



BROKERAGE ACCOUNT APPLICATION

How did you hear about us?

Internet
 TV/Radio Ad
 Print Ad
 News Article
 Already a Client
 Refer/Promo Code:
 Non-Corporate Org

Select an Account:

Individual Joint - type:
 Trust Partnership - type:
 Estate Custodial Conservator/Guardianship
 IRA - type:
 Corporate - type:
 Qualified Plan - type:
 Coverdell ESA
 Investment Club
 Update Acct #:

Applicant			Co-Applicant		
<i>Information about the primary account holder - depending on the account type, this may be the minor, protected person, or organization (trust, corporation, partnership, etc.).</i>			<i>Information about the secondary account holder - depending on the account type, this may be a custodian, trustee, trading officer/partner, or other authorized representative.</i>		
Name of Individual/Organization - if an individual, list first, middle & last names. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			Name First Middle Last <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		
Street Address P.O. box or c/o address not permitted			Street Address P.O. box or c/o address not permitted		
City		State	City		State
ZIP plus 4 <i>(legal residence)</i>			ZIP plus 4 <i>(legal residence)</i>		
Account Mailing Address <i>if different from home address - P.O. boxes may be used</i>					
Account Email Address					
Phone Numbers <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <i>check preferred</i>			Phone Numbers <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <i>check preferred</i>		
Social Security/Tax ID #		Date of Birth	Social Security/Tax ID #		Date of Birth
		Are you a U.S. citizen? <input type="checkbox"/> Yes - skip to employment <input type="checkbox"/> No - complete next section			Are you a U.S. citizen? <input type="checkbox"/> Yes - skip to employment <input type="checkbox"/> No - complete next section
Citizenship Information Country of citizenship: _____ Are you a permanent U.S. resident? <input type="checkbox"/> Yes - Alien Registration Number: _____ <input type="checkbox"/> No*- 1) indicate visa type: _____ 2) submit a U.S. Visa Holder Statement (form SF1039) <i>*If you will be in the U.S. 183 days or less, contact our International Department for assistance.</i>			Citizenship Information Country of citizenship: _____ Are you a permanent U.S. resident? <input type="checkbox"/> Yes - Alien Registration Number: _____ <input type="checkbox"/> No*- 1) indicate visa type: _____ 2) submit a U.S. Visa Holder Statement (form SF1039) <i>*If you will be in the U.S. 183 days or less, contact our International Department for assistance.</i>		
Employment <input type="checkbox"/> Employed - list occupation: _____ <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Retired			Employment <input type="checkbox"/> Employed - list occupation: _____ <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Retired		
Employer <i>list occupation if self-employed</i>			Employer <i>list occupation if self-employed</i>		
Employer Address			Employer Address		
<input type="checkbox"/> Yes <input type="checkbox"/> No Is any applicant employed by or affiliated with a securities firm, a securities exchange, or FINRA? <i>If yes, provide organization name and compliance department address:</i>					
<input type="checkbox"/> Yes <input type="checkbox"/> No Is any applicant a control person or affiliate of a public company as defined by the SEC? This would generally include 10% shareholders, members of the Board of Directors, and policy-making officers. <i>If yes, provide company's trading symbol and name:</i>					
<input type="checkbox"/> Yes <input type="checkbox"/> No Is any applicant, member of immediate family, or business associate a senior foreign political official?					
Is this an Online Trading Account? <input type="checkbox"/> Yes - Trade confirmations and monthly account statements are posted electronically. To receive paper copies, log into your account and access the "My Account" tab to change your document delivery settings (fees may apply). <input type="checkbox"/> No - Non-Internet commissions apply. Trade confirmations and monthly account statements are mailed free of charge. Sales Proceeds: <input type="checkbox"/> Mail or <input type="checkbox"/> Hold Dividends & Interest: <input type="checkbox"/> Mail or <input type="checkbox"/> Hold					
Additional Services <i>check all that apply</i> <input type="checkbox"/> Margin - sign Margin section below. <i>Not available for IRAs, Custodial accounts, Coverdell ESAs, Conservatorships, Guardianships or Estate accounts.</i> <input type="checkbox"/> Options - complete an Options Application** <input type="checkbox"/> Account Transfer : complete an Account Transfer Form** <i>**Go to the Scottrade.com Forms Center, or contact us to have the form sent to you.</i>					

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, (b) I have not been notified by the IRS that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding. *If you are subject to backup withholding, cross out item 2. The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.*
- I am a U.S. person (including a U.S. resident alien).

By signing this Application, I acknowledge that I have received, read and agree to abide by the terms of the accompanying Brokerage Account Agreement, which contains a pre-dispute arbitration clause on page 4 at section 29.

X _____ **X** _____
Applicant/Authorized Person's Signature Date Co-Applicant/Authorized Person's Signature Date

Margin - sign below ONLY if you are applying for margin privileges

By signing this Application I acknowledge that I have received, read and agree to abide by the terms of the accompanying Brokerage Account Agreement, including the Margin Accounts provisions starting at Section 55.



SF1000/11-11

X _____ **X** _____
Applicant/Authorized Person's Signature Date Co-Applicant/Authorized Person's Signature Date

For Scottrade Use Only
_____ Registered Principal



INHERITED INDIVIDUAL RETIREMENT ACCOUNT

DECEDENT'S INFORMATION

<input type="checkbox"/> Mr.	Name	First	Middle	Last
<input type="checkbox"/> Mrs.				
<input type="checkbox"/> Ms.				
Social Security or Tax ID Number			Scottrade IRA Account Number (if applicable)	
Date of Death				
Type of IRA Held: <input type="checkbox"/> Traditional <input type="checkbox"/> SEP <input type="checkbox"/> Rollover <input type="checkbox"/> Roth <input type="checkbox"/> SIMPLE <input type="checkbox"/> Coverdell ESA				
Note: The Inherited IRA you are opening will be the same as the decedent's type of IRA held except for SEP and Rollover which will be considered Traditional.				

BENEFICIARY ACCOUNTHOLDER INFORMATION

<input type="checkbox"/> Mr.	Name	First	Middle	Last
<input type="checkbox"/> Mrs.				
<input type="checkbox"/> Ms.				
Social Security or Tax ID Number			Phone	
Date of Birth				
Type of Beneficiary:				
<input type="checkbox"/> Spouse				
<input type="checkbox"/> Non-Spouse				
<input type="checkbox"/> Trust - Provide a completed Trust Account Certification form and a copy of the Trust Agreement that identifies the Successor Trustee(s).				
<input type="checkbox"/> Estate - Provide a Letter of Court Appointment.				
<input type="checkbox"/> Entity - Provide a Scottrade Account Certification. Additional documentation may also be necessary.				

DESIGNATION OF BENEFICIARY(IES)

The following individual(s) or entity(ies) shall be my beneficiary(ies). *Please check Primary or Contingent for each individual beneficiary.*
If neither is checked, the individual or entity will be deemed to be a primary beneficiary. If any primary or contingent beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA.

Primary or Contingent	Name and Address	Date of Birth	U.S. Social Security number (required)	Is this person a U.S. citizen?	Relationship	Share %
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent						
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent						
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent						

SPOUSAL CONSENT

Must be completed by Beneficiary account holder: I am not married I am married

Must be completed by Spouse, if applicable.
This section should be reviewed if either the trust or the residence of the account holder is located in a community or marital property state and the account holder is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

The undersigned hereby declares that he/she is the spouse of the account holder of this Inherited IRA; and, consents to any designation of beneficiaries made whatsoever and whensoever by the account holder for this Inherited IRA. The undersigned also agrees not to make any claim against the beneficiary(ies) or against Scottrade, Inc. as a result of any distribution to said beneficiary(ies) pursuant to this agreement. This consent shall apply to all assets in the account at the death of this Inherited IRA account holder. This consent shall be revocable by the undersigned by executing a letter of authorization which is signed by the account holder and the spouse, and filing the same with Scottrade, Inc. prior to the account holder's death.

I hereby give the account holder any interest I have in the funds or property deposited in this Inherited IRA and consent to the beneficiary designations(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by Scottrade, Inc.

Signature of Spouse Date

SIGNATURES

IMPORTANT: Please read before signing.
 I have chosen to open an inherited IRA account. I understand that the tax laws surrounding this transaction may be complex depending on my financial situation. Scottrade, Inc. advises consulting with a professional tax advisor or attorney before completing this transaction, and I am responsible for seeking the advice of a tax professional prior to completing this transaction. I certify that no tax advice has been given to me by Scottrade Inc. I agree to hold Scottrade, Inc. harmless and indemnify Scottrade, Inc. for any adverse consequences regarding this transaction. I also agree that I am responsible for determining the appropriateness of this transaction and beneficiary designation, including propriety under IRS Tax Codes, state law, and any other law, code, rule, regulation or statute. I expressly certify that I take complete responsibility for the investments.

Inherited IRA Account Holder's Signature Date

Authorized Representative's Signature Date



SF2364/7-12