


Trust Company of America Form Guide

Individual, Joint, UTMA/UGMA, or Legal 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.

- 5. Optional.
- 6. Optional.
- 7. Optional.

Trust Company of America
Institutional Advisor Services
**INDIVIDUAL, JOINT, UTMA/UGMA, or LEGAL
ACCOUNT APPLICATION**



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 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 Section 6.

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

SECTION 6: 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.

SECTION 7: Interested Third Party (optional)

Select all that apply: Statements Deposit confirmations
 Tax forms

Interested Party Name

Mailing Address

SECTION 6: Systematic Contribution or Distribution and Bank of Record Continued (optional)

Trust Company Account Number

Payable To

Mailing Address

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 _____

Bank 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.

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Page 5 of 8

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SECTION 7: Interested Third Party Continued (optional)

City _____ State _____ Zip+4 _____

Additional interested third party information provided

SECTION 8: 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.
Investment Advisor Firm Name _____

B. CLIENT REPRESENTATIVE

Client Representative Name _____

Client Representative Firm Name _____ Work Phone _____

Mailing Address _____

City _____ State _____ Zip+4 _____

SECTION 9: 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 of 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 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.

Trust Company Account Number _____

SECTION 9: Signature Continued

01/01/99

Account Owner Signature _____ Date _____

Jane A. Smith
Print Name _____

Joint Owner, Custodian, Guardian, or Conservator _____ Date _____
Signature (if applicable) _____

Print Name _____

SECTION 10: Account Agreement

I hereby request that Trust Company of America, ("Custodian"), a trust company organized under the laws of the State of Colorado and having its principal place of business in Centennial, Colorado, open a custodial account in the name(s) listed as account owner ("Owner") on this Trust Company of America account application ("Application"). The Owner has selected an investment advisor ("Investment Advisor") as indicated on the Application to manage the assets in the account. The Investment Advisor is an agent of the Owner and is not an agent of the Custodian. The Owner selects the Custodian to furnish system and account services to the Owner on the terms and conditions hereinafter set forth.

NOW THEREFORE, in consideration of the mutual promises and covenants contained herein and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Owner and Custodian agree with each other as follows:

1. A. Account Record Keeping – Custodian shall maintain the account on its computerized system, which provides within each account cash postings, investment activity, account assets, account contributions and account distribution records.
- B. Preparation of Statements and Reports – Custodian shall provide Owner and Investment Advisor with periodic statements of account activity and fee billings. Custodian shall provide such further statements and reports as reasonably requested by the Investment Advisor. Custodian provides account statements to assist the Owner and Investment Advisor in the monitoring of the account but the Custodian has no duty to supervise or monitor the account or the actions of the Owner or the Investment Advisor.
- C. Confirmations – Confirmations for securities transactions will be provided upon written request by the Owner or the Investment Advisor. Trust Company will provide this information for no additional cost.
- D. Safekeeping of Property – Custodian shall be responsible for the safekeeping of the assets in the account. Custodian shall not have any responsibility for assets contributed to the account until such assets are actually received by Custodian. Legal title to assets in Owner's account shall be held on behalf of Owner in the name of Custodian as nominee. Owner shall continue to be the beneficial owner of such assets, and as such may withdraw such assets from the account, vote any such assets constituting securities or delegate the authority to vote such securities to any other person and proceed directly as a security holder against the issuer of any security in Owner's account without being obligated to join Investment Advisor or Custodian as a condition precedent to initiating such proceeding. Custodian shall provide to Owner periodic reporting of securities transactions.

8. Enter investment advisor firm name.

- If applicable, complete client representative information.

9. Have the account holder sign, date, and print name.

- If Joint, Custodian, or Legal account, have the joint owner, custodian, guardian, or conservator sign, date, and print name.

Note: Minor is not responsible for signing for a Custodian account.