Reset Form

TD Ameritrade

Account Agreement Form for Self-Directed Brokerage Accounts for Plan Participants

PO Box 2226 ■ Omaha, NE 68103-2226
Fax: 800-914-8980

Please complete this application in full and return it to the address above or fax it to 800-914-8980. Incomplete applications may cause a delay in opening your account. If you have questions or need additional forms, please call us at 866-766-4015.

1. ACCOUNT INFORMATION

Plan ID Number:	Plan Name:
IPG 136006625	IPLANGROUP

Choose from the following check-boxes to indicate the type of account you would like to open:

☐ Non-Roth Self-Directed Brokerage Account ☐ Roth Self-Directed Brokerage Account ☐ Both (Roth and Non-Roth)

**Please check with your plan for eligibility before selecting a Roth account. If no box is checked, a non-Roth account will be opened.*

2. ACCOUNT OWNER INFORMATION

Full Legal Name:

Date of Birth: *(MM-DD-YYYY)*	Number of Dependents:	U.S. Social Security Number*: *(SSN)*

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Mother's Maiden Name: *(for account security)*

Street Address: *(no PO box or mail drop)*

City:	State:	ZIP Code:

Mailing Address: *(if different from above)*

City:	State:	ZIP Code:

Phone Number: ☐ Check here if this is not a U.S. phone number.

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

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

Country of Citizenship:

Country of Dual or Secondary Citizenship:

Country of Birth:

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

Specify Visa Type:

Expiration:

*If none, I will submit a photocopy of my passport.
**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 signed letter of instruction explaining why you have a U.S. address.

☐ Check here if you, your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents are a director, 10% shareholder, or policy-making officer of a publicly traded company. Specify the company name, ticker symbol, address, city, and state:

☐ Check here if you, your spouse, any member of your immediate family, including parents, in-laws, siblings, and dependents 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.

3. 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 and cannot be the Investment Advisor. You may provide more than one Trusted Contact Persons by completing and signing additional pages.

SDPS 186 F 02/18

First Name:	Middle Initial:	Last Name:
Relationship:		
Primary Telephone Number:	Email Address:	
Mailing Address:		
City:	State:	ZIP Code:

4. ACCOUNT AGREEMENT

I acknowledge that I have received and read the "Client Agreement," available at www.tdameritrade.com/retail-en_us/resources/pdf/SDPS182.pdf or by calling 866-766-4015, 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 have received and read the TD Ameritrade Privacy Statement. I release and agree to indemnify and hold harmless TD Ameritrade 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, an account 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.

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 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 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.

Please note: By accepting the Client Agreement, you agree to have all free credit balances held in your retirement account systematically swept into a money market fund, FDIC-insured bank deposit or other products available under TD Ameritrade, Inc.'s sweep program. A terms sheet or prospectus detailing the sweep vehicle will be sent to your address of record at account opening.

This Self-Directed Brokerage Account ("SDBA") is a part of a retirement plan. TD Ameritrade has an agreement with your TPA/Recordkeeper regarding tax reporting, contribution allocation, and other administrative matters. Pursuant to the agreement, your TPA/Recordkeeper is responsible for much of the administrative tracking. For example, if you have a Roth SDBA, your TPA/Recordkeeper will track your holding period for the Roth contributions. If you have specific questions regarding SDBA administration, please contact your TPA/Recordkeeper.

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.

Successors and Heirs. This Authorization supplements and in no way limits or restricts rights which 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 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 10 of the Client Agreement, on page 7.

X Plan Participant's Signature:	Date:

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

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

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