



Foreign Entity Account Addendum & Declaration Regarding Correspondent Accounts

PO Box 2760 ■ Omaha, NE 68103-2760
Fax: 866-468-6268

Certification for Purposes of Sections 5318(j) and 5318(k) of Title 31 United States Code

The information contained in this certification is sought pursuant to Sections 5318(j) and 5318(k) of Title 31 of the United States Code, as added by sections 313 and 319(b) of the USA PATRIOT Act of 2001 (Public Law 107-56).

To help fulfill our legal and regulatory obligations, we require that you complete these additional questions regarding your entity, its beneficial ownership, and its account objectives. This form is to be completed by an officer of the Entity.

1. ACCOUNT INFORMATION

Entity Name:	Account Number:
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2. SCOPE OF BUSINESS

Commercial/Retail business – List line of business: _____

Financial Services business _____

Bank Securities Firm Insurance Company Mutual Fund Currency House Investment Company

Other Financial Institution – List line of business: _____

Other – Indicate type: _____

Indicate Ownership Structure:

Registered share ownership Bearer share ownership Other: _____

3. ACCOUNT OBJECTIVES

Describe the primary source of funds deposited to account: (Check all that apply.)

Corporate Income Investment Capital Salary/wages/savings Other _____

Describe the source of expected future deposits: (Check all that apply.)

Corporate Income Investment Capital Salary/wages/savings Other _____

What Primary Type of activity do you plan to conduct in your account?: (Check all that apply.)

Active Trading Long-term Investing Other _____

Describe the expected withdrawals from the account: (Check all that apply.)

Frequent Occasional Rare

4. BENEFICIAL OWNERS (Shareholders)

Information must be submitted for each beneficial owner. You must submit additional copies of this form if there are additional beneficial ownership interests. If the entity is a publicly traded corporation, provide this information only for beneficial owners holding 10% or more interest in the entity. The entity is required to give immediate notice of any change to beneficial ownership interest.

Full Legal Name: _____

Date of Birth: (MM-DD-YYYY)	Number of Dependents:	U.S. Social Security Number: (SSN)
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Home Address:
(no PO box or mail drop)

City:	State:	ZIP Code:
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Check here if you are **NOT** a U.S. citizen.

Country of Dual or Secondary Citizenship:	Country of Citizenship:
Country of Birth:	

Non-U.S. citizens: Do you hold a current U.S. immigration visa?
 Yes No

Expiration: _____



4. (Cont.) BENEFICIAL OWNERS (Shareholders)

Check here if you, your spouse, any member of your immediate families, including parents, in-laws, siblings, and dependents is a director, 10% shareholder, or policy-making officer of a publicly traded company. Specify the company ticker symbol, name, address, city, and state:

Check here if you, your spouse, any member of your immediate families, including parents, in-laws, siblings, and dependents is licensed, employed by, or associated with, a broker-dealer firm, a financial services regulator, securities exchange, or member of a securities exchange. If checked, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter with this addendum:

Check here if you, your spouse, any member of your immediate families, including parents, in-laws, siblings, and dependents is, or is employed by, a federal or state registered Investment Advisor. Specify the name of the Agent and Investment Advisor company name:

Check here if you, your spouse, any member of your immediate families, including parents, in-laws, siblings, and dependents is using a license in a professional sale or trading capacity and being compensated for providing investment advice on this account. Specify the name of the Agent:

Full Legal Name:

Date of Birth:
(MM-DD-YYYY)

Number of Dependents:

U.S. Social Security Number:
(SSN)

Home Address:
(no PO box or mail drop)

City:

State:

ZIP Code:

Check here if you are **NOT** a U.S. citizen.

Country of Citizenship:

Country of Dual or Secondary Citizenship:

Country of Birth:

Non-U.S. citizens: Do you hold a current U.S. immigration visa?

Yes No

Expiration:

Check here if you, your spouse, any member of your immediate families, including parents, in-laws, siblings, and dependents is a director, 10% shareholder, or policy-making officer of a publicly traded company. Specify the company ticker symbol, name, address, city, and state:

Check here if you, your spouse, any member of your immediate families, including parents, in-laws, siblings, and dependents is licensed, employed by, or associated with, a broker-dealer firm, a financial services regulator, securities exchange, or member of a securities exchange. If checked, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter with this addendum:

Check here if you, your spouse, any member of your immediate families, including parents, in-laws, siblings, and dependents is, or is employed by, a federal or state registered Investment Advisor. Specify the name of the Agent and Investment Advisor company name:

Check here if you, your spouse, any member of your immediate families, including parents, in-laws, siblings, and dependents is using a license in a professional sale or trading capacity and being compensated for providing investment advice on this account. Specify the name of the Agent:

Full Legal Name:

Date of Birth:
(MM-DD-YYYY)

Number of Dependents:

U.S. Social Security Number:
(SSN)

Home Address:
(no PO box or mail drop)

City:

State:

ZIP Code:

Check here if you are **NOT** a U.S. citizen.

Country of Citizenship:

Country of Dual or Secondary Citizenship:

Country of Birth:

Non-U.S. citizens: Do you hold a current U.S. immigration visa?

Yes No

Expiration:

Check here if you, your spouse, any member of your immediate families, including parents, in-laws, siblings, and dependents is a director, 10% shareholder, or policy-making officer of a publicly traded company. Specify the company ticker symbol, name, address, city, and state:

Check here if you, your spouse, any member of your immediate families, including parents, in-laws, siblings, and dependents is licensed, employed by, or associated with, a broker-dealer firm, a financial services regulator, securities exchange, or member of a securities exchange. If checked, please specify entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter with this addendum:

Check here if you, your spouse, any member of your immediate families, including parents, in-laws, siblings, and dependents is, or is employed by, a federal or state registered Investment Advisor. Specify the name of the Agent and Investment Advisor company name:




Check here if you, your spouse, any member of your immediate families, including parents, in-laws, siblings, and dependents is using a license in a professional sale or trading capacity and being compensated for providing investment advice on this account. Specify the name of the Agent:

5. FOREIGN ENTITY (check appropriate box)

The undersigned Foreign Entity, Name of Entity: _____, has established one or more accounts with TD Ameritrade, Inc., and hereby certifies, by an individual authorized to make such certification, as follows: The Foreign Entity is not acting in the capacity of a Foreign Bank, and will not receive deposits from, make payments on behalf of, or handle other financial transactions related to the capacity of a "Foreign Bank" as defined in 31 CFR 104.10(d).

The undersigned Financial Institution, Name of Financial Institution: _____, a "Foreign Bank" as defined in 31 CFR 104.10(d), has established one or more accounts with TD Ameritrade, Inc. to receive deposits from, make payments on behalf of, or handle other financial transactions related to a Foreign Bank (the "correspondent accounts") as defined in 31 CFR 104.10(d).

6. SIGNATURE

Printed Name:	Title:
 Account Owner's Signature:	Date:
Printed Name:	Title:
 Account Co-Owner's Signature:	Date:
Printed Name:	Title:
 Account Co-Owner's Signature:	Date:

Original signatures required; electronic signatures and/or signature fonts are not authorized.

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value