



Office Code
Brokerage Account Number
Rep Code/Advisor/Institution

# Coverdell Education Savings Account (ESA) Application

Please complete this application in full. Incomplete applications may cause a delay in opening your account. If you have questions, or need additional forms, please contact us at 800-553-9513.

**Street Address:** 1005 N. Ameritrade Place, Bellevue, Nebraska 68005

**Mailing Address:** PO Box 3288, Omaha, Nebraska 68103-0288

**Phone #:** 800-553-9513 **Fax:** 816-243-3766

**Web site:** www.ameritradefinancial.com

## 1 Designated Beneficiary (Student) Information

**Note: The Internal Revenue Service (IRS) imposes age restrictions on designated beneficiaries. Please consult your tax advisor concerning these restrictions before opening this account.**

Minor Name <i>First, Middle Initial, Last, Suffix</i>			
U.S. Social Security Number/ITIN		Date of Birth <i>Month/Day/Year</i>	
All mailings regarding this account will be sent to the Responsible Individual. If you would like to receive duplicate confirmations and statements, please check here: <input type="checkbox"/>			
Street Address <i>No PO boxes or Mail Drops</i>			
City	State/Province	ZIP/Postal Code	Country
Mailing Address <i>If different from street address; PO boxes acceptable.</i>			
City	State/Province	ZIP/Postal Code	Country
Daytime Telephone Number	Evening Telephone Number	Fax Number	
Are you a U.S. Citizen or a U.S. Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No — Country of Citizenship _____ <b>Complete appropriate Form W-8BEN if applicable.</b>		Non-U.S. Citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes — Specify visa type _____ Passport # _____ Expiration: _____ <input type="checkbox"/> No — Nonresident aliens must submit Form W-8BEN and a copy of a current passport. If a U.S. address is listed, then attach a signed letter of instruction explaining why you have a U.S. address.	



## 2 Parent or Legal Guardian (Responsible Individual) Information

Name <i>First, Middle Initial, Last, Suffix</i>			
U.S. Social Security Number/ITIN	Date of Birth <i>Month/Day/Year</i>	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Street Address <i>No PO boxes or Mail Drops</i>			
City	State/Province	ZIP/Postal Code	Country
Mailing Address <i>If different from street address; PO boxes acceptable.</i>			
City	State/Province	ZIP/Postal Code	Country
Daytime Telephone Number	Evening Telephone Number	Fax Number	
Are you a U.S. Citizen or a U.S. Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No — Country of Citizenship _____ <b>Complete appropriate Form W-8BEN if applicable.</b>		Non-U.S. Citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes — Specify visa type _____ Passport # _____ Expiration _____ <input type="checkbox"/> No — Nonresident aliens must submit Form W-8BEN and a copy of a current passport. If a U.S. address is listed, then attach a signed letter of instruction explaining why you have a U.S. address.	
<input type="checkbox"/> Check here if you, any member of your immediate family or business associate is a senior political figure (SPF). <b>Specify the name of the SPF, political title, relationship to account owner and country of office.</b>			
<input type="checkbox"/> Check here if you are a director, 10% shareholder or policy-making officer of a publicly traded company. <b>Specify the company name, address, city and state/province.</b>			
<input type="checkbox"/> Check here if you are licensed or employed by a registered broker/dealer, securities exchange or member of a securities exchange. <b>We must receive a compliance letter along with this application.</b>			
Please specify if you are: <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Self-Employed		Occupation	Employer Name <i>If self-employed, provide the name of your business and industry.</i>
Employer Street Address <i>City, State/Province, ZIP/Postal Code, Country</i>			

## 3 Please provide all of the following financial information:

*To be completed by parent or legal guardian (Responsible Individual).*

**Annual Income**

- \$0 - \$24,999
- \$25,000 - \$49,999
- \$50,000 - \$99,999
- \$100,000 - \$249,999
- \$250,000+

**Approximate Net Worth *Not including residence***

- \$0 - \$14,999
- \$15,000 - \$49,999
- \$50,000 - \$99,999
- \$100,000 - \$249,999
- \$250,000 - \$499,999
- \$500,000 - \$999,999
- \$1,000,000 - \$1,999,999
- \$2,000,000+

**Approximate Liquid Net Worth *Cash, stocks, etc.***

- \$0 - \$14,999
- \$15,000 - \$49,999
- \$50,000 - \$99,999
- \$100,000 - \$249,999
- \$250,000 - \$499,999
- \$500,000 - \$999,999
- \$1,000,000 - \$1,999,999
- \$2,000,000+

## 4 Options Account (Responsible Individual)

<b>Funds Available for Options Trading</b> <input type="checkbox"/> \$0 - \$1,999 <input type="checkbox"/> \$2,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$19,999 <input type="checkbox"/> \$20,000 - \$49,999 <input type="checkbox"/> \$50,000+	<b>Years of Investment Experience</b> <input type="checkbox"/> Less than 1 <input type="checkbox"/> 1 - 2 <input type="checkbox"/> 3 - 5 <input type="checkbox"/> 6 - 9 <input type="checkbox"/> 10+	<b>Investment Knowledge</b> <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Extensive <input type="checkbox"/> Professional trader	<b>Average Transaction Size</b> \$ <input type="text"/>	<b>Number of Dependents</b> <input type="text"/>
<b>Number of Transactions per Year</b> <input type="checkbox"/> Less than 10 <input type="checkbox"/> 10 - 19 <input type="checkbox"/> 20 - 49 <input type="checkbox"/> 50+	<b>Types of Transactions</b> <i>Check all that apply.</i> <input type="checkbox"/> Stocks <input type="checkbox"/> Bonds <input type="checkbox"/> Options <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Other _____ _____	<b>What Are Your Options Investment Objectives?</b> <i>Check all that apply.</i> <input type="checkbox"/> Growth <input type="checkbox"/> Speculation <input type="checkbox"/> Income <input type="checkbox"/> Conservation of capital <input type="checkbox"/> Tax Benefits <input type="checkbox"/> Other _____ _____	<b>What Type of Activity Do You Plan to Conduct in Your Options Account?</b> <input type="checkbox"/> Write covered calls, Write cash-secured puts <input type="checkbox"/> Purchase options	

## 5 Depositor Information (If different from parent or legal guardian)

Name <i>First, Middle Initial, Last, Suffix</i>			
U.S. Social Security Number/ITIN		Date of Birth <i>Month/Day/Year</i>	
Street Address <i>No PO boxes or Mail Drops</i>			
City	State/Province	ZIP/Postal Code	Country
Daytime Telephone Number	Evening Telephone Number	Fax Number	
Are you a U.S. Citizen or a U.S. Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No — Country of Citizenship _____ <b>Complete appropriate Form W-8BEN if applicable.</b>		Non-U.S. Citizens: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes — Specify visa type _____ Passport # _____ Expiration _____ <input type="checkbox"/> No — Nonresident aliens must submit Form W-8BEN and a copy of a current passport. If a U.S. address is listed, then attach a signed letter of instruction explaining why you have a U.S. address.	
<input type="checkbox"/> Check here if you, any member of your immediate family, or business associate is a senior political figure (SPF). <b>Specify the name of the SPF, political title, relationship to account owner, and country of office.</b>			
<input type="checkbox"/> Check here if you are a director, 10% shareholder, or policy-making officer of a publicly traded company. <b>Specify the company name, address, city and state/province.</b>			
<input type="checkbox"/> Check here if you are licensed or employed by a registered broker/dealer, securities exchange or member of a securities exchange. <b>We must receive a compliance letter along with this application.</b>			
Please specify if you are: <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Self-Employed		Occupation	Employer Name <i>If self-employed, provide the name of your business and industry.</i>
Employer Street Address <i>City, State/Province, ZIP/Postal Code, Country</i>			

## 6 Funding Your Account

**Note: The IRS imposes income restrictions on individual contributors. Please consult your tax advisor concerning these restrictions before funding this account.**

A maximum deposit of \$2,000 per beneficiary per tax year is allowed. Contribution year:

**I will be funding with:**

- A personal check in the amount of:  
 \$  
*Make check payable to TD AMERITRADE Clearing, Inc.*
- A wire transfer to be initiated after account opening. Please contact TD AMERITRADE prior to initiating wire transfer.  
 \$  
*Approximate wire amount*
- A transfer of assets from an existing education savings account.  
*Please complete and include an Account Transfer Form.*
- A transfer from an existing Ameritrade Financial Services account. *Please complete and include an Internal Transfer Form.*
- A rollover of assets from another Coverdell ESA. Rollover must be made within 60 days of receipt of those assets.  
*Please complete and attach a Coverdell ESA Deposit Slip.*

**Please note: By accepting the Client Agreement, you agree to have all free credit balances held in your IRA automatically swept into a TD Bank USA, N.A., Money Market Deposit Account (FDIC-Insured). For a complete description of the MMDA, please see the "Cash and MMDA Sweep Feature Agreement" available upon request. The "Cash and MMDA Sweep Feature Agreement" will also be sent to your address of record at account opening. Please call 800-553-9513 for more information.**

## 7 Electronic Trade Confirmations and Account Statements

As the Responsible Individual, you will receive monthly account statements and trade confirmations electronically, unless you choose a different selection below. Not all statement and confirmation delivery choices are available for all accounts and paper documents may incur additional fees. With electronic delivery, an email will be sent to the Responsible Individual's email address when your statement or confirmation is available. Just log on to your account from any computer to view, print or save your documents.

Email Address — *Required for electronic delivery of your account statement and trade confirmations.*

If a valid email address is not provided, you will receive a monthly paper statement.

**Select only one choice for each.**

**Account Statement**

- Electronic Monthly
- Paper Monthly

**Trade Confirmation**

- Electronic
- Paper

- Unless I have checked this box, TD AMERITRADE will provide the name of the Responsible Individual to the corporations whose securities are held in the Coverdell ESA so that they can send corporate communications and shareholder information to the Responsible Individual.

## 8 Designation of Death Beneficiary (Optional)

You may designate a primary death beneficiary. To designate contingent beneficiaries in the event that your primary beneficiary does not outlive you, please complete the Change of Beneficiary Form.

**Subject to the condition(s) set forth in this section, I designate the following as the death beneficiary of my Coverdell ESA:**

**Primary Beneficiary**

Name <i>First, Middle Initial, Last, Suffix</i>		Relationship	
Date of Birth <i>Month/Day/Year -OR- Social Security Number/ITIN</i>		Street Address	
City	State/Province	ZIP/Postal Code	Country

## 9 Options Account Agreement

To have an options account, you must provide the financial and experience information in Sections 3 and 4. I hereby apply for an options account. I have received and read the "Client Agreement" that will govern my account, and agree to be bound by this client agreement as currently in effect and as amended from time to time. 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.

Coverdell ESAs are limited to writing covered calls, writing cash-secured puts and the purchase of long options.

<input checked="" type="checkbox"/> Responsible Individual Signature	Date
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## 10 Money Market Agreement

I certify by signing below that I am of legal age and capacity, and have legal authority to execute this Application. I have access to a current Prospectus or terms and conditions for The Reserve U.S. Treasury fund and agree to the terms and conditions herein and those in the current Prospectus.

Balances held in the brokerage account are covered by the Securities Investor Protection Corporation (SIPC) for up to \$100,000. TD AMERITRADE, Inc. is a member of the SIPC, which protects securities customers of its members up to \$500,000 (including \$100,000 for claims of cash). An explanatory brochure is available upon request or at [www.sipc.org](http://www.sipc.org).

Up to an aggregate of \$250 million of additional securities protection, of which \$900,000 may be applied to cash, is provided by London insurers, also limited to a combined return to any client from a Trustee, SIPC and London of \$150 million. This coverage provides you protection against brokerage insolvency and does not protect against loss in market value of the securities.

## 11 Account Agreement

By signing this Application: (i) I, the Depositor, hereby establish a Coverdell ESA under the Client Agreement set forth in this Application and the Coverdell ESA Custodial Agreement (Custodial Agreement), which is incorporated by reference, subject to acceptance of the Coverdell ESA by the custodian, TD AMERITRADE Clearing, Inc.; and (ii) I acknowledge that I have received, read, understand and agree to the Client Agreement set forth in this Application and the Custodial Agreement and in the Ameritrade Financial Services Client Agreement that will govern this Coverdell ESA, as well as the Ameritrade Financial Services Privacy Policy. I understand that this Coverdell ESA is subject to the requirements of the Internal Revenue Code and the regulations thereunder and that the funding and/or operation of this account may have significant tax and financial consequences. I understand and acknowledge that Ameritrade Financial Services does not provide tax, financial or legal advice and that, subsequent to the initial contribution which will be invested as directed above, Ameritrade Financial Services will invest and reinvest the assets in the Coverdell ESA only pursuant to the instructions of the Responsible Individual or his/her authorized representative. I further accept responsibility for the information contained in this Application about me (and, if I am the Depositor, about the Designated Beneficiary) and affirm that such information is true and correct. I agree to indemnify and hold harmless Ameritrade Financial Services from any and all liability and claims for damages resulting from any action taken pursuant to this Application, the Custodial Agreement and/or the Ameritrade Financial Services Client Agreement.

Under penalties of perjury, I certify that (1) the Social Security or taxpayer identification number provided is correct, (2) I am not subject to backup withholding and (3) I am a U.S. person (including a resident alien). If I have been notified by the IRS that I am subject to backup withholding as a result of dividend or interest underreporting, I must cross out (2) in this certification.

### 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 allows 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 document.**

**Option** (*This provision is effective only if checked*): The Responsible Individual shall continue to serve as the Responsible Individual for the custodial account after the Designated Beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the custodial account and the custodial account terminates. If the Responsible Individual becomes incapacitated or dies after the Designated Beneficiary reaches the age of majority under state law, the Responsible Individual shall be the Designated Beneficiary.

**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.**

## 12 Signature(s)

<input checked="" type="checkbox"/> Signature of Responsible Individual	Date
<input checked="" type="checkbox"/> Signature of Depositor (if not the Responsible Individual)	Date