



AMERITRADE Institutional

IRA ACCOUNT APPLICATION

TRADITIONAL • ROTH • ROLLOVER

Complete and return to:
TD AMERITRADE Institutional
 4075 Sorrento Valley Blvd., Suite A
 San Diego, CA 92121

Account # _____

Advisor # _____

1 ACCOUNT HOLDER: COMPLETE ALL THE INFORMATION BELOW AS IT SHOULD APPEAR ON YOUR ACCOUNT

Account Title/Name:		Social Security Number:	Date of Birth: <small>mm/dd/yyyy</small>	
Home Address: Street/City/State/Zip Code: <small>(Must provide even if you use a P.O. Box)</small>			Country of Citizenship other than U.S. <small>(a copy of a passport and recent copy of either a bank or brokerage statement may be required)</small>	
Mailing Preference: <input type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> P.O. Box <small>P.O. Box City/State/Zip Code</small>	Driver's License/Passport Number:		Expiration: <small>mm/dd/yyyy</small>	State/Country:
Employer/Occupation (If not employed, indicate if retired, student, etc.):	Phone Number: <input type="checkbox"/> Home ())) <input type="checkbox"/> Business ()))			
Employer Address: Street/City/State/Zip Code:				
Are you a director, 10% shareholder, or policy-making officer of a publicly traded company? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ <small>(If yes, specify company)</small>				
Are you employed by a broker/dealer? <input type="checkbox"/> No <input type="checkbox"/> Yes _____ <small>(If yes, specify company and include 407 letter from Compliance)</small>				
<input type="checkbox"/> Check here if you, any member of your immediate family, personal or business associate is a senior political figure. _____ <small>(Specify the name of the political figure, political title, relationship to account owner and country of office.)</small>				

2 INVESTMENT ADVISOR INFORMATION

Investment Advisor Firm (Agent) and Primary Contact:

Firm Name: _____ Primary Contact: _____ Advisor ID#: _____

If you would like an additional person other than your financial advisor to receive duplicate confirmations and account statements, specify below.

Name: _____ Address: _____ City/State/Zip Code _____

Please initial to indicate your approval. (If joint account, both parties must initial.)

Initials:	I hereby authorize TD AMERITRADE to send duplicate confirmations and statements to my Agent.
Initials:	I hereby authorize the Agent listed above to execute trades in my account. (Limited Power of Attorney – see attached)
Initials:	I hereby authorize TD AMERITRADE to pay my Agent's fee from my account as directed by my Agent. (Authorization to Pay Fees to Agent – see attached)
Initials:	Please do not disclose my/our name(s) to any company I/we have positions in or may invest in in the future.

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3 PLEASE SELECT THE TYPE OF IRA YOU WANT (SELECT ONLY ONE TYPE OF ACCOUNT)

TRADITIONAL IRA

- New contribution.** Make your check payable to TD AMERITRADE. Contribution is for the _____ tax year.
- Transfer of existing Traditional IRA from another financial institution.** Also complete and attach the Account Transfer Form.
- Funds you have withdrawn from another institution.** Assets you've withdrawn from a Traditional IRA within the past 60 days.

ROTH CONTRIBUTORY IRA

- New contribution.** Make your check payable to TD AMERITRADE. Contribution is for the _____ tax year.
- Transfer of existing Roth Contributory IRA from another financial institution.** Also complete and attach the Account Transfer Form.
- Funds you have withdrawn from another institution.** Assets you've withdrawn from a Roth Contributory IRA within the past 60 days.

ROTH CONVERSION IRA Eligibility to convert your Traditional IRA to a Roth IRA is based on income limits. I understand that this rollover conversion request will be processed promptly upon receipt by TD AMERITRADE Retirement Plans Operations and that TD AMERITRADE assumes no liability for the timing of such conversion and related tax consequences.

- Convert current TD AMERITRADE Traditional IRA:** _____ (account number) (A new account number will be assigned.)
If only a portion of your current IRA is to be converted, please attach a separate sheet identifying which assets are to be moved.

A. Federal Withholding

- I do not want Federal Income Tax withheld from my distribution.
- I do want Federal Income Tax withheld from my distribution.
Ten percent (10%) of the distribution will be withheld. If you want a percentage greater than 10% withheld, please indicate percentage OR dollar amount.

% _____ OR \$ _____

B. State Withholding

- I do not want State Income Tax withheld from my distribution.
- I do want State Income Tax withheld from my distribution.
*NAME OF STATE: _____
% _____ OR \$ _____
*Contact your Regional Service Team for your specific state to determine if state tax is eligible.

- Transfer of existing Roth Conversion IRA from another financial institution.** Also complete and attach the Account Transfer Form.
- Funds you have withdrawn from another institution.** Assets you've withdrawn from a Roth Conversion IRA within the past 60 days.
- Funds you have withdrawn from another institution.** Assets you've withdrawn from a Traditional IRA within the past 60 days.

ROLLOVER IRA. To fund your IRA with assets from an employer-sponsored retirement plan, such as a 401(k) or pension plan. **PLEASE NOTE: If you're opening a Rollover IRA and wish to preserve your ability to transfer funds from this account to another qualified plan in the future, you may not make additional annual contributions to the Rollover IRA. Please consult with your tax advisor before making additional contributions to a Rollover IRA.**

- Rollover from an employer retirement plan.** Complete any forms from your employer and provide them with your TD AMERITRADE Rollover IRA account information.

Name of employer sponsoring the plan Approximate total value of distribution Expected distribution date (mm/dd/yyyy), if known

By signing this application, I elect that my IRA assets identified above be considered a rollover. This election is required by the IRS to qualify my contribution as a rollover contribution.

- Transfer of existing Rollover IRA from another financial institution.** Also complete the Account Transfer Form.
- Funds you have withdrawn from another institution.** Rollover assets you have withdrawn from a Rollover IRA within the past 60 days.

PLEASE NOTE: You cannot directly roll over from a qualified plan to a Roth IRA. You must roll over to a Traditional IRA first.

4 PLEASE CHOOSE A SWEEP VEHICLE FOR YOUR UNINVESTED CASH BALANCES (SELECT ONLY ONE)

TD Asset Management Funds USA Inc. —
Money Market Portfolio — Invests in high-quality money market securities. _____
U.S. Government Portfolio — Invests in securities issued or guaranteed by the U.S. Gov't. _____

TD Bank USA, N.A. —
FDIC-Insured Money Market Account. _____
TD Bank USA, N.A. Money Market Account —
Pays interest on credit balances. _____

NOTE: If not specified, all credit balances will automatically be swept daily to TD AMERITRADE Cash, an interest-bearing account. If you prefer one of our money market funds once the account is open, please call your advisor.

5 DESIGNATE YOUR BENEFICIARY(IES)*

	Birth date	Social Security #	Relationship	Type of beneficiary	Share %
Name and address:				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	

***PLEASE NOTE: Type of beneficiary is required. The total percentages for primary beneficiaries must equal 100%. The total percentages for contingent beneficiaries must equal 100%. If additional space is required, please attach a separate sheet with additional beneficiaries. I have attached a separate sheet with additional beneficiaries.**

Money market mutual funds are neither FDIC-insured nor guaranteed by the U.S. Government and are not deposits or obligations of, or guaranteed by, any bank. There can be no assurance that these funds will be able to maintain a stable net asset value of \$1 per share. Tax-Exempt Funds may be subject to the alternative minimum tax. More complete information about the money market funds, including management fees and expenses, is contained in the prospectus which can be obtained by calling your advisor. Please read it carefully before you invest or send money.

6 LIMITED POWER OF ATTORNEY

LIMITED TO PURCHASE AND SALE OF SECURITIES, INCLUDING THE TRADING OF OPTIONS, IF APPLICABLE.

By my signature below, and to the extent indicated herein, I hereby constitute and appoint the Advisory Firm or individual named herein as my agent and attorney-in-fact ("Agent"), to buy, sell (including short sales) and trade in stocks, bonds and any other securities and/or contracts relating to the same on margin (if I have signed a margin agreement) or otherwise in accordance with the Terms and Conditions (incorporated by reference) applicable to this account held in my name, or number on your books, without notice to me. My Agent is authorized to effect such transactions in my account via any available medium, electronic access or otherwise, including but not limited to electronic access via personal computer or touch-tone phone.

If I have signed an option agreement, my Agent is specifically authorized to effect option transactions in my account, including uncovered options transactions or to uncover a covered option position for my account, as such terms are defined in the booklet "Characteristics and Risks of Standardized Options," a copy of which I have received. I hereby agree to indemnify and hold harmless TD AMERITRADE, Inc. ("TD AMERITRADE"), its affiliates and their directors, officers, employees and agents from and against all claims, actions, costs and liabilities, including attorney's fees, arising out of or related to reliance on this authorization and to pay promptly on demand any and all losses arising there from or debit balance due thereon. In all such purchases, sales or trades you are authorized to follow the instructions of my Agent in every respect concerning my account with you; and my Agent is authorized to act for me and on my behalf in the same manner and with the same force and effect as I might or could do with respect to such purchases, sales or trades, as well as with respect to all other things necessary or incidental to the furtherance or conduct of such purchases, sales or trades, including the delivery of securities or monies from the account in the Account Owner(s) name.

I hereby ratify and confirm any and all transactions with you heretofore or hereafter made by my Agent for my account. This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which you may have under any other agreement or agreements between me and TD AMERITRADE.

If this is a fiduciary account, Account Owner(s) affirms that this grant of limited trading authority has been conferred consistent with any fiduciary duties or powers of Account Owner(s).

This authorization is a continuing one and shall remain in full force and effect and you shall have no duty of inquiry. I may change or revoke this authorization by a written notice addressed and delivered to TD AMERITRADE. Until you receive such written revocation, you are entitled to act in reliance on this authorization and indemnity. Any revocation of this authorization shall have no effect on any liability which results from transactions initiated before you receive written notice of revocation. This authorization and indemnity shall inure to the benefit of your present firm and of any successor firm or firms, irrespective of any change or changes at any time in the personnel thereof for any causes whatsoever, and of the assigns of your present firm or any successor firms.

I have carefully read this power of attorney and indemnity and understand that it authorizes my Agent named herein to exercise rights and powers over my accounts as if I had exercised them myself and that my Agent's actions and instructions with respect to my accounts are fully binding on me. I also understand and agree that TD AMERITRADE has no duty or responsibility to monitor trading in my accounts by my Agent or notify me prior to accepting instructions I understand that Agent will automatically receive duplicate confirmations and statements unless I request otherwise.

7 AUTHORIZATION TO PAY FEES TO AGENT

By my signature, and to the extent indicated herein, I hereby authorize TD AMERITRADE Institutional ("TD AMERITRADE") to pay Agent from my account the Agent's management fees as invoiced by Agent. I also authorize TD AMERITRADE to liquidate shares of any money market mutual fund I may hold in my account to the extent necessary to pay such fees. TD AMERITRADE shall rely on Agent's invoices and has no responsibility for the calculation or verification of fees. I will indemnify and hold TD AMERITRADE and its affiliates, directors, officers, employees, successors and assigns harmless from all losses, claims, damages, liabilities and costs, including attorney's fees, which TD AMERITRADE may incur by relying upon representation of Agent or upon this authorization. This authorization will remain in full force and effect until revoked by me by a written notice delivered personally or sent by registered mail or certified mail and received by the TD AMERITRADE office serving my account.

8 AGREEMENT-BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT:

Under penalties of perjury, I certify (1) that the Social Security number shown on this form is my correct taxpayer identification number, (2) that I am not subject to backup withholding and (3) that I am a U.S. person (including a resident alien); provided, however, if I am a nonresident alien as disclosed in this application, I do not certify that I am a U.S. person, and I understand that I must submit a W-8BEN Form. 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.

I have received and read the IRA Custodial Agreement and Disclosure Statement and agree to be bound by the terms stated therein, which may be amended from time to time and which are incorporated by this reference. I also understand that I have the right to cancel my account within seven (7) days from the date I received the Custodial Agreement or Disclosure Statement. I understand that I have the right to direct the investment and reinvestment of the contributions to my account and hereby appoint TD AMERITRADE as my agent to execute directions, as Broker, under the terms of the Custodial Agreement. I hereby establish a TD Bank USA Self-Directed IRA, and certify the accuracy of all information provided, in each case effective upon acceptance by TD Bank USA. In the case of an IRA rollover contribution, I irrevocably elect to treat this as such as stated in the Rollover section of the Disclosure Statement.

I acknowledge that I have received and read the "Terms and Conditions," available at www.advisorclient.com or by calling 866-268-3247, that will govern my account. I agree to be bound by the "Terms and Conditions" which may be amended from time to time and which are incorporated by this reference. I release and agree to indemnify and hold harmless TD AMERITRADE Institutional ("TDAI") 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 TDAI, an account as indicated in Section 3 be opened in the name(s) set forth below.

If I have requested an options account, I agree to be bound by the "Terms and Conditions" and any supplemental option agreements that will govern my account applicable to the trading of option contracts. 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.

All securities, dividends and proceeds will be held at National Investor Services Corp. (NISC) (the "Clearing Firm"), unless otherwise instructed.

I understand that TDAI 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 TDAI to extend credit may be based on information contained in a consumer or credit report, as well as the policies of TDAI and the Clearing Firm.

I understand that TDAI may relate information regarding this account, including account delinquency and voluntary closures, to consumer or credit-reporting agencies. Upon my request, TDAI shall inform me of each consumer or credit-reporting agency from which they have obtained and/or reported my consumer or credit report. TDAI agrees to notify the consumer or credit-reporting agencies if I dispute the completeness or accuracy of the information furnished by TDAI. By my signature below, I authorize TDAI to obtain consumer or credit reports for the name(s) set forth below.

Unless specified otherwise, I understand that investments purchased through TDAI are not insured by the FDIC (Federal Deposit Insurance Corporation), are not obligations of or guaranteed by any financial institution and are subject to investment risk and loss that may exceed the principal invested.

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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Successors and Heirs. This Authorization supplements and in no way limits or restricts rights which TDAI and 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 TDAI and the Clearing Firm's successors and assigns.

The Terms and Conditions applicable to this brokerage account agreement contain predispute arbitration clauses. By signing this agreement the parties agree to be bound by the terms of the agreement including the arbitration agreement located at paragraph 92-94 of the Terms and Conditions.

FOR INTERNAL USE ONLY

PLEASE COMPLETE REVERSE BEFORE SIGNING
Account Holder Signature _____ Date _____
Minor Signature Not Required

CUSTODIAN ACCEPTANCE: TD BANK USA, N.A. BY:
Signature _____ Date _____