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

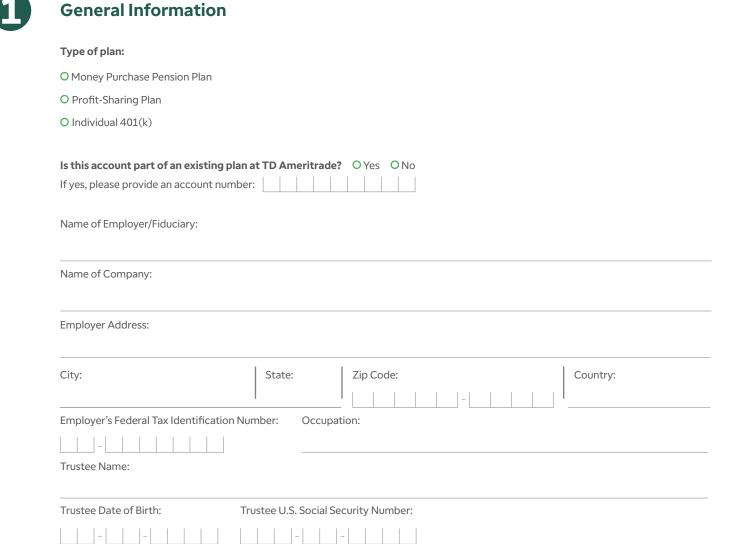
Regular Mail:

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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Section 1, General Information continued

O Check here if you are NOT a U.S. citizer	٦.	Country of Citizenship:	Country of Citizenship:		
Country of Dual/Secondary Citizenship (i	f applicable):	Country of Birth:			
Non-U.S. citizens*: Do you hold a current	U.S. immigration vis	sa? O Yes O No			
Specify visa type:	Visa Number:	Expiration:	Expiration:		
	J.S. Mailing Address	t and a copy of a bank or brokerage statement /Phone Number for Form W-8. This form can b om/form-library.			
Name Prefix (optional): O Mr. O Mrs. C) Ms. O Dr. O Rev				
First Name of Participant: Middle Name: Last Name:					
Date of Birth: Nui	mber of Dependent	s: U.S. Social Security Number:			
Marital Status:	Mother's	s Maiden Name:			
O Single O Married O Divorced O Wic	low				
Home Address (no PO box or mail drop):					
City:	State:	Zip Code:	Country:		
O Check here if you are NOT a U.S. citizer	٦.	Country of Citizenship:			
Country of Dual/Secondary Citizenship (i	fapplicable):	Country of Birth:			
Non-U.S. citizens*: Do you hold a current	U.S. immigration vis	sa? O Yes O No			
Specify visa type:	Visa Number:	Expiration:			
	J.S. Mailing Address	t and a copy of a bank or brokerage statement /Phone Number for Form W-8. This form can b om/form-library.			
Mailing Address: (if different from above,)				
City:	State:	Zip Code:	Country:		
Primary Phone number: O Check here if this is not a U.S. phone numbe	r	Secondary Phone number: O Check here if this is not a U.S. phone number			
		Concentration distributed of the first of th			
Fax number:		Participant Email (required for electronic delivery of your account statement and trade confirmations):			

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Section 1, General Information continued

O 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:
O 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):
O 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:
O 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:



Authorized Agent Compensation

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



Investment Objectives

For Select the degree of risk you are willing to take with the assets in this account: definitions regarding O Conservative O Moderate O Aggressive O Speculative investment ${\small \ \, objectives, \ \, Select the primary investment objective for this account:} \\$ see page O Conservation O Moderate O Moderate Growth O Growth O Aggressive Growth 12 of the application. Select the secondary investment objectives for this account: (Check at least one or all that apply) O Conservation O Moderate O Moderate Growth O Growth O Aggressive Growth O None Select the liquidity needs for this account: (Check only one that applies) O Within 3 months O7-9 months O4-6 months O 10 - 12 months O More than 1 year Select the investment time horizon for this account: O Less than 1 year **O**1 - 3 years O 4 - 6 years O7 -9 years O 10-12 years O 13 years or more

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Financial Information

pr info

Please Annual Income:

ovide the following financial	O \$0-\$24,999	O \$25,000)-\$49,999	O \$50,000-\$99,	999	O \$100,000-\$2	49,999	O \$250,000+	
ormation.	Approximate Net W	Vorth: (not i	ncluding reside	nce)					
	O \$0-\$14,999	() \$15,000-\$49	999	O \$50,0	00-\$99,999		O \$100,000-\$249	7,999
	O \$250,000-\$499,9	99 (> \$500,000-\$9	99,999	O \$1,000),000-\$1,999,999	>	O \$2,000,000+	
	Approximate Liquic	l Net Worth	: (cash, stocks,	etc.)					
	O \$0-\$14,999		O \$15,000-\$49	,999	O \$50,0	00-\$99,999		O \$100,000-\$249	9,999
	O \$250,000-\$499,9	99	O \$500,000-\$9	99,999	O \$1,00	0,000-\$1,999,99	9	O \$2,000,000+	



Cash Sweep Vehicle

My uninvested cash will be deposited in the TD Ameritrade FDIC Insured Deposit Account (IDA) as a part of the Cash Balance programs. See the Client Agreement for a complete description of the Cash Sweep program. Other sweep choices are available for clients with household values greater than \$500,000 and cash balances of more than \$100,000. I understand my account statement will include sweep transactions involving bank deposits or money market funds in lieu of immediate trade confirmations.

For those plans which require an alternative to the IDA due to regulation or applicable law, including certain 403(b) plan accounts, the designated Sweep Vehicle will be the Federated Government Money Market Fund.



Trade Confirmations and Account Statements

I understand that I will receive monthly account statements and trade confirmations electronically, unless I make a selection below. If I do not provide a valid email address, I will receive a quarterly paper statement or a monthly paper statement. Certain types of accounts or activities (such as options trading) require a monthly statement, either electronically or via U.S. mail. I will be responsible for any fees that apply. Accounts with a total liquidation value of \$10,000 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 I elect to receive either electronic statements or electronic confirmations, I will receive shareholder information electronically when available.

Account Statement:				
O Electronic Monthly	O Paper Monthly (\$2 fee may apply ea	ach month)	O Paper Q	Quarterly (\$2 fee may apply each quarter)
Trade Confirmation:				
O Electronic	O Paper			
services so they may behalf and will forwar	contact me directly about my investment.	. If I direct you des proxy mat	not to share erial, prospe	ctuses, annual reports, and other corporate
Send duplicate confirma	itions and statements to: O My Employe	er O Designa	ited Party	
Name:				
Address:				
City:		S	tate:	Zip Code:

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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 Participant, 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 beneficiaries naming subsequent beneficiaries. Please consult a qualified tax advisor or attorney regarding the applicable trust law for your state of residence.

If you are married and live in a state with community property statutes and do not designate your spouse as the sole beneficiary, you represent and warrant that your spouse has consented to such designation. Percentages must total 100% for all primary beneficiaries and 100% for all contingent beneficiaries. If percentages are not indicated, they will be deemed equal shares. If percentages indicate an attempt to distribute as equal shares, but do not add up to 100%, the first named beneficiary will receive a slightly higher percentage (for instance, if you indicate 33%, 33.3%, or 33.33% for all three beneficiaries, TD Ameritrade will round the first beneficiary's percentage up to 33.34% and the other two beneficiaries will each receive 33.33%). Further, when securities cannot be evenly distributed, or there are unclaimed securities, the Account Owner requests that such securities be liquidated and any proceeds from the liquidation be distributed in the percentages requested to the named Beneficiaries.

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

Designate your Primary Beneficiary(ies)

___% Total must add up to 100%

Beneficiary's Name: Relationship:	Beneficiary is: O An individual O A trust O Other (custodianship, charity, corporation, etc.) O Per Stirpes					
Primary Share %: Beneficiary is: O An in Beneficiary's Name: Relationship:	SSN/TIN: 					
Beneficiary's Name: Relationship:	Date of Birth/UA Date/Date of Formation:					
Relationship:	ndividual O A trust O Other (custodianship, charity, corporation, etc.) O Per Stirpes					
	SSN/TIN: 					
Primary Share %: Beneficiary is: O An in	Date of Birth/UA Date/Date of Formation:					
	Beneficiary is: O An individual O A trust O Other (custodianship, charity, corporation, etc.)					
Beneficiary's Name:	SSN/TIN: 					
Relationship:	Date of Birth/UA Date/Date of Formation:					
Primary Share %: Beneficiary is: O An ir	Beneficiary is: O An individual O A trust O Other (custodianship, charity, corporation, etc.)					
Beneficiary's Name:	SSN/TIN: 					
Relationship:	Date of Birth/UA Date/Date of Formation:					
Primary Share %: Beneficiary is: O An ir	ndividual O A trust O Other (custodianship, charity, corporation, etc.) O Per Stirpes					
Beneficiary's Name:	SSN/TIN: 					
Relationship:	Date of Birth/UA Date/Date of Formation:					

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Designate your Contingent Beneficiary(ies)

Contingent Share %:	Beneficiary is: O An individual O A trust O Other (custodianship, charity, corporation, etc.) O Per Stirpes				
	Beneficiary's Name:	SSN/TIN:			
		OR			
	Relationship:	Date of Birth/UA Date/Date of Formation:			
Contingent Share %:	Beneficiary is: O An individual O A trust O Other	(custodianship, charity, corporation, etc.) O Per Stirpes			
	Beneficiary's Name:	SSN/TIN:			
		OR			
	Relationship:	Date of Birth/UA Date/Date of Formation:			
Contingent Share %:	Beneficiary is: O An individual O A trust O Other	(custodianship, charity, corporation, etc.) O Per Stirpes			
	Beneficiary's Name:	SSN/TIN:			
		OR			
	Relationship:	Date of Birth/UA Date/Date of Formation:			
Contingent Share %:	Beneficiary is: O An individual O A trust O Other (custodianship, charity, corporation, etc.) O Per Stirpes				
	Beneficiary's Name:	SSN/TIN:			
		OR			
	Relationship:	Date of Birth/UA Date/Date of Formation:			
Contingent Share %:	Beneficiary is: O An individual O A trust O Other	(custodianship, charity, corporation, etc.) O Per Stirpes			
	Beneficiary's Name:	SSN/TIN:			
		OR			
	Relationship:	Date of Birth/UA Date/Date of Formation:			
Total:	_% Total must add up to 100%				

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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:	[1	Date:	
gn Here	X			
	(Notary Public use only)		[SEAL]	
	County of:)		
) ss		
	State of:)		
	Subscribed to and sworn to before me this			
	day of			
	Notary Public:		_	



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.

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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)

O 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:	Date:
	I am the spouse of the participant named above. I hereby consent to n plan paid in the form of a Qualified Pre-Retirement Survivor Annuity a unless my spouse revokes the above waiver.	
Sign Here	Participant's Spouse's Signature: (Must be witnessed. See below)	Date:
	Witness of Spouse's Consent The signature of the spouse must be wire guarantee as required. (Witness applies to either or both elections.)	tnessed by a notary public or signature
Sign Here	Notary Public/Signature Guarantee:	Date:
	Notary Public	
	(Notary Public use only)	[SEAL]

(Notary Public use only)	
County of:	_)
) ss
State of:	_)
Subscribed to and sworn to before me this	
day of	<u> </u>
Notary Public:	

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 Ini	tial: Last Name:	
Relationship:			
Phone number:		Email:	
City:	State:	Zip Code:	Country:
First Name:	Middle Init	tial: Last Name:	
Relationship:			
Phone number:		Email:	
City:	State:	Zip Code:	Country:

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

O Single Participant/Business Partners (can include spouse)

O 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):	y Administrat	or or Record Keeper,
Please Provide the Following TPA/Record Keeper Name:	information:	Contact Name:
TPA/Record Keeper Address:		
City:		State: Zip Code:
TPA/Record Keeper Phone number:		TPA/Record Keeper Email:

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and/or signature fonts are not authorized

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.

Participant's Signature: X Original signatures are required; electronic signatures Signatures A Date: Date:

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

TD Ameritrade, Inc. and TD Ameritrade Clearing, Inc., members FINRA/SIPC, are subsidiaries of The Charles Schwab Corporation.

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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.

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