

Coverdell Education Savings Account (ESA) Application



Return Options:

Electronically via Message Center:

Log in and go to Client Services > Message Center to attach the file

Regular Mail:

PO Box 2760, Omaha, NE 68103-2760

Overnight Mail:

200 South 108th Avenue
Omaha, NE 68154-2631

Fax: 866-468-6268

Questions? Call a New Accounts representative at 800-276-8746.

Please visit us at www.tdameritrade.com for more information about opening an account.

1

Designated Beneficiary (Student) Information

Note: The Internal Revenue Service (IRS) imposes age restrictions on designated beneficiaries. Please consult your tax advisor concerning these restrictions before opening this account.

Minor's Full Legal Name:

Date of Birth:

U.S. Social Security Number:

Home Address: (no PO box or mail drop)

City:

State:

Zip Code:

Country:

Mailing Address: (if different from above)

City:

State:

Zip Code:

Country:

All mailings regarding this account will be sent to the Responsible Individual.

Primary Phone number:

Check here if this is not a U.S. phone number

Secondary Phone number:

Check here if this is not a U.S. phone number

Fax number:

Email (required for electronic delivery of your account statement and trade confirmations):

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

Country of Citizenship:

Country of Dual/Secondary Citizenship (if applicable):

Country of Birth:

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

Specify visa type:

Visa Number:

Expiration:

* Nonresident aliens must submit a copy of a current passport.



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Designation of Death Beneficiary (Optional)

Percentages must total 100% for all primary beneficiaries and 100% for all contingent beneficiaries. If percentages are not indicated, they will be deemed equal shares. If percentages indicate an attempt to distribute as equal shares, but do not add up to 100%, the first named beneficiary will receive a slightly higher percentage (for instance, if you indicate 33%, 33.3%, or 33.33% for all three beneficiaries, TD Ameritrade will round the first beneficiary's percentage up to 33.34% and the other two beneficiaries will each receive 33.33%). Further, when securities cannot be evenly distributed, or there are unclaimed securities, the Account Owner requests that such securities be liquidated and any proceeds from the liquidation be distributed in the percentages requested to the named Beneficiaries.

The relationship to the account owner must be one of the following:

Son	Daughter	Descendant of son or daughter	Stepson
Stepdaughter	Brother	Sister	Stepbrother
Stepsister	Father	Mother	Stepfather
Stepmother	Niece	Nephew	Aunt
Uncle	Son-in-law	Daughter-in-law	Father-in-law
Mother-in-law	Brother-in-law	Sister-in-law	Spouse of any individual previously mentioned
First cousin	Ancestor of father or mother		

Subject to the condition(s) set forth in this section, I designate the following as the death beneficiary(ies) of my Coverdell ESA:

Designate your Primary Beneficiary(ies)

Primary Share %:	Beneficiary's Name: _____	SSN: _ _ - _ - _ _ _ _
	Relationship: _____	Date of Birth: _ - _ - _ _ _ _
Primary Share %:	Beneficiary's Name: _____	SSN: _ _ - _ - _ _ _ _
	Relationship: _____	Date of Birth: _ - _ - _ _ _ _
Primary Share %:	Beneficiary's Name: _____	SSN: _ _ - _ - _ _ _ _
	Relationship: _____	Date of Birth: _ - _ - _ _ _ _
Primary Share %:	Beneficiary's Name: _____	SSN: _ _ - _ - _ _ _ _
	Relationship: _____	Date of Birth: _ - _ - _ _ _ _
Primary Share %:	Beneficiary's Name: _____	SSN: _ _ - _ - _ _ _ _
	Relationship: _____	Date of Birth: _ - _ - _ _ _ _

Total: _____ % Total must add up to 100%

Designate your Contingent Beneficiary(ies)

Contingent Share %:	Beneficiary's Name: _____ Relationship: _____	SSN: [][]-[][]-[][][][] Date of Birth: [][]-[][]-[][][][]
Contingent Share %:	Beneficiary's Name: _____ Relationship: _____	SSN: [][]-[][]-[][][][] Date of Birth: [][]-[][]-[][][][]
Contingent Share %:	Beneficiary's Name: _____ Relationship: _____	SSN: [][]-[][]-[][][][] Date of Birth: [][]-[][]-[][][][]
Contingent Share %:	Beneficiary's Name: _____ Relationship: _____	SSN: [][]-[][]-[][][][] Date of Birth: [][]-[][]-[][][][]
Contingent Share %:	Beneficiary's Name: _____ Relationship: _____	SSN: [][]-[][]-[][][][] Date of Birth: [][]-[][]-[][][][]
Total: _____ %	Total must add up to 100%	

3

Cash Sweep Vehicle Choices

You offer me choices in managing all aspects of my portfolio. This includes offering different programs to earn interest on the cash in my account through our Cash Balance programs. See the Client Agreement for a complete description of the Cash Sweep program. **If I do not make a selection, my cash balances will be swept to the TD Ameritrade FDIC Insured Deposit Account. Other sweep choices are available for clients with household values greater than \$500,000 and cash balances of more than \$100,000.** I understand my account statement will include sweep transactions involving money market funds in lieu of immediate trade confirmations. Please call 800-276-8746 for more information.

Please select only one. TD Ameritrade FDIC Insured Deposit Account (IDA)
 TD Ameritrade Cash (Protected by the Securities Investor Protection Corporation (SIPC))

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Parent or Legal Guardian Information *(Responsible Individual)*

Name Prefix *(optional)*: Mr. Mrs. Ms. Dr. Rev.

First Name: | Middle Name: | Last Name:

Date of Birth: | Number of Dependents: | U.S. Social Security Number: | Mother's Maiden Name:

Home Address: *(if different from designated beneficiary, no PO box or mail drop)*

City: | State: | Zip Code: | Country:

Mailing Address: *(if different from above)*

City: | State: | Zip Code: | Country:

Primary Phone number: Check here if this is not a U.S. phone number
Secondary Phone number: Check here if this is not a U.S. phone number

Fax number: | Email *(required for electronic delivery of your account statement and trade confirmations)*:

Please specify if you are:

Employed Unemployed Retired Homemaker Student Self-Employed

Employer Name *(If Self-Employed, provide the name of your business)*:

Please choose from the list provided on page 12 the occupation code and industry of occupation code that most accurately describes your situation.

Occupation Code: | Industry of Occupation Code:

Employer Address:

City: | State: | Zip Code: | Country:

Section 5, Depositor Information continued

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

- Check here if you, your spouse, any member of your immediate families living in the same household, 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 application):**

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Funding Your Account

Note: The IRS imposes income restrictions on individual contributors. Please consult your tax advisor concerning these restrictions before funding this account.

A maximum deposit of \$2,000 per beneficiary per tax year is allowed. Contribution year: _____

I will be funding with

- A personal check in the amount of: \$ _____. **(Make check payable to TD Ameritrade Clearing, Inc.)**
- A wire transfer to be initiated after account opening. Please contact TD Ameritrade prior to initiating the wire transfer. \$ _____ (approximate wire amount)
- A transfer of assets from an existing Education Savings Account. *(Please complete and include an Account Transfer Form and a copy of your most recent statement.)*
- A transfer from an existing TD Ameritrade account. *(Please complete and include an Internal Transfer Form.)*
- A rollover of assets from another Coverdell ESA. Rollover must be made within 60 days of receipt of those assets. *(Please complete and attach a Coverdell ESA deposit slip.)*

7

Trade Confirmations and Account Statements

I understand that I will receive monthly account statements and trade confirmations electronically, unless I make a selection below. If I do not provide a valid email address, I will receive a quarterly paper statement or a monthly paper statement. Certain types of accounts or activities (such as options trading) require a monthly statement, either electronically or via U.S. mail. I will be responsible for any fees that apply. Accounts with a total liquidation value of \$10,000 or an average of five trades per month over a three-month period are eligible to receive free paper statement and confirmation delivery.

If I elect to receive either electronic statements or electronic confirmations, I will receive shareholder information electronically when available.

Account Statement:

- Electronic Monthly
 - Paper Monthly (\$2 fee may apply each month)
 - Paper Quarterly (\$2 fee may apply each quarter)
-

Trade Confirmation:

- Electronic
 - Paper
-

- Unless I have checked this box, TD Ameritrade is required to share the Responsible Individual's name and address with the companies whose securities are held in the Coverdell ESA so they may contact the Responsible Individual directly about the investment. If I direct you not to share, you will receive the information on the Responsible Individual's behalf and will forward it to the Responsible Individual. Shareholder information includes proxy material, prospectuses, annual reports, and other corporate communications. In some cases, regulations may require sharing information with the companies in which I have invested despite this election.

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Offer Code (Optional)

By entering an offer code in this field, you represent and warrant that you have read and agree to the applicable Offer Terms & Conditions. If the offer code you enter is invalid, no offer will be applied to your account. If you have questions regarding offer codes, please call 1-800-454-9272.

Offer Code: _____

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Trusted Contact (Optional)

By completing this section, you authorize TD Ameritrade to contact the person(s) named below for the following reasons: if there are questions or concerns about my whereabouts or health status; if TD Ameritrade suspects that I may be a victim of fraud or financial exploitation; if TD Ameritrade suspects that I might no longer be able to handle my financial affairs; to confirm the identity of any legal guardian, executor, trustee, authorized trader, or holder of a power of attorney; or if TD Ameritrade has any other concerns or is unable to contact me about my account(s) held at TD Ameritrade. **Please review the Client Agreement for the full terms and conditions regarding how TD Ameritrade uses this information.**

NOTE: Your Trusted Contact must be someone other than an account owner. You may provide more than two Trusted Contact Persons by completing and signing additional Authorization Forms.

First Name:	Middle Initial:	Last Name:
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Relationship:

Phone number:	Email:
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Mailing Address:

City:	State:	Zip Code:	Country:
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First Name:	Middle Initial:	Last Name:
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Relationship:

Phone number:	Email:
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Mailing Address:

City:	State:	Zip Code:	Country:
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Options Account

Due to the risks involved in options, we are required to obtain the following information. The Financial Information section must be completed to be considered for options.

Check this box to decline options privileges.

Investment Objectives *(Only required if applying for options.)*

For definitions regarding investment objectives, please see page 11 of the application.

Select the degree of risk you are willing to take with the assets in this account:

Conservative Moderate Aggressive Speculative

Select the primary investment objective for this account:

Conservation Moderate Moderate Growth Growth Aggressive Growth

Select the secondary investment objectives for this account: *(Check at least one or all that apply)*

Conservation Moderate Moderate Growth Growth Aggressive Growth None

Select the liquidity needs for this account: *(Check only one that applies)*

Within 3 months 4 - 6 months 7 - 9 months 10 - 12 months More than 1 year

Select the investment time horizon for this account:

Less than 1 year 1 - 3 years 4 - 6 years 7 - 9 years 10-12 years 13 years or more

Options Objectives *(Only required if applying for options.)*

To be completed by the Responsible Individual.

For definitions regarding options objectives, please see page 11 of the application.

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

Stocks Bonds Options

What Are Your Options Investment Objectives: *(Check all that apply)*

Growth Speculation Income Conservation of Capital

What Type of Activity Do You Plan to Conduct in Your Options Account?

Tier 1 - Covered
Write covered calls
Write cash-secured puts

Tier 2 - Standard Cash
Purchase options
+ Tier 1 - Covered

Account Owner Options Objectives *(Only required if applying for options.)*

To be completed by the Responsible Individual.

Years of Investment Experience:

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

Investment Knowledge or Education:

Limited Good Extensive Professional Trader

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Account Agreement

By signing this Application: (i) I, the Depositor, hereby establish a Coverdell ESA under the Client Agreement set forth in this Application and the Coverdell ESA Custodial Agreement (Custodial Agreement), which is incorporated by reference, subject to acceptance of the Coverdell ESA by the Custodian, TD Ameritrade Clearing, Inc.; and (ii) I acknowledge that I have received, read, understand, and agree to the Client Agreement set forth in this Application and the Custodial Agreement and the TD Ameritrade Client Agreement that will govern this Coverdell ESA, as well as the TD Ameritrade Privacy Policy.

I understand that nondeposit investments purchased through TD Ameritrade are not insured by the Federal Deposit Insurance Corporation (FDIC), are not obligations of or guaranteed by any financial institution, and are subject to investment risk and loss that may exceed the principal invested.

I understand that this Coverdell ESA is subject to the requirements of the Internal Revenue Code and the regulations thereunder and that the funding and/or operation of this account may have significant tax and financial consequences. I understand and acknowledge that TD Ameritrade does not provide tax, financial, or legal advice and that, subsequent to the initial contribution, which will be invested as directed above, TD Ameritrade will invest and reinvest the assets in the Coverdell ESA only pursuant to the instructions of the Responsible Individual or his/her authorized representative. I further accept responsibility for the information contained in this Application about me (and, if I am the Depositor, about the Designated Beneficiary) and affirm that such information is true and correct. I agree to indemnify and hold harmless TD Ameritrade from any and all liability and claims for damages resulting from any action taken pursuant to this Application, the Custodial Agreement, and/or the TD Ameritrade Client Agreement.

Important information about procedures for opening a new account:

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also utilize a third-party information provider for verification purposes and/or ask for a copy of your driver's license or other identifying documents. By my signature below, I attest that I am of legal age to contract, and I certify, to the best of my knowledge that the information provided on this application is complete and correct.

If you wish to trade options in your account, complete the Options Account section.

If an options account has been requested, I agree to abide by the rules of the listed options exchanges and the Options Clearing Corporation and will not violate current position and exercise limits. I have received and read the Client Agreement that will govern my account, and agree to be bound by it as currently in effect and as amended from time to time. I am aware of the risks involved in options trading and represent that I am financially able to bear such risks and withstand options-trading losses.

Option (*This provision is effective only if checked*): The Responsible Individual shall continue to serve as the Responsible Individual for the custodial account after the Designated Beneficiary attains the age of majority under state law and until such time as all assets have been distributed from the custodial account and the custodial account terminates. If the Responsible Individual becomes incapacitated, dies, resigns, or is removed after the Designated Beneficiary reaches the age of majority under state law, the Designated Beneficiary shall become the Responsible Individual.

If I am a U.S. person for tax purposes:

Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; (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 Services (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; (3) I am a U.S. citizen or other U.S. person; and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

If I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, I must cross out (2) in this certification.

If I am not a U.S. Person for tax purposes:

I am submitting the applicable Form W-8 with this form to certify my foreign status.

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

The Client Agreement applicable to this brokerage account contains a predispute arbitration clause. By signing this agreement, the parties agree to be bound by the terms of the Client Agreement, including the arbitration agreement located in Section 12 of the Client Agreement on page 8.

Sign Here

Signature of Responsible Individual:

X

Date:

____-____-____

Signature of the Depositor: (*if not the Responsible Individual*)

X

Date:

____-____-____

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

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

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Investment Objectives Definitions

Conservation: Reflects your desire to seek very low risk and minimize potential loss of principal. You may seek income from your investments while understanding that returns may not keep pace with inflation. You may also intend to invest over a short period of time.

Moderate: Reflects your desire to seek lower risk and fluctuation in your portfolio, while striving to achieve more stable returns on your investments. It may also mean that you plan to invest over a short period of time.

Moderate growth: Reflects your desire to seek growth in your portfolio by typically using a balance of growth and conservative investment types. It may also mean that you are moderately tolerant of risk and plan to invest for a medium to long period of time.

Growth: Reflects your desire to seek the potential for investment growth, as well as your tolerance for more significant market fluctuations and risk of loss. It may also mean that you plan to invest over a long period of time.

Aggressive Growth: Reflects your desire for potentially substantial investment growth, as well as your tolerance for large market fluctuations and increased risk of loss. It may also mean that you plan to invest over a long period of time.

Options Objectives Definitions

Growth: Investors are seeking the potential for investment growth and have a tolerance for more significant market fluctuations and risk of loss.

Speculation: Investors are seeking short-term market gains that generally have above average, maximum risk, but offer the potential for short-term, maximum gains. These strategies also have the potential for significant losses and investors understand they could lose most, or all, of the money they have invested.

Income: Investors are seeking income with a modest degree of risk. These investors are typically willing to accept lower potential returns in exchange for lower risk and volatility, and understand their returns may not keep pace with inflation.

Conservation of Capital: Investors are seeking to avoid risk and minimize potential loss of principal.

Occupation Codes

A42 Accountant/Auditor/Bookkeeper	C82 Compliance/Regulatory Professional	N21 Nurse
A62 Adjuster	C92 Consultant	O11 Office Associate
A82 Advertiser/Marketer/PR Professional	C43 Counselor/Therapist	O21 Other; If Other, include a description in the Occupation box.
A33 Air Traffic Controller	C53 Customer Service Representative	P81 Pharmacist
A43 Ambassador/Consulate Professional	D11 Dealer	P91 Physical Therapist
A53 Analyst	D61 Dentist	P22 Pilot
A63 Appraiser	D31 Distributor	P32 Police Officer/Firefighter/Law Enforcement Professional
A73 Architect/Designer	D41 Doctor/Surgeon/Physician	P42 Politician
A83 Artist/Performer/Actor/Dancer	D51 Driver	P52 Project Manager
A93 Assistant/Executive Assistant	E51 Engineer	R81 Real Estate Professional
A44 Athlete	E71 Exterminator	R71 Researcher
A64 Attorney/Judge/Legal Professional	F71 Factory/Warehouse Worker	S41 Salesperson
A74 Auctioneer	F81 Farmer/Rancher	S51 Scientist
L51 Banker/Lending Professional	F91 Financial Planner/Advisor	S61 Seamstress/Tailor
B21 Barber/Beautician/Hairstylist	F22 Flight Attendant	S71 Security Guard
B31 Broker/Registered Rep	F32 Human Resources Professional	S81 Social Worker
B41 Business Executive (VP, Director, etc.)	I41 Importer/Exporter	T41 Teacher/Professor
B51 Business Owner	I51 Inspector/Investigator	T51 Technician
C81 Caregiver	I81 Investor	T61 Teller
C91 Carpenter/Construction Worker/Contractor	I91 IT Professional/IT Associate	T71 Tradesperson/Craftsperson
C22 Cashier	J31 Janitor	T81 Trainer/Instructor
C32 Chef/Cook	J41 Jeweler	U21 Underwriter
C42 Chiropractor	L31 Laborer	V11 Veterinarian
C52 Civil Servant	L41 Landscaper	W21 Writer/Journalist/Editor
C62 Clergy	M91 Mechanic	
C72 Clerk	M22 Military, Officer or Associated	
	M32 Mortician/Funeral Director	

Industry of Occupation Codes

A11 Accounting	F11 Fashion/Clothing	O31 Other; If Other, include a description in the Industry of Occupation box
A21 Advertising/Marketing	F21 Financial Services	P11 Parking and Car Washes
A31 Aerospace/Defense	F51 Firearms and Explosives	P21 Pawn Shops/Brokers
A41 Agriculture/Forestry	G11 Gaming/Casino/Card Club	P31 Personal Care/Hygiene (Beauty, Salon, Cosmetics, Massage, etc.)
A51 Amusement and Recreation	G21 Government/Public Administration	P41 Pharmaceuticals
A61 Animal Services and Veterinary	G31 Grocery/Supermarket	P51 Printing/Publishing
A71 Architecture/Design	H11 Healthcare/Medical Services	P71 Professional/Civic Organizations (Non-Retail)
A81 Arts/Antiques	H21 Hotel/Hospitality	R11 Real Estate
A91 Athletics/Fitness	I11 Import/Export	R21 Religious Organization
A32 Automotive	I21 Information Technology (IT)	R31 Repair Services - Home, Auto, and Other
B11 Aviation	I31 Insurance	R41 Restaurant/Food Service
C11 Bar/Nightclub/Adult Entertainment Club	J11 Jewelry, Gems, and Precious Metals	R51 Retail Sales/Retail Trade
C21 Childcare	L11 Legal Services/Public Safety	S11 Science and Biotechnology
C31 Cleaning/Janitorial/Housekeeping	L21 Logistics/Supply Chain	S21 Security
C41 Communications/Telecommunications	M11 Manufacturing	T11 Transportation
C51 Construction/Carpentry/Landscaping	M21 Maritime	T31 Travel
C61 Convenience Store/Liquor Store/Gas Station	M31 Media/Entertainment	U11 Utilities (Public)
C71 Customer Service and Support	M41 Mining, Oil, and Gas	W11 Wholesale Sales/Trade
E11 Education	M51 Money Services Businesses (Check Cashing, Money Transmitting, Payday Loans, Currency Exchange)	
E21 Embassy/Consulate	N11 Non-Profit/NGO (Non-Government Agency)/Charity	
E31 Energy		
E41 Engineering		