

Participant Application and Designation of Beneficiary

Please see the important notice about qualified pre-retirement survivor annuities in Section 8 of this form.

Questions? Call a New Accounts representative at 800-276-8746. Please visit us at www.tdameritrade.com for more information about opening an account.



Return Options:

Electronically via Message Center:

Log in and go to Client Services > Message Center to attach the file

Regular Mail:

PO Box 2760, Omaha, NE 68103-2760

Overnight Mail:

200 South 108th Avenue
Omaha, NE 68154-2631

Fax: 866-468-6268

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General Information

Type of plan:

- Money Purchase Pension Plan
- Profit-Sharing Plan
- Individual 401(k)

Is this account part of an existing plan at TD Ameritrade? Yes No

If yes, please provide an account number:

Name of Employer/Fiduciary:

Name of Company:

Employer Address:

City:

State:

Zip Code:

Country:

Employer's Federal Tax Identification Number: Occupation:

-

Trustee Name:

Trustee Date of Birth:

Trustee U.S. Social Security Number:

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Section 1, General Information continued

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

Country of Citizenship:

Country of Dual/Secondary Citizenship (if applicable):

Country of Birth:

Non-U.S. citizens*: Do you hold a current U.S. immigration visa? Yes No

Specify visa type:

Visa Number:

Expiration:

* Nonresident aliens must submit 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 Letter of Explanation for U.S. Mailing Address/Phone Number for Form W-8. This form can be found on the TD Ameritrade Forms Library: <https://www.tdameritrade.com/form-library>.

Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

First Name of Participant:

Middle Name:

Last Name:

Date of Birth:

Number of Dependents:

U.S. Social Security Number:

____-____-____

____-____-____

Marital Status:

Mother's Maiden Name:

Single Married Divorced Widow

Home Address (no PO box or mail drop):

City:

State:

Zip Code:

Country:

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

Country of Citizenship:

Country of Dual/Secondary Citizenship (if applicable):

Country of Birth:

Non-U.S. citizens*: Do you hold a current U.S. immigration visa? Yes No

Specify visa type:

Visa Number:

Expiration:

* Nonresident aliens must submit 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 Letter of Explanation for U.S. Mailing Address/Phone Number for Form W-8. This form can be found on the TD Ameritrade Forms Library: <https://www.tdameritrade.com/form-library>.

Mailing Address: (if different from above)

City:

State:

Zip Code:

Country:

Primary Phone number:

Check here if this is not a U.S. phone number

____-____-____

Secondary Phone number:

Check here if this is not a U.S. phone number

____-____-____

Fax number:

____-____-____

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

Section 1, General Information continued

Check here if any Trustee, their spouse, any member of their immediate family living in the same household, including parents, in-laws, siblings, and dependents is a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company. Specify the name of the affiliated person/Officer, the company name, ticker symbol, address, city, and state:

Check here if any Trustee, their spouse, any member of their immediate family living in the same household, 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 the name of the affiliated person/Trustee and affiliated 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):

Check here if any Trustee, their spouse, any member of their immediate family, including parents, in-laws, siblings, and dependents is, or is employed by, a federal or state registered Investment Advisor. Specify the name of the person affiliated with the Trustee employed by the Registered Investment Advisor and Investment Advisor company name:

Check here if any Trustee, their spouse, any member of their immediate family, including parents, in-laws, siblings, and dependents is using a license in a professional sale or trading capacity. Specify the name of the licensed professional, their relationship to the trustee, and if associated with an entity:

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Authorized Agent Compensation

Check here if any Authorized Agent (unaffiliated with the entity) is being compensated for providing investment advice, placing trades, or otherwise managing the account.

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Investment Objectives

For definitions regarding investment objectives, please see page 12 of the application.

Select the degree of risk you are willing to take with the assets in this account:

- Conservative Moderate Aggressive Speculative

Select the primary investment objective for this account:

- Conservation Moderate Moderate Growth Growth Aggressive Growth

Select the secondary investment objectives for this account: (Check at least one or all that apply)

- Conservation Moderate Moderate Growth Growth Aggressive Growth None

Select the liquidity needs for this account: (Check only one that applies)

- Within 3 months 4 - 6 months 7 - 9 months 10 - 12 months More than 1 year

Select the investment time horizon for this account:

- Less than 1 year 1 - 3 years 4 - 6 years 7 -9 years 10-12 years 13 years or more

Designate your Contingent Beneficiary(ies)

| | | | |
|---------------------|--|--|-----------------------------------|
| Contingent Share %: | Beneficiary is: <input type="radio"/> An individual <input type="radio"/> A trust <input type="radio"/> Other (<i>custodianship, charity, corporation, etc.</i>) | | <input type="radio"/> Per Stirpes |
| | Beneficiary's Name: | SSN/TIN: | |
| | Relationship: | Date of Birth/UA Date/Date of Formation: | |

| | | | |
|---------------------|--|--|-----------------------------------|
| Contingent Share %: | Beneficiary is: <input type="radio"/> An individual <input type="radio"/> A trust <input type="radio"/> Other (<i>custodianship, charity, corporation, etc.</i>) | | <input type="radio"/> Per Stirpes |
| | Beneficiary's Name: | SSN/TIN: | |
| | Relationship: | Date of Birth/UA Date/Date of Formation: | |

| | | | |
|---------------------|--|--|-----------------------------------|
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| | | | |
|---------------------|--|--|-----------------------------------|
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| | Beneficiary's Name: | SSN/TIN: | |
| | Relationship: | Date of Birth/UA Date/Date of Formation: | |

| | | | |
|---------------------|--|--|-----------------------------------|
| Contingent Share %: | Beneficiary is: <input type="radio"/> An individual <input type="radio"/> A trust <input type="radio"/> Other (<i>custodianship, charity, corporation, etc.</i>) | | <input type="radio"/> Per Stirpes |
| | Beneficiary's Name: | SSN/TIN: | |
| | Relationship: | Date of Birth/UA Date/Date of Formation: | |

Total: _____% Total must add up to 100%

Spousal Consent for Qualified Retirement Plans (401k, PSP, MPPP plans that use TD Ameritrade's adoption agreement)

(Only required if spouse is not named 100% primary beneficiary in Section 7.)

I, the undersigned spouse of the Participant, hereby certify that I have read this Participant Application and Designation of Beneficiary and fully understand that the property subject to the designation is my spouse's accrued benefit under the Plan, in which I possess a beneficial interest, provided I survive my spouse. Being fully satisfied with the provisions of the designation, I hereby consent to and accept the above beneficiary designation, without regard to whether I survive or predecease my spouse. This consent is irrevocable unless my spouse changes the beneficiary designation or designates me to receive 100% of the accrued benefit.

STOP HERE PLEASE! This document must be signed in the presence of a Notary Public ONLY if your spouse is not named 100% beneficiary in Section 7.

Spouse's Printed Name: _____

Spouse's Signature: _____

Date: _____

____ - ____ - ____

Sign Here

X

(Notary Public use only)

County of: _____)

_____) ss

State of: _____)

Subscribed to and sworn to before me this

_____ day of _____.

Notary Public: _____

[SEAL]

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Instructions for Waiver Election for Qualified Pre-Retirement Survivor Annuities

About Qualified Pre-Retirement Survivor Annuities

If you are a married participant in your employer's qualified retirement plan, the law requires that any amount remaining in your plan account be paid to your surviving spouse in a certain manner at your death. This manner of payment, called a "Qualified Pre-Retirement Survivor Annuity," will provide your spouse with a series of periodic payments over his or her life. The size of the periodic payments will depend on the amount remaining in your plan account.

For example, assume that a participant dies with an account balance of \$10,000. If the balance is paid to the surviving spouse in the form of a Qualified Pre-Retirement Survivor Annuity, the annuity will provide the spouse with monthly payments of \$76.60. (This payment amount is an estimate based on the Individual Annuity Mortality Tables - 71 using a 5% interest rate with payments commencing at age 65.)

You may elect to waive the following:

1. The requirement that your surviving spouse be paid in the form of a Qualified Pre-Retirement Survivor Annuity; and
2. The requirement that your spouse be your beneficiary (only if applicable).

You may make either or both of the above elections beginning with the first day after which you become a participant in the plan. Any waiver election you sign before age 35 will become invalid the first day of the plan year in which you attain age 35. At that time you may again waive the Qualified Pre-Retirement Survivor Annuity and the requirement that your spouse be your beneficiary.

Important Information

Your spouse must consent in writing to either waiver. You have the right to revoke any waiver that you have made at any time before your death. Your spouse must also consent to any subsequent changes of beneficiary.

If your vested account balance is \$5,000 or less at the time of your death, the plan administrator may make a distribution to your surviving spouse in a single sum cash payment even if you did not waive the Qualified Pre-Retirement Survivor Annuity.

Because a spouse has certain rights under the law, you should inform your plan administrator immediately of any changes in your marital status. A change in your marital status may require you to complete a new Participant Application and Designation of Beneficiary form.

For more information regarding Qualified Pre-Retirement Survivor Annuities, contact your plan administrator (employer).

Waiver Election (For Qualified Pre-Retirement Survivor Annuity)

The Plan Administrator will check here if the following election does NOT apply.

Married Participant's Election to Waive the Qualified Pre-Retirement Survivor Annuity

As a married participant in my employer's qualified retirement plan, I acknowledge that I have read the information about Qualified Pre-Retirement Survivor Annuities below. I understand that when I die, any amount remaining in my plan account will be paid to my surviving spouse in the form of a Pre-Retirement Survivor Annuity. I understand that I have a right to waive that form of payment.

I hereby elect to waive the requirement that my surviving spouse be paid any benefits that I may have in the plan at the time of my death in the form of a Qualified Pre-Retirement Survivor Annuity. I understand and agree that this waiver is valid only if my spouse has consented by reading and signing the statement below.

Sign Here

Participant's Signature:

X

Date:

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
| | | - | | | - | | | | |
|--|--|---|--|--|---|--|--|--|--|

I am the spouse of the participant named above. I hereby consent to my spouse's election not to have benefits remaining in his or her plan paid in the form of a Qualified Pre-Retirement Survivor Annuity at his or her death. I understand that my consent cannot be revoked unless my spouse revokes the above waiver.

Sign Here

Participant's Spouse's Signature: *(Must be witnessed. See below)*

X

Date:

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
| | | - | | | - | | | | |
|--|--|---|--|--|---|--|--|--|--|

Witness of Spouse's Consent The signature of the spouse must be witnessed by a notary public or signature guarantee as required. *(Witness applies to either or both elections.)*

Sign Here

Notary Public/Signature Guarantee:

X

Date:

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
| | | - | | | - | | | | |
|--|--|---|--|--|---|--|--|--|--|

Notary Public

| | |
|--|---------------|
| <p>(Notary Public use only)</p> <p>County of: _____)</p> <p>_____) ss</p> <p>State of: _____)</p> <p>Subscribed to and sworn to before me this _____ day of _____.</p> <p>Notary Public: _____</p> | <p>[SEAL]</p> |
|--|---------------|

EMPLOYEE: You and your spouse must complete the Waiver Election section if the box above has not been checked.

EMPLOYER: The Waiver Election is applicable to all Money Purchase Pension Plans, Defined Benefit Pension Plans, and Target Benefit Plans. For Profit-Sharing Plans if you did select the REA Safe Harbor provision in the adoption agreement and no existing plan assets are subject to the REA annuity requirements, place a check mark in the indicated box above. For Individual 401(k) plans the Waiver Election applies if assets were transferred in to the plan from a Money Purchase Pension Plan, Defined Benefit Plan or Target Benefit Plan. It does not apply if 401(k) or Profit Sharing Plan assets were transferred in to this plan and the REA Safe Harbor was selected in the original plan document. For an Individual 401(k) plan that has no assets subject to the REA annuity requirements, place a check mark in the indicated box above.

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Trusted Contact (Optional)

By completing this section, you authorize TD Ameritrade to contact the person(s) named below for the following reasons: if there are questions or concerns about my whereabouts or health status; if TD Ameritrade suspects that I may be a victim of fraud or financial exploitation; if TD Ameritrade suspects that I might no longer be able to handle my financial affairs; to confirm the identity of any legal guardian, executor, trustee, authorized trader, or holder of a power of attorney; or if TD Ameritrade has any other concerns or is unable to contact me about my account(s) held at TD Ameritrade. **Please review the Client Agreement for the full terms and conditions regarding how TD Ameritrade uses this information.**

NOTE: Your Trusted Contact must be someone other than an account owner. You may provide more than two Trusted Contact Persons by completing and signing additional Authorization Forms.

| | | |
|-------------|-----------------|------------|
| First Name: | Middle Initial: | Last Name: |
|-------------|-----------------|------------|

Relationship:

| | |
|---------------|--------|
| Phone number: | Email: |
|---------------|--------|

Mailing Address:

| | | | |
|-------|--------|-----------|----------|
| City: | State: | Zip Code: | Country: |
|-------|--------|-----------|----------|

| | | |
|-------------|-----------------|------------|
| First Name: | Middle Initial: | Last Name: |
|-------------|-----------------|------------|

Relationship:

| | |
|---------------|--------|
| Phone number: | Email: |
|---------------|--------|

Mailing Address:

| | | | |
|-------|--------|-----------|----------|
| City: | State: | Zip Code: | Country: |
|-------|--------|-----------|----------|

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ERISA Information (This section should be completed by the Employer.)

- Single Participant/Business Partners (can include spouse)
- ERISA Plan - Plan with eligible employees

Plan Information - Fiduciary (This section should be completed if Fiduciary is different than the Employer)

Plan Fiduciary First Name: Middle Name: Last Name:

Fiduciary's Address:

City: State: Zip Code: -

Fiduciary's Phone number: Fiduciary's Email:

Fiduciary's TIN (if applicable): -

If You Are Using a Third-Party Administrator or Record Keeper, Please Provide the Following Information:

TPA/Record Keeper Name: Contact Name:

TPA/Record Keeper Address:

City: State: Zip Code: -

TPA/Record Keeper Phone number: TPA/Record Keeper Email:

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Account Agreement

I have received and read the Client Agreement, which is incorporated by this reference, that will govern my account. I agree to be bound by this Client Agreement, as amended from time to time, and request an account to be opened in the name(s) set forth below. All securities, dividends, and proceeds will be held at TD Ameritrade Clearing, Inc., unless otherwise instructed. I understand that TD Ameritrade 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 to extend credit may be based on information contained in a consumer or credit report, as well as the policies of TD Ameritrade and TD Ameritrade Clearing, Inc. I understand that TD Ameritrade may relate information regarding this account, including account delinquency and voluntary closures, to consumer or credit reporting agencies. Upon my request, TD Ameritrade 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 agrees to notify the consumer or credit reporting agencies if I dispute the completeness or accuracy of the information furnished by TD Ameritrade. By my signature below, I authorize TD Ameritrade to obtain consumer or credit reports for the name(s) set forth below. I understand that non deposit investments purchased through TD Ameritrade are not insured by the 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.

The undersigned hereby acknowledges that he/she has received and read the TD Ameritrade, Inc. and TD Ameritrade Clearing, Inc. Section 408(b) (2) Disclosure Summary 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. By my signature below, I attest that I am of legal age to contract, and I certify, to the best of my knowledge that the information provided on this application is complete and correct.

If I am a U.S. person for tax purposes:

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; (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 Services (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. 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 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.

If I am not a U.S. Person for tax purposes:

I am submitting the applicable Form W-8 with this form to certify my foreign status.

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

The Client Agreement applicable to this brokerage account contains a predispute arbitration clause. By signing this agreement, the parties agree to be bound by the terms of the Client Agreement, including the arbitration agreement located in Section 12 of the Client Agreement on page 8.

Sign Here

Original signatures are required; electronic signatures and/or signature fonts are not authorized

Participant's Signature:

X

Date:

____ - ____ - _____

Employer's Signature:

X

Date:

____ - ____ - _____

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

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TD Ameritrade is a trademark jointly owned by TD Ameritrade IP Company, Inc. and The Toronto-Dominion Bank.

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Investment Objectives Definitions

Conservation: Reflects your desire to seek very low risk and minimize potential loss of principal. You may seek income from your investments while understanding that returns may not keep pace with inflation. You may also intend to invest over a short period of time.

Moderate: Reflects your desire to seek lower risk and fluctuation in your portfolio, while striving to achieve more stable returns on your investments. It may also mean that you plan to invest over a short period of time.

Moderate growth: Reflects your desire to seek growth in your portfolio by typically using a balance of growth and conservative investment types. It may also mean that you are moderately tolerant of risk and plan to invest for a medium to long period of time.

Growth: Reflects your desire to seek the potential for investment growth, as well as your tolerance for more significant market fluctuations and risk of loss. It may also mean that you plan to invest over a long period of time.

Aggressive Growth: Reflects your desire for potentially substantial investment growth, as well as your tolerance for large market fluctuations and increased risk of loss. It may also mean that you plan to invest over a long period of time.