

This form should be used to request the ability to write covered calls and/or purchase options on a Plan's TD AMERITRADE Account. Due to the risks involved with options we are required to obtain the following information. The form must be signed by the Plan Trustee listed as the account owner of the Plan's TD AMERITRADE Account, as well as by the Participant for whose benefit the Account is established. Please complete this form in full. If you have questions, please call us at 866-766-4015.

**1. Participant Information**

TD AMERITRADE Account Number \_\_\_\_\_

Name (First, Middle Initial, Last, Suffix) \_\_\_\_\_

U.S. Social Security Number/ITIN \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_

**2. Participant Financial Information and Options Experience**

Number of Dependents: \_\_\_\_\_

**Funds Available for Options Trading**

- \$0 - \$1,999  
 \$2,000 - \$4,999  
 \$5,000 - \$19,999  
 \$20,000 - \$49,999  
 \$50,000+

**Years of Investment Experience**

- Less than 1  
 1 - 2  
 3 - 5  
 6 - 9  
 10+

**Investment Knowledge**

- Limited  
 Good  
 Extensive  
 Professional trader

**Average Transaction Size**

- Under \$1,000  
 \$1,001 - \$2,000  
 \$2,001 - \$5,000  
 Over \$5,000

**Number of Transactions  
Per Year**

- Less than 10  
 10 - 19  
 20 - 49  
 50+

**Types of Transactions  
(Check all that apply.)**

- Stocks  
 Bonds  
 Options

**What Are Your Investment  
Objectives? (Check all that apply.)**

- Growth  
 Income  
 Conservation of Capital

**After Plan Approval, What  
Type of Activity Do You Plan to  
Conduct in Your Options Account?**

- Write covered calls  
 Purchase options



### 3. Plan and Plan Trustee Information

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Plan Name \_\_\_\_\_ Plan Tax ID Number \_\_\_\_\_  
Plan Trustee Name \_\_\_\_\_ Plan Trustee Tax ID Number \_\_\_\_\_  
Trustee Street Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Trustee Phone Number \_\_\_\_\_ Trustee Representative Name \_\_\_\_\_  
Trustee Email Address \_\_\_\_\_

### 4. Signatures

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I, the Participant named above, have received and read the Client Agreement that governs the TD AMERITRADE Account established for my benefit and am aware of the risks involved in options trading. With respect to options trading, I agree to transact in and only purchase long options and/or write covered calls in such Account, and agree to hold TD AMERITRADE harmless for any losses or other liability that may result from options trading that I direct for that Account.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Plan Trustee named above hereby applies for options trading ability on the TD AMERITRADE Account listed above. Should this Application be approved by TD AMERITRADE, with respect to options trading, Plan Trustee hereby grants to the Participant named above the ability to transact in and only purchase long options and/or write covered calls in the TD AMERITRADE Account established for Participant's benefit. Plan Trustee is aware of the risks involved in options trading and warrants to TD AMERITRADE that the options trading applied for is authorized under the governing instrument(s) of the Plan named above and is in accordance with all requirements applicable to the Plan under its governing document(s) and applicable law, including ERISA. Plan Trustee agrees to hold TD AMERITRADE harmless from any losses or other liability that may result from the Participant's options trading.

Plan Trustee Signature \_\_\_\_\_ Date \_\_\_\_\_