

Account Application Retirement

A2

Account Number

Rep ID

Financial advisor instructions: To be used for all brokerage, and direct business retirement accounts held at the individual account level, and third party investment advisor (TAMP/TPIA) retirement accounts. For more detailed information on the appropriate paperwork requirements for all registration types, please consult the appropriate account opening checklist located in the resource center. For existing accounts, this form should only be used for adding or removing account holders, or to change the registration or account type.

Please fax the completed form to New Accounts at (858) 202-8325.

Attention: Any alterations must be initialed by all account holders.

Section I: Account Information

1. Account Type (choose only one)

Account updates required by LPL Operations

Each account holder must receive, read and understand the contents of the applicable (Account Packet (LPL-Master). This separate packet contains the Account Agreement that details the relationship between you, your financial advisor, LPL Financial ("LPL") and other related parties as applicable to your account.

- Brokerage Direct Business (skip section V)
 OMP Brokerage* TAMP/TPIA* (skip section V)

Print Name of TAMP/TPIA Platform or Program**

*Additional documentation required. Financial advisor should refer to the detailed procedures for the account type on the Resource Center.
**For TAMP/TPIA accounts, LPL is not acting as the broker/dealer and your account will be maintained at a third party custodian.

2. Registration Type (choose only one)

- Traditional IRA Beneficiary IRA 403(b)(7) Non-ERISA* 401(k) Plan
 Rollover IRA Beneficiary Roth IRA 403(b)(7) ERISA* Profit Sharing Plan
 Roth IRA Beneficiary SIMPLE IRA 457 Plan Defined Benefit Plan
 SEP IRA Beneficiary 403(b)(7) Money Purchase Pension Plan Other Retirement Type:
 SAR-SEP IRA
 SIMPLE IRA

Name of Decedent (required for Beneficiary accounts)

*403(b)(7) plans may or may not be subject to ERISA depending on how the plan operates. Please consult the employer to determine if the plan is subject to ERISA

Is this account or plan subject to ERISA? Yes No

Is this account for a Government Entity? Yes No

Is your account holder considered an "institutional account" based on one or more of the following definitions per FINRA Rule 4512(c): Yes No

1. A bank, savings and loan association, insurance company or registered investment company;
2. An investment adviser registered either with the SEC under Section 203 of the Investment Advisers Act or with a state securities commission (or any agency or office performing like functions); or
3. Any other person (whether a natural person, corporation, partnership, trust or otherwise) with total assets of at least \$50 million

3. Registration Information

Individual or Participant Social Security Number

Account Registration

Fill in your current residency status: (choose only one)

- U.S. Citizen Resident Alien Non-Resident Alien

Mailing Address

Account Address (no P. O. Boxes) Same as mailing address

Country Of Citizenship or Legal Establishment

Group Plan Name or Employer (if applicable)

Email

Date Plan Established (if applicable)

Group Plan, Trust or Estate Tax ID (if applicable)

Primary Phone

Secondary Phone



Member FINRA/SIPC



Section II: Investment Objective and Risk Tolerance

1. Select the investment objective that most accurately reflects the goals for this account: (choose only one)

The investment objectives are overall objectives for the entire account and may be inconsistent with a particular holding at any time. Please note that achievement of the stated investment objectives is a long-term goal for the account. These choices are listed in order from what is considered to be conservative to highest risk. There is no guarantee that the investment objective will be achieved.

- A. Income with Capital Preservation. Designed as a longer term accumulation account, this is considered generally the most conservative investment objective. Emphasis is placed on generation of current income with minimal risk of capital loss. Lowering the risk generally means lowering the potential income and overall return.
- B. Income with Moderate Growth. Emphasis is placed on generation of current income with a secondary focus on moderate capital growth.
- C. Growth with Income. Emphasis is placed on modest capital growth with some focus on generation of current income.
- D. Growth. Emphasis is placed on achieving high long-term growth and capital appreciation. There is little focus on generation of current income.
- E. Aggressive Growth. Emphasis is placed on aggressive growth and maximum capital appreciation. No focus on generation of current income. This objective has a very high level of risk and is for investors with a longer time horizon.
- F. Trading. Emphasis is placed on speculative transaction activity. This objective represents acceptance of an extremely high level of risk.

ATTENTION: If you select an objective and cross it out to choose another, the change must be initialed by all account holders.

Section III: Account Holder Information

If you are an institutional trustee or a financial organization serving as trustee of a ERISA Group Plan, the identification sections are optional. If the plan is non ERISA then all fields are required for additional account holders, complete the Supplemental Account Application (F1C).

1. Primary Information

Primary Account Holder/Participant/Trustee/Minor/Decedent			Occupation <small>(former if retired or unemployed)</small>		ID Type <small>(Ex: Driver's License, Passport, etc)</small>	
Social Security Number	Date of Birth	No. of Dependents	Industry <small>(former if retired)</small>		ID Place of Issuance	
Residence Address (no P. O. Boxes) <input type="checkbox"/> Same as mailing address			Employer Name <input type="checkbox"/> Mark here if retired or unemployed		ID Number	
			Employment Address (no P.O. boxes)		ID Issuance Date	ID Expiration Date
Primary Phone	Secondary Phone	Country of Citizenship				
ID verified? <input type="radio"/> Yes <input type="radio"/> No						

Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA	Relationship to Account Holder of Person Associated with Firm or FINRA	Name of Associated Firm (if FINRA, list FINRA)
Address of Person Associated with Firm or FINRA		Corporate Compliance Mailing Address of firm
<input type="checkbox"/> Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months.		Name of Corporation(s)

Account Number



Section III: Account Holder Information (continued)

2. Secondary Information

Parent/Guardian/Fiduciary/Trustee/Co-Trustee/Auth. Officer
Occupation (former if retired or unemployed) ID Type (Ex: Driver's License, Passport, etc)
Social Security Number Date of Birth No. of Dependents Industry (former if retired) ID Place of Issuance
Residence Address (no P. O. Boxes) Same as mailing address Employer Name Mark here if retired or unemployed ID Number
Employment Address (no P.O. boxes) ID Issuance Date ID Expiration Date
Primary Phone Secondary Phone Country of Citizenship ID verified? Yes No

Mark here and complete the below information if a FINRA employee or person associated with a broker/dealer or municipal securities dealer has a financial interest in, controls trading in, or has discretionary authority over this account (e.g., accounts for minor children). This includes situations where you are employed by FINRA or associated with a broker/dealer or municipal securities dealer. This also includes situations where your spouse, domestic partner, or other immediate family member is employed by FINRA or associated with a broker/dealer or municipal securities dealer.

LPL will notify FINRA, the broker/dealer, or the municipal securities dealer regarding this account and may transmit duplicate statements, confirmations and other information concerning the account. By completing and signing this new account application, you authorize LPL to provide transactional data as listed above to FINRA, the broker/dealer, or municipal securities dealer as applicable.

Full Name of Person Associated with Firm or FINRA Relationship to Account Holder of Person Associated with Firm or FINRA Name of Associated Firm (if FINRA, list FINRA)

Address of Person Associated with Firm or FINRA Corporate Compliance Mailing Address of firm

Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months. Name of Corporation(s)

Section IV: Financial Information and Experience

1. Investment Information

Enter the letter that corresponds to the correct range:

Annual income? Net worth? (exclusive of home) Liquid net worth?* Approximate account value?**
A. \$1 - \$24,999 B. \$25,000 - \$49,999 C. \$50,000 - \$99,999 D. \$100,000 - \$249,999 E. \$250,000 - \$499,999
F. \$500,000 - \$749,999 G. \$750,000 - \$999,999 H. \$1,000,000 - \$49,999,999

Specify the exact Source of Account Holder Wealth and Income (e.g. Inheritance, employment salary, sale of real estate, etc.) Federal income tax bracket? (%)

Investment Experience (number of years):
Annuities Mutual Funds Partnerships Margin Stocks Bonds Options
Other (please specify):

What are your assets/investments (includes positions held outside and by LPL in this and other accounts)? Please indicate percentage of assets exclusive of primary home (must equal 100%). Do not provide percentages in fractions or decimals.

Real Estate % Mutual Funds % Checking / Savings % Annuities %
Insurance % Equities % Alternative Investments % Bonds %
Other % If Other, please explain

*Liquid net worth is exclusive of real estate; only include assets that can be liquidated within 30 days.
**Account minimums apply; see the applicable Account Packet for details or ask your financial advisor.

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Section IV: Financial Information and Experience (continued)

2. Investment Time Horizon and Liquidity Needs

What is your investment time horizon for this account?

- 1-3 years
- 3-5 years
- 5-10 years
- More than 10 years

Do you have liquidity needs from the funds in this account? Yes No

If yes, when do you need these funds? 0-3 years More than 3 years

If yes, specify the approximate dollar amount for the time range indicated above \$ _____

3. Investment Technique(s) / Strategy(ies)

Only applicable if the advisor recommended the investment technique(s) / strategy (ies) to the account holder for this account. If applicable, select all that apply:

- Asset Allocation - Establishing a suitable base investment mix and periodically rebalance the portfolio in order to maintain a long-term goal for asset allocation.
- Buy and Hold - Intending to buy and hold securities for a long period of time, regardless of fluctuations in the market; not concerned with short-term price movements or technical indicators.
- Dollar Cost Averaging - Designed to potentially reduce volatility in which securities, typically mutual funds, are purchased in fixed dollar amounts at regular intervals, regardless of what direction the market is moving.
- Hedging - Investing with the goal to reduce the risk of adverse price movements in a security or securities, by taking an offsetting position in a related security, such as using derivatives, options, short sales or being long in an offsetting position some of which may require additional forms and approval.
- Indexing/Passive Investing - Purchasing of investment products with returns that correlate to a specified index.
- Liquidations - Converting securities into cash or equivalents by selling them.
- Non-Correlated Asset Investing - Purchasing assets that tend to change in value independent of the core financial markets such as stocks and bonds. Alternative investments and precious metals are examples of assets that can be used in a non-correlated investment strategy in an attempt to counter the price movements of a traditional investment portfolio.
- Trading on Margin - With an approved Margin agreement on file, borrowing against eligible securities or the purchase of securities on credit.
- Other (please specify): _____

Section V: Custodian Information

(For all Non-Direct IRA, Roth IRA, SIMPLE IRA and 403(b)(7) participant accounts only)

1. Retirement Account Custodian

Unless an Outside Custodian is designated and marked below, all IRA, Roth IRA, SIMPLE IRA and 403(b)(7) participant accounts (Section I) will default to PTC as custodian. Each account holder must receive, read and understand the contents of the applicable Custodial Agreement referenced below based on the registration type selected in Section I.2.

- Custodial Agreement PTC - IRA: For Traditional IRA, Traditional Rollover IRA, Beneficiary IRA, SEP IRA and SAR-SEP IRA accounts.
- Custodial Agreement PTC - Roth IRA: For Roth IRA and Beneficiary Roth IRA accounts.
- Custodial Agreement PTC - SIMPLE IRA: For SIMPLE IRA and Beneficiary SIMPLE IRA accounts.
- Custodial Agreement PTC - 403(b)(7): For 403(b)(7) ERISA, 403(b)(7) Non-ERISA and Beneficiary 403(b)(7) accounts.

Mark here for Outside Custodian (account holder to complete and submit custodian's adoption agreement) Skip Section V.2

Account Number



Section V: Custodian Information (continued)

2. Beneficiary Designation (this section only applies to accounts with PTC as custodian):

I hereby designate the following individual(s) or entity(ies) as my primary and/or contingent beneficiary(ies) unless otherwise directed in writing by the account holder and properly filed with the custodian. If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, or the percentages do not total 100%, the beneficiaries will be deemed to own equal share of the unspecified percentages in the account. If more than one contingent beneficiary is designated and no distribution percentages are indicated, or the percentages do not total 100%, the beneficiaries will be deemed to own equal share of the unspecified percentages in the account. If this is a Guardian account, the account will automatically pass to the minor's estate. Once the minor has reached the age of majority for the state of residence, he or she may then designate a beneficiary(ies).

If any primary beneficiary(ies) dies before me, his or her interest shall terminate completely, and the percentage share of any remaining primary beneficiary(ies) shall be increased equally. If no primary beneficiary survives me, the contingent beneficiary(ies) shall acquire the designated share of my account. If no primary or contingent beneficiaries survive me, my spouse will be deemed my beneficiary. If there is no surviving spouse at the time of my death, my estate will be deemed my beneficiary. If I live in a state with community property statutes or the account is a 403(b)(7) subject to Title 1 of ERISA and do not designate my spouse as the sole primary beneficiary, I certify that my spouse has consented to such designation.

Mark here if you wish to add a Per Stirpes stipulation to all named individuals in my Primary Beneficiary Designation.*

Mark here if you wish to add a Per Stirpes stipulation to all named individuals in my Contingent Beneficiary Designation.*

*If this box is checked, in the event that any primary or contingent beneficiary does not survive the account holder but leaves surviving descendants, then any share otherwise payable to such beneficiary will be paid instead to such beneficiary's surviving descendants.

	Name	Relationship	Social Security Number	Date of Birth	%
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary <input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Section VI: Account Holder Acknowledgment and Execution

1. Delivery Preferences If you have provided your email address in this application, you may elect to receive documents from LPL electronically.

- Yes, I want to receive documents from LPL electronically (including account statements, trade confirmations and performance reports). I acknowledge that I need to (i) maintain an active email account to receive notifications from LPL when documents are available and (ii) login to Account View and accept its terms and conditions of use before I am able to view the documents electronically.
- No, I do not want to receive documents from LPL electronically. Please send me paper copies of all communications related to my account. This is the default selection if "Yes" is not selected above.

You may revoke your election to receive electronic documents or request paper copies of electronic documents at any time by logging into Account View or contacting your Financial Advisor.

2. Name Differences/One and the Same Information (not to be used in lieu of court documentation for legal name changes)

List any name differences that you are known by or commonly use in the space provided. By listing the names below and signing Section VI, you are authorizing LPL to accept transactions and follow instructions under all names listed.

3. Acknowledgment

I acknowledge by signing below that I have received, read, understand and agree to the terms of this Account Application and the applicable Account Agreement (included in the Account Packet specified in Section I). Additionally I certify the following:

- All of the information provided in this Account Application is true, correct, and complete and I agree to notify LPL of any changes to the information.
- I understand that LPL will supply my name to issuers of any securities held in my account so that I may receive important information regarding those securities, unless I notify LPL in writing not to do so.
- I acknowledge that proceeds from liquefied home equity on my primary residence will not be used to fund this account.
- I understand and agree that it is my responsibility to inform my financial advisor any time I purchase class A shares of a mutual fund in the same fund family as a fund that I own either individually or in related accounts, in order to ensure that I receive the appropriate commission discount.
- I have discussed with my financial advisor the investment objective selected for the account in Section II of this Application.
- I understand that investing through a brokerage account involves investment risk, including the risk of loss. I am prepared to bear the risks associated with my investments.

For accounts with PTC as Custodian, I acknowledge that I have received, read, understand and agree to the terms of the applicable Custodial Agreement and I certify that I am eligible to establish the type of account referenced above. I release the Custodian, LPL Financial LLC and their affiliates, from all liability and agree to indemnify the same from any and all losses, damages or cost for acting in good faith in accordance with the account privileges selected herein. In no event shall the indemnified parties be liable for consequential damages.

Additionally, For accounts with PTC as Custodian I certify the following:

- If I make a rollover contribution, I certify that I understand the rules and conditions of the deposit and that I am eligible to make the deposit under the Internal Revenue Code.
- If this is a SEP IRA, I certify that I have received, read and accept my employer’s plan document (5305-SEP or SEP prototype).
- If this is a SAR-SEP, I certify that I have received, read and accept my employer’s plan document (5305A-SEP or SEP prototype), I have verified that my employer’s plan was established in a year beginning before 1997 and I have entered into a SAR-SEP Elective Deferral Agreement with my employer.
- If this is a SIMPLE IRA, I certify that I have received, read and accept the summary description and notice (Form 5304-SIMPLE) from my employer relating to my employer’s SIMPLE IRA Plan and I have entered into a SIMPLE Elective Deferral Agreement with my employer.
- If this is a 403(b)(7), I have verified with my employer that it is an educational organization described in Code Section 170(b)(1)(A)(ii) or a tax-exempt organization described in Code Section 501(c)(3) of the Internal Revenue code and neither the Custodian, LPL nor any of their affiliates have any responsibility for any applicable contribution or distribution limitations under Internal Revenue Code 403(b), and I am establishing the account under my employer’s 403(b)(7) plan and in connection, have entered into an elective deferral arrangement with my employer.
- If this is a 403(b)(7), I designate LPL as the brokerage firm to invest assets and agree to invest all assets solely in regulated investment companies.
- This account is governed by and I acknowledge receipt of the predispute arbitration clause that is located in the last numbered section of the Account Agreement (included in the Account Packet specified in Section I), which is incorporated by reference into this Account Application. If I am opening an account with a third party investment advisor (TPIA) or third party asset management program (TAMP), I acknowledge receipt of the LPL Form ADV Disclosure Brochure.

Account Number



4. Important Information about IRA Rollovers from Employer Sponsored Retirement Plans

If you are planning to fund this IRA account with a rollover from an employer sponsored retirement plan, like a 401(k) plan, it is important for you to fully understand the following:

- If terminating from your employer, you have options with respect to the assets in your plan, including that you can:
 - o Remain invested in the plan (subject to certain minimum assets)
 - o Transfer your plan assets to a plan of a new employer
 - o Transfer your assets to an IRA with a financial institution
 - o Receive a cash distribution (which may be fully taxable)
- There are pros and cons of each of the options, which are described in the IRA Custodial Agreement you received in connection with opening this account
- If you decide to transfer assets out of the plan and into an IRA, you understand that:
 - o Those assets will no longer be subject to the protections of ERISA or other applicable pension laws
 - o There will no longer be a responsible plan fiduciary making decisions about the investments
 - o Depending on the investments and services you select for your IRA, you may pay more in fees, commissions and other costs than if the assets remained in your plan
- By signing this Account Application, you acknowledge that:
 - o You reviewed and understand the above information regarding rollovers, and the information regarding rollovers contained in the documents and agreements required to open this Account, including the IRA Custodial Agreement
 - o You have discussed with your Financial Advisor the pros and cons of funding an IRA with a rollover
 - o The decision to transfer assets from a plan to fund an IRA has been or will be made by you based on a full understanding of the options available to you

Under penalties of perjury, I hereby certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (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 Service (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. person (including a U.S. resident alien), and (4) I attest I am exempt from FATCA Reporting. (However, if you provide an IRS W-8 form, it will supersede this statement and you may be subject to FATCA Reporting.) (Cross out (2) if subject to backup withholding.) The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

Account Holder Signature

Account Holder Name (print)

Date (required)

Account Holder Signature

Account Holder Name (print)

Date (required)

Branch Use Only

I have reviewed this document for completeness, accuracy, suitability, and proper disclosures. If this account was opened online and the automated check against the OFAC list of specially designated nationals (SDNs) resulted in a match to the account holder's name, I have confirmed that the account holder is not the same person listed by OFAC. If this account is opened by the home office, I have checked the list of SDNs and either the account holder's name does not appear or, if the account holder's name is the same as the name of a SDN, the account holder is not the person listed by OFAC. I have also provided the account holder with the CIP disclosure either in writing or verbally.

Financial Advisor / Authorized Person Signature

Financial Advisor / Authorized Person Name (print)

Rep ID

Date (required)

Joint Financial Advisor / Authorized Person Signature

Joint Financial Advisor / Authorized Person Name (print)

Rep ID

Date (required)

Account Number

