Institutional Advisor Services



General Instructions

- By completing and signing this application the account owner is establishing an account subject to the terms and conditions made available by your advisor and at trustamerica.com/tca
- Instructions to complete this document can be found at trustamerica.com/advisor-forms/

			TCA by E*TDADE Account Number
			TCA by E*TRADE Account Number
SECTION 1: Non-qualified accoun	t type (check only o	ne)	
□ Individual □ Joint With Rights of Survivorship (V □ Joint (Tenants in Common) □ Joint (Tenants by the Entirety) □ Joint (Community Property) □ Joint (Community Property WROS) □ Custodial (UTMA/UGMA)			
SECTION 2: Primary account own	er information (or m	inor)	
A. Name and Contact Inform	ation		
Name			
Date of Birth	Social Security N	Number	
Phone # Cell Work Home	Phone # □Cell □Work □Home		Specific Occupation
B. Mailing Address PO Boxes address.	Allowed - If providin	ng a PO Box or non-	residential address, Section 2C must be completed providing a residential
Address 1			
Address 2			
City C. Residential Address Requi	State red if 2B has PO Box	Zip No PO Boxes	
Address 1		,	
Address 2			
City	State	Zip	
D. Citizenship Status Select one type of identification, and of	enter the ID number a	and expiration date b	pelow (cannot be expired):
U.S. Citizens only: ☐ Driver's license or ID card issued by a state or outlying possession of the United States ☐ ID card issued by a federal, state, or local government agency or entity ☐ U.S. Passport ☐ Certificate of U.S. Citizenship (INS Form N-560 or N-561)	U.S Resident Alier (Driver's License not ☐ Unexpired foreign 551 stamp or attache indicating unexpired e authorization ☐ Permanent Reside Alien Registration Re with photograph (INS	accepted): passport, with I- d INS Form I-94 employment ent Card or eceipt Card	
Identification Number (provide number	r from selected docur	ment)	
Expiration Date	State (If applicab	ole)	



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E. Where will the assets to fu	und this a	account primarily com	e from (choose only one)?
☐ Securities	☐ Insu	rance Proceeds	
☐ Personal Funds	☐ Inhe	eritance / Gift	
Real Estate Proceeds	☐ Pen	sion / IRA/ Retirement Savino	gs
☐ Income from Earnings	☐ Othe	er (please specify	
F. What is the purpose and e	expected	use of the account (c	hoose only one)?
☐ Investment account with frequen	nt transfers	☐ Long term investment	with occasional transfers
☐ Investing for estate planning		☐ Investing for tax planni	ng
☐ Investing for college/minor		☐ Investing for retirement	t
SECTION 3: Additional account ov	vner inform	ation	
A. Name and Contact Inform	ation		
Date of Birth	Social S	security Number	
Phone # Cell Work Home	Phone #	Cell Work Home	Specific Occupation
B. Mailing Address <i>PO Boxes</i> .	Allowed - If	providing a PO Box, Sectio	n 3C must be completed providing a residential address.
Address 1			
Address 2			
City	State		
C. Residential Address Requir	red if 3B has	PO Box, No PO Boxes	
Address 1		····	
Address 2			
City	State		

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LUG É*TRADE
TCA by E*TRADE Account Number

D. Citizenship Status

Select one type of identification	n, and enter the ID number ar	l expiration date below	(cannot be expired):
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U.S. Citizens only: ☐ Driver's license or ID card issued by a state or outlying possession of the United States ☐ ID card issued by a federal, state, or local government agency or entity ☐ U.S. Passport ☐ Certificate of U.S. Citizenship (INS Form N-560 or N-561)	U.S Resident (Driver's License ☐ Unexpired for I-551 stamp or at 94 indicating une authorization ☐ Permanent R Alien Registration photograph (INS	e not accepted: reign passport, wittached INS Form expired employments esident Card or n Receipt Card w	n I- ent			
Identification Number (provide number fro	m selected docume	ent)				
Expiration Date	State (If applicable	2)				
☐ Additional account owner information Note: Complete the "Additional Informational Information in the state of the stat		Addendum."				
SECTION 4: Transfer on death (TOD)	designation (if ap _l	plicable)				
Note: If there is no valid beneficiary inform (WROS), Community Property WROS of percentage share adds up to 100% for prise provided, the beneficiaries will not disponditions. A. Primary Beneficiary	r Tenants in Entire imary and continge	ety. If more than ent beneficiary ty	n one primary or contingent be pes. You can add additional be	eneficiary is designated, be sun eneficiaries on a separate docum will be determined under the acc	e that the tota ent. (If no SS	
i. Beneficiary Name ii. Relationship (select one): ☐ Spous	e Other:		i. Beneficiary Name ii. Relationship (select o	ne): Spouse Other:		
iii. Date of Birth iv. Social	Security Number	v. % Share	iii. Date of Birth	iv. Social Security Number	v. % Share	
C. Select: □ Primary □ Contingent			D. Select: □ Primary □	Contingent		
i. Beneficiary Name ii. Relationship (select one): □ Spouse □ Other:			i. Beneficiary Name ii. Relationship (select one): □ Spouse □ Other:			
iii. Date of Birth iv. Social	Security Number	v. % Share	iii. Date of Birth	iv. Social Security Number	v. % Share	
E. Select: □ Primary □ Contingent						
i. Beneficiary Name ii. Relationship (select one): ☐ Spous	e 🗖 Other:					

Note: Additional information may be attached. Transfer on Death Designation Forms can be provided.

v. % Share

iv. Social Security Number

☐ Additional Information is attached.

iii. Date of Birth

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							T	TCA by E*TRADE Account Number
Section 5: Account managemen	t							
A. Client Representative						В	. In	Investment Advisor Information
Client Representative Name						_ In	vest	estment Advisor/Money Manager Firm Name
Client Representative Firm Name								
Mailing Address								
City Stat	te	Zip						
Work Phone Ema	ail				_			
SECTION 6: Email and electronic	-							
A. Email Address One valid if opt-in.	email address	s is reques	ted for	each a	ассоі	ınt a	nd v	d will be used for e-delivery of statements and other account documents
then Document Delivery. Please of SECTION 7: Authorized signature	contact your ac	dvisor for a	any que	estions	you	may	hav	
the Account Terms and Conditions, R Taxpayer Identification Number Cert By signing below, I also certify under • My taxpayer identification numb • I am not subject to backup with you are currently subject to bac • I am a U.S. citizen or other U.S • I am exempt from FATCA report	Policies and Disification: r penalties of peoper provided all holding for fall because the person; and ring.	sclosures, a erjury that: pove is corre ure to report g because	ect; t intere you ha	hich are est and ve faile	e mad divide	end ir	ailab ncom t all i	an be relied upon to establish my account and that I have read and agree to able to me by my advisor and at: www.trustamerica.com/tca . The come (please cross out this sentence if you have been notified by the IRS that if interest and dividends on your tax return); It is is not this document other than this Identification Number Certification.
Account Owner/Custodian Signatu	ıre	Date			_			
Printed Name								
Account Owner/Custodian Signatu	ure	Date			_			
Printed Name					_			
Account Owner/Custodian Signatu	ıre	Date			_			

Printed Name
- End Form-