of office:

Check here if you or your spouse, any member of your immediate family, including parents, in-laws, siblings and dependents, is 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 or your spouse, any member of your immediate family, including parents, in-laws, siblings and dependents is licensed, employed by, or associated with, a broker-dealer firm, a financial services regulator, securities exchange, or member of a securities exchange. If checked, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this application):



3

CASH SWEEP VEHICLE CHOICES (SELECT ONLY ONE)

- TD Ameritrade FDIC Insured Deposit Account (IDA)
- TD Ameritrade Cash (Protected by the Securities Investor Protection Corporation (SIPC))
Pays interest on credit balances.

NOTE: If not specified, all credit balances will automatically be swept daily to the TD Ameritrade FDIC Insured Deposit Account. See the Client Agreement for a complete description of the Cash Sweep program.

4

DEATH BENEFICIARY INFORMATION*

Name (First, Middle Initial, Last): _____

Social Security Number:	Date of Birth:
Relationship:	Type of Beneficiary: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	<input type="checkbox"/> Per Stirpes**
	Share %:

Name (First, Middle Initial, Last): _____

Social Security Number:	Date of Birth:
Relationship:	Type of Beneficiary: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	<input type="checkbox"/> Per Stirpes**
	Share %:

Name (First, Middle Initial, Last): _____

Social Security Number:	Date of Birth:
Relationship:	Type of Beneficiary: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	<input type="checkbox"/> Per Stirpes**
	Share %:

Name (First, Middle Initial, Last): _____

Social Security Number:	Date of Birth:
Relationship:	Type of Beneficiary: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	<input type="checkbox"/> Per Stirpes**
	Share %:

Name (First, Middle Initial, Last): _____

Social Security Number:	Date of Birth:
Relationship:	Type of Beneficiary: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	<input type="checkbox"/> Per Stirpes**
	Share %:

Name (First, Middle Initial, Last): _____

Social Security Number:	Date of Birth:
Relationship:	Type of Beneficiary: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent
	<input type="checkbox"/> Per Stirpes**
	Share %:

This section should be reviewed if the residence of the account owner is located in a community property 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: _____

* PLEASE NOTE: Type of beneficiary is required. "Per Stirpes" designation will only be applied if the box is selected for that beneficiary. The total percentages for primary beneficiaries must equal 100% and cannot be expressed in dollar amounts. The total percentages for contingent beneficiaries must equal 100% and cannot be expressed in dollar amounts. Unless otherwise noted, proportions are deemed to be in equal share. If a trust is designated as a beneficiary, then the trust title and UA date must be provided. If additional space is required, please attach a separate sheet with additional beneficiaries. I have attached a separate sheet with additional beneficiaries. TD Ameritrade reserves the right to require additional information upon my death to verify the identity or interests of beneficiary or beneficiaries. TD Ameritrade reserves the right to request whatever documentation it deems appropriate before making distributions to a beneficiary or beneficiaries.

**Per Stirpes shall mean: each branch of the decedent's family shall inherit in equal parts and by way of representation. Please note that the "Per Stirpes" designation carries certain legal and tax implications, and may not be available in all states. TD Ameritrade cannot advise whether a "Per Stirpes" election is appropriate for the Account Owner's tax or estate planning. Please consult an estate planner for details regarding this designation.

5

CONFIRMATION AND STATEMENT PREFERENCES

By providing your email 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 email address on record unless you choose to have them sent to the mailing address of record by checking below.

- Monthly Paper Statements
- Monthly Electronic Statements
- Paper Trade Confirmations
- Electronic Trade Confirmations

Email Address: _____

If no email address is provided then it will default to monthly paper statements and paper trade confirmations.

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.

6

DUPLICATE STATEMENTS & CONFIRMS FOR AN INTERESTED PARTY

If you would like to provide duplicate paper statements and/or duplicate paper trade confirmations to an interested party please complete the information below:

Please check all that apply Statements Trade Confirmations

Name:	Company Name (if any):		
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Street Address:	City:	State:	ZIP Code:
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7

PROXY AUTHORIZATION

Please select one of the below choices. If no selection is made TD Ameritrade will default to sending me proxies. The Agent can only vote my proxies if they have discretion over my account.

- I would like to receive and vote on proxies.
- Agent receives and votes proxies. I hereby authorize TD Ameritrade to forward proxy soliciting materials, annual reports, and other related issuer materials, normally sent to me, to my advisor (Agent) and to allow Agent to vote Proxies on my behalf.*
- Agent receives and votes proxies but I would like to receive informational copies. I hereby authorize TD Ameritrade to forward proxy soliciting materials, annual reports, and other related issuer materials, normally sent to me, to my advisor (Agent) and to allow Agent to vote Proxies on my behalf.*

* I confirm that the Agent holds discretionary authority over my account pursuant to an advisory contract with the Agent. I understand that this authorization may be rescinded at any time for any reason, by a written notice addressed to TD Ameritrade and delivered to your office. This authorization shall extend to the benefit of your successors and assigns.

8

LIMITED POWER OF ATTORNEY

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

By my initials in Section 8, 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, and trade in stocks, bonds, and any other securities and/or contracts relating to the same 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 options agreement, my Agent is specifically authorized to effect options transactions in my account, up to my approval level. I have received a copy of the booklet "Characteristics and Risks of Standardized Options." 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 attorneys' fees, arising out of or related to reliance on this authorization and to pay promptly on demand any and all losses arising therefrom 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 without limitation the delivery of securities or monies from the account in the Account Owner's or Owners' name and the provision of securities cost basis method selection and/or information for purposes of cost basis or tax reporting.

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) affirm(s) 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 until (i) you are notified by a written notice delivered to TD Ameritrade of my death or incapacity or (ii) I change or revoke this authorization by a written notice to TD Ameritrade. You shall have no duty of inquiry. 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 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.

Account Owner's/Responsible Individual's Initials:	I hereby authorize the Agent listed on page 1 to execute trades in my account.
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9

AUTHORIZATION TO PAY FEES TO AGENT

By my initials in Section 9, and to the extent indicated herein, I hereby authorize TD Ameritrade, Inc. ("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 attorneys' 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.

Account Owner's/Responsible Individual's Initials:	I hereby authorize TD Ameritrade to pay my Agent's fee from my account as directed by my Agent.
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AGREEMENT — BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT:

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 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, Inc. 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 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, Inc. unless otherwise instructed.

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

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 acknowledge that I have received and read the "Client Agreement," available at www.advisorservices.com or by calling 800-431-3500, that 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 Institutional 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 TD Ameritrade Institutional, an account be opened in the name set forth below.

If I have requested an options account, I agree to be bound by the "Client Agreement" and any supplemental options agreements that will govern my account applicable to the trading of options contracts. I 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 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 TD Ameritrade Institutional 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 TD Ameritrade Institutional to extend credit may be based on information contained in a consumer or credit report, as well as the policies of TD Ameritrade Institutional and the Clearing Firm.

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

Unless specified otherwise, I understand that non-deposit investments purchased through TD Ameritrade Institutional 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. Unless I have declined the margin feature, I acknowledge that securities securing loans from TD Ameritrade Institutional may be lent to TD Ameritrade Institutional and lent by TD Ameritrade Institutional to others. I also acknowledge that if I trade "on margin," I am borrowing money from TD Ameritrade Institutional and that I understand the requirements and risks associated with margin as summarized in the Margin Handbook and Margin Disclosure Document.

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 Clearing, Inc. 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, Inc. from any and all liability and claims for damages from any adverse consequences that may result.

Successors and Heirs. This Authorization supplements and in no way limits or restricts rights which TD Ameritrade Institutional 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 TD Ameritrade Institutional 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 in Section 12 of the Client Agreement on page 8.

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number, 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, and (3) I am a U.S. citizen or other U.S. person, and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

If I have been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, I must cross out (2) in this certification.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Account Owner's/Responsible Individual's Printed Name: _____

Account Owner's/Responsible Individual's Signature: _____ Date: _____

TD Ameritrade Institutional

PO BOX 919094

San Diego, CA 92191-9094

TDAI 1468 REV. 06/14

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

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