


Trust Company of America Form Guide

Qualified Plan 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
QUALIFIED PLAN ACCOUNT APPLICATION



SECTION 1: Account Type

A. QUALIFIED PLAN TYPE

Select one:

<input type="checkbox"/> 401(k)	<input type="checkbox"/> DEFINED BENEFIT PLAN
<input type="checkbox"/> 401(k) Roth	<input type="checkbox"/> PROFIT SHARING PLAN
<input type="checkbox"/> 457	<input type="checkbox"/> OTHER

B. ACCOUNT TYPE

Select one: Pooled Account Participant Account

C. TAX REPORTING

Select one:

Yes, provide Form 1099-R reporting

No, do not provide Form 1099-R reporting

D. ADDITIONAL DOCUMENTATION REQUIREMENTS

Corporate Trustee. If a trustee is a corporate trustee, a corporate resolution is required designating the individuals authorized to act on behalf of the corporation.

SECTION 3: Plan Participant (if applicable) Continued

John	A.	Smith
First Name	MI	Last Name

One Main Street
Residential Street Address (no P.O. Boxes)

Anywhere	ST	55555-5555
City	State	Zip+4

999-99-9999	01/01/99	
Social Security Number	Date of Birth	

Home Phone _____ Work Phone _____

Email Address _____

Check if participant would like to receive statements

Note: Account Statements and correspondence will be mailed to the address provided in Section 2. For additional copies, provide the information in Section 7, Interested Third Party.

SECTION 2: Qualified Plan Information

A. PLAN INFORMATION

John A. Smith 401(k)
Plan Title

Plan Title (Continued)
MidAtlantic Group
Employer/Plan Sponsor

01/01/99
Date Plan Established

One Main Street
Mailing Address (list P.O. Boxes here)

Anywhere	ST	55555-5555
City	State	Zip+4

999-99-9999
Plan Federal Tax Identification Number (EIN)

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: Authorized Party(ies)

By signing the Trust Certification, Indemnity and Agreement in Section 10, the trustees and/or other authorized parties hereby certify that Trust Company is authorized to follow the instructions of the authorized parties listed below and to deliver funds, securities or any other assets in this account to any party or on any authorized party's instructions, because either (1) the Plan Agreement and/or Trust Agreement expressly provides that each authorized party is authorized to act individually, independently and without the consent of other trustees or other authorized parties for all purposes related to the Plan's account with Trust Company, or (2) if the Plan and/or Trust Agreements do not contain such an express provision, the authorized party so acting has obtained the requisite consent of the other trustees and/or other authorized parties in accordance with the requirements of the Plan and/or Trust Agreements.

Trust Company of America, a financial institution as defined by the Bank Secrecy Act, uses the information provided below to verify your identity. Trust Company may submit the information to a third party service bureau, in which case the information will be compared against their database. Trust Company 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.

A. PLAN TRUSTEE

Jane A. Smith	Trustee
Plan Trustee Name	Title

One Main Street
Residential Street Address

Anywhere	ST	55555-5555
City	State	Zip+4

SECTION 3: Plan Participant (if applicable)

Important: The participant's name will be included in the qualified plan account title as FBO ("For the Benefit of") and the participant must sign the account application for Participant Accounts.

TCIQPAPP112.4.0110
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Page 4 of 9

1. Complete (1a) select a qualified plan type; (1b) select account type and (1c) select tax reporting preference.
2. Complete qualified plan information.
 - If mailing address is not a business street address, complete Section 2B.
3. If applicable, complete plan participant information.
4. Complete authorized party information for each authorized party. (4 Continued on next page.)

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SECTION 4: Authorized Party(ies) Continued

Social Security Number _____ Date of Birth _____
 Identification Number _____ State (if applicable) _____

B. PLAN TRUSTEE/AUTHORIZED PARTY

Plan Trustee/Authorized Party Name _____ Title _____
 Residential Street Address _____
 City _____ State _____ Zip+4 _____
 Social Security Number _____ Date of Birth _____
 Identification Number _____ State (if applicable) _____

Corporate trustee. One or more authorized trustee(s) are a corporate trustee. A corporate resolution is provided.
 Additional authorized party information provided

SECTION 5: Account Funding

Select all that apply:

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

Check Amount (\$) _____

IMPORTANT: In the memo line on the front of the check, write your new Trust Company 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.

Transferring from another custodian or other financial institution. Complete, sign, and provide a Transfer Request form for each transferring account.


Note: For incoming funds to be posted with special descriptions for plan administration, the details should be provided at the time funds are received. Any corrections to the detail description must be received prior to the period end date for statements.

SECTION 6: Systematic Contribution (optional)

A. SYSTEMATIC ACH CONTRIBUTION

IMPORTANT: Qualified plan contributions made through a systematic contribution will be credited as contributions for the year in which they are received. It takes approximately 7 days from receipt of this form for the systematic contribution to be activated.

Amount of Contribution (\$) _____
 Month to Begin Contribution (see important note above) _____



Account Number _____

SECTION 6: Systematic Contribution (optional) Continued

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

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

B. BANK INFORMATION

Select one:
 Voided check provided in lieu of bank information
 Checking account with the bank information below
 Savings account with the bank information below

Bank Name _____ ABA (Routing) Number _____
 Name on Bank Account _____
 Account Number _____

SECTION 7: 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

SECTION 8: Investment Advisor / Account Manager

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

A. INVESTMENT ADVISOR

Investment Advisor Firm Name _____

B. CLIENT REPRESENTATIVE

Client Representative Name _____
 Client Representative Firm Name _____ Work Phone _____
 Mailing Address _____
 City _____ State _____ Zip+4 _____

4. Continued.

- If an authorized party is a corporate trustee, check the Corporate Trustee box and include a corporate resolution.
- For more than two authorized parties, check the Additional Information box and include an Additional Information Application Addendum.

5. Optional.

6. Optional.

7. Optional.

8. Enter investment advisor firm name.

- If applicable, complete client representative information.

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Trust Company of America Institutional Advisor Services QUALIFIED PLAN ACCOUNT APPLICATION



SECTION 9: Signature

I/We have read and agree to the terms of the Trust Certification, Indemnity and Agreement, Section 10 and the Account Agreement, Section 11. I/We have read and understand Trust Company of America Client Privacy, Section 12 and Truth in Savings Disclosure – Institutional Clients, Section 13.

I/We, the undersigned authorized parties represent and warrant that the signatures below are the genuine signatures of the authorized parties and that I/we have the authority to open this account and to execute this Agreement. If the trustee is a corporate trustee, the signatures below are the genuine signatures of the officer or the trustee duly authorized by the trustee to act on its behalf with respect to the plan. A Corporate Resolution is attached.

Plan Trustee Signature _____ Date _____

Print Name _____

Plan Trustee / Authorized Party Signature _____ Date _____

Print Name _____

Participant Signature (if named in Section 3) _____ Date _____

Print Name _____

SECTION 10: Trust Certification, Indemnity and Agreement

All Trustees and/or other authorized party(ies) must be listed below and must read and sign this Trust Certification, Indemnity and Agreement. If only one trustee or plan administrator is named, it shall be a representation that the named trustee or plan administrator is the sole trustee or plan administrator.

I/We, the undersigned trustee(s) and/or other authorized party(ies) represent and warrant that the signatures below are the genuine signatures of each and that I/we have the authority to open this account and to execute this Certification and Agreement. If the trustee is a corporate trustee, the signatures below are the genuine signatures of the officer or the trustee duly authorized by the trustee to act on its behalf with respect to the trust. A Corporate Resolution is attached.

Plan Trustee / Authorized Party Signature _____ Date _____

Print Name _____

Plan Trustee / Authorized Party Signature _____ Date _____

Print Name _____

Plan Trustee / Authorized Party Signature _____ Date _____

Account Number _____

SECTION 10: Trust Certification, Indemnity and Agreement Continued

Print Name _____

IMPORTANT: Plans should not present any supporting documentation along with the Account Application, including but not limited to the Plan Document. Trust Company employees will not be reviewing or relying on such documentation and will have no responsibility to maintain such documentation in the account records for the plan. If Trust Company determines to retain such documentation, they will have no responsibility for it.

Where applicable, plural references in this Certification and Agreement shall be deemed singular.

In consideration of Trust Company of America opening and/or maintaining an account for the Retirement Plan, the signing Trustees and/or Plan Administrators represent, warrant and certify that the representations made in the Certification are true, complete and accurate, that the Trust and/or Plan Agreement is in full force and effect, and that the Trust and/or Plan Agreement (as defined herein) has not been revoked, modified or amended in any manner which would cause the representations contained in the Certification to be inaccurate or incorrect. If there is more than one Trustee, and no one Trustee has authority, acting individually and without notice to any other Trustee, to deal with Trust Company independently, Trust Company is authorized to follow the instructions of any of the Authorized Party(ies) listed in Section 4 of this Account Application and to deliver funds, securities or other assets in this account to any Party or on any Authorized Party's instructions on the presumption that the individual so acting has obtained the requisite consent of the other Trustees and/or Other authorized party(ies) in accordance with the Trust and/or Plan Agreement. It is the responsibility of the Authorized Party(ies) to consult with all other Trustees and/or other authorized party(ies) before giving Trust Company any instructions regarding the account. Trust Company is not responsible for determining the purpose or propriety of any instructions received from any Authorized Party or for the disposition of payments or deliveries among parties. Any notice sent to one Trustee and/or Plan Administrator shall constitute notice to all Trustees and/or other authorized party(ies).

Trust Company of America may rely on this Certification and upon the representations made herein unless and until it receives written notice of change. The signing Trustees and/or other authorized party(ies) agree to send prompt written notice to Trust Company of America of any change in Authorized Party(ies), of any amendment or modification to the Trust and/or Plan Agreement which would cause the representation contained herein to be or become inaccurate or incorrect, or of the occurrence of any event which would affect the Trust's or Plan's revocability, the Trustee's or other authorized party's powers or any representation made in this Certification.

The signing Trustees and/or other authorized party's have the power under the Trust and/or Plan 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 signing Trustees and/or other authorized party's understand that all orders and transactions will be governed by the terms and conditions of all other account agreements applicable to this account. In the event of the death, resignation, or replacement of the Trustee(s) and/or other authorized party(ies), the remaining Trustee(s) and/or other authorized party(ies) shall provide prompt written notice of the event to Trust Company of America. Additional paperwork, including a

9. Have each authorized party named in Section 4 sign, date, and print name.

- If named in Section 3, have the participant sign, date, and print name.

10. Have all trustees or plan administrators sign, date, and print name.