


Trust Company of America Form Guide

LLC, LLP, LP, General Partnership, or Investment Club Account Application

This form guide highlights the minimum required information to open an account. Blue highlights and gray text are required under certain circumstances. If optional sections are not completed properly, the account will be opened but the option will not be activated. We recommend filling out all information requested to help us better service the account. Refer to the detailed instructions at the beginning of the application for a complete guide to completing the form.

Trust Company of America
Institutional Advisor Services
**LLC, LLP, LP, GENERAL PARTNERSHIP, or
INVESTMENT CLUB ACCOUNT APPLICATION**



Trust Company Account Number

SECTION 1: Account Type

A. ACCOUNT TYPE

Select one:

LLC
 LLP
 LP
 GENERAL PARTNERSHIP
 INVESTMENT CLUB

B. MANAGEMENT TYPE

Select one:

General Partners for LLP, LP, or General Partnership
 Member-Run LLC
 Manager-Run LLC
 Other

If Other, List Management Type

Note: All of the Partners, Members, or Managers designated as managing this organization are required to sign the Resolution, Indemnity, and Agreement in Section 9.

C. ADDITIONAL DOCUMENTATION REQUIREMENTS

Corporate Management Company. If any authorized party, partner, member or manager is a management company, a Corporate Resolution is required designating the individuals authorized to act on behalf of the management company.

SECTION 3: Authorized Party(ies)

By signing the Resolution, Indemnity, and Agreement (Section 9), the managing partners, managers, or members hereby certifies that Trust Company is authorized to follow the instructions of the authorized party(ies) listed below and to deliver funds, securities or any other assets in this account to any party or on any authorized party's individual and independent instructions, because, the authorized party so acting has obtained the requisite consent of the organization and has the authority under the terms of the Resolution, Indemnity, and Agreement.

Trust Company of America, a financial institution as defined by the Bank Secrecy Act, uses the information provided below to verify your identity. We may submit the information to a third party service bureau, in which case the information will be compared against their database, we may request from you permission to obtain a credit report or any other means including requesting additional information from you or others. The responses from the above are confidential information and will not be shared with others unless required by law. Please refer to the instructions for completing this application to identify whose information should be provided below.

1. Authorized Party

Mary Smith

 Authorized Party Name
 Two Second Street

 Residential Street Address
 Anywhere ST 55555-5555

 City State Zip+4
 999-99-9999 01/01/99

 Social Security Number Date of Birth

2. Authorized Party

 Authorized Party Name

 Residential Street Address

 City State Zip+4

 Social Security Number Date of Birth

Corporate Management Company. One or more managing partners, managers, or members are a corporate management company. A corporate resolution is provided.
 Additional authorized party(ies) information provided

SECTION 2: Account Owner

A. MAILING ADDRESS

My Company, LLC.

 Name of LLC, LLP, Partnership or Investment Club
 One Main Street

 Mailing Address
 Anywhere ST 55555-5555

 City State Zip+4
 999-99-9999

 Federal Tax Identification Number (EIN) *Note: Account will be established with the Tax Identification Number for tax reporting.*
 ST

 State of Organization Business Phone

 Email Address

B. STREET ADDRESS

Mailing address is the business street address

 Business Street Address (no P.O. Boxes)

 City State Zip+4

SECTION 4: Account Funding

Select all that apply:

By check. Make the check payable to Trust Company of America.

 Check Amount (\$)


1. Select account type and management type.
2. Complete account owner information.
 - If mailing address is not a business street address, complete Section 2B.
3. Complete authorized party information for each authorized party.
 - If an authorized party is a corporate management company, check the Corporate Management box and include a corporate resolution.
 - For more than two authorized parties, check the Additional Information box and include an Additional Information Application Addendum.
4. Optional.

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SECTION 4: Account Funding Continued

IMPORTANT: In the memo line on the front of the check, write your new Trust Company of America account number, if available.

By federal wire. Notify your investment advisor in advance. Wires may only be sent on or after the account open date.
 By systematic ACH contributions. Provide systematic ACH contribution and bank information in Sections 5A and 5C.
 Transferring from another custodian or other financial institution. Complete, sign, and provide a Transfer Authorization form for each transferring account.

SECTION 5: Systematic Contribution or Distribution and Bank of Record (optional)

Note. If you are electing both a systematic ACH contribution and ACH distribution with different bank accounts, complete this section for one election. Then complete and provide a Systematic Contribution or Distribution Request form for the other election.

A. SYSTEMATIC ACH CONTRIBUTION

IMPORTANT: It takes approximately 30 days from receipt of this form for the systematic contribution to be activated.

Amount of Each Contribution (\$) _____

Month to Begin Contributions (see note above) _____

Frequency of Contributions
Select one: Monthly Semi-annually Quarterly Annually

Day of Month to Withdraw Contributions
Select one: 5th 25th

B. SYSTEMATIC DISTRIBUTION

IMPORTANT: It takes approximately 30 days from receipt of this form for the systematic distribution to be activated.

Amount of Each Distribution (\$) _____

Month to Begin Distributions _____

Frequency of Distributions
Select one: Monthly Semi-annually Quarterly Annually

Day of Month to Withdraw Distributions
Select one: 5th 15th (checks only) 25th

Distribution Method
Select one:
 By ACH to the bank information in Section 5C.
 By check to the account owner at the address in Section 2.
 By check to the account owner at the address below.
 By check to a third party listed below.

Payable To (if applicable) _____

Mailing Address _____

Trust Company Account Number _____

SECTION 5: Systematic Contribution or Distribution and Bank of Record Continued (optional)

City _____ State _____ Zip+4 _____

C. BANK INFORMATION

Select one: Bank for systematic ACH contribution Bank for systematic ACH distribution

Select one: Checking account Savings account

Bank Name _____ ABA (Routing) Number _____

Name on Bank Account _____

Account Number _____

Voided check provided in lieu of bank information. *Note: You still need to indicate the type of account above.*

D. WIRING INSTRUCTIONS FOR BANK OF RECORD (Optional)

Select one: Checking account Savings account

Bank Name _____ ABA (Routing) Number _____

Name on Bank Account _____

Bank Account Number _____

Voided check provided in lieu of bank information. *Note: You still need to indicate the type of account above.*

IMPORTANT: Wire instructions to a bank different than your designated bank of record may require written instructions signed by an authorized party for this account.

SECTION 6: Interested Third Party (optional)

Select all that apply: Statements Deposit confirmations
 Tax forms

Interested Party Name _____

Mailing Address _____

City _____ State _____ Zip+4 _____

Additional interested third party information provided


- 5. Optional.
- 6. Optional.

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SECTION 7: Account Management

As account owner, I am granting the authority to the following investment advisor to direct the investment activities of this account:

A. INVESTMENT ADVISOR
ABC Investments, Inc.
Firm Name

B. CLIENT REPRESENTATIVE

Client Representative Name _____

Client Representative Firm Name _____ Work Phone _____

Mailing Address _____

City _____ State _____ Zip+4 _____

SECTION 8: Signature

SUBSTITUTE W9 PROVISION

By signing below, I certify under penalties of perjury 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 and (3) I am a U.S. person (including a U.S. resident alien).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions item 2 does not apply. For mortgage interest paid, acquisition or abandonment or secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

I understand that the IRS does not require my consent to any provision of this document other than certifications required to avoid backup withholding.

I have read and agree to the terms of the Resolution, Indemnity, and Agreement, Section 9, and the Account Agreement, Section 10. I have read and understand Trust Company of America Client Privacy, Section 11, and Truth in Savings Disclosure – Institutional Clients, Section 12.

<Signature> _____ 01/01/99
Authorized Party Signature (named in Section 3) Date

Mary Smith
Print Name

Authorized Party Signature (named in Section 3) Date

Print Name

SECTION 9: Resolution, Indemnity, and Agreement

In consideration of Trust Company of America opening and/or maintaining an account for the Partnership/LLC/Investment Club, the undersigned partners, managers and/or members represents, warrants and certifies that the representations made in the Resolution are true, complete and accurate.

Each of the party(ies) named in Section 3 has the power under this resolution and applicable law to enter into the transactions and issue the instructions that are made in this account. Such power may include, without limitation, the authority to buy, sell, exchange, convert, tender, redeem and withdraw assets (including delivery of securities to and from the account). Such power may include, without limitation, to delegate to others trading authority within the account, to retain the services of outside professionals such as investment advisors, money managers, counsel, and/or accountants and to pay the fees of such professionals from the assets of this Trust Company of America account.

The undersigned partners, managers and/or members hereby indemnifies Trust Company of America and each of its officers, directors, employees and agents from, and hold such persons harmless against, any claims, judgments, surcharges, settlement amounts, or other liabilities or costs of defense or settlement (including attorney's fees) arising out of or related to any actual or alleged improper or unsuitable actions taken at such authorized party's instructions in connection with the account established at Trust Company of America.

The representations and obligations stated herein shall survive the dissolution of the Partnership/LLC/Investment Club and the Account Agreement relating to the account with Trust Company of America.

1. Select one: General Partner Member Manager

<Signature> _____ 01/01/99
Partner/Member/Manager Signature Date

Mary Smith
Print Name

2. Select one: General Partner Member Manager

Partner/Member/Manager Signature Date

Print Name

3. Select one: General Partner Member Manager

Partner/Member/Manager Signature Date

Print Name

4. Select one: General Partner Member Manager

Partner/Member/Manager Signature Date

TCI PARTAPP136.1.0907
7103 South Revere Parkway, Centennial, CO 80112 • Member FDIC

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7. Enter investment advisor firm name.
 - If applicable, complete client representative information.
8. Have each authorized party named in Section 3 sign, date, and print name.
9. Have all partners, members, or managers designated as managing the organization sign, date, and print name.