

Account # _____

Advisor # _____

INVESTMENT ADVISOR

Investment Advisor Firm (Agent) and Primary Contact:

Firm Name: _____ Primary Contact: _____

1 DESIGNATED BENEFICIARY: (STUDENT/CHILD FOR WHOM ACCOUNT IS ESTABLISHED)

Name (First, Middle Initial, Last):	Social Security Number:	Date of Birth:
Home Street Address (No PO Boxes):		Citizen of:

2 PARENT OR LEGAL GUARDIAN (RESPONSIBLE INDIVIDUAL) INFORMATION

Name (First, Middle Initial, Last):	Social Security Number:	Date of Birth:
Home Street Address (No PO Boxes):		
City:	State:	ZIP Code:
Mailing Address (if different from above):		Broker Reference:
City:	State:	ZIP Code:
Day Telephone Number:	Other Telephone Number:	E-mail Address:
Driver's License Number	Expiration:	State/Country:

Please specify if you are: Unemployed Retired Homemaker Student Source of income (if retired or unemployed): _____

Employer Name (if self-employed, please provide the name of your business and industry): _____ Occupation: _____

Type of Business:

Employer Street Address:

City: _____ State: _____ ZIP Code: _____

Are you a U.S. citizen or a U.S. permanent resident? Yes No. Country of citizenship: _____

Non-U.S. citizens: Do you hold a current U.S. immigration Visa? Yes No. Specify Visa type: _____ Passport #: _____ Expiration: _____
(Non resident aliens must submit W-8BEN form and copy of current passport. If a U.S. address is listed, then attach a signed letter of instruction explaining why you have a U.S. address.)

Check here if you, a member of your immediate family, or any business associate is a senior political figure (SPF). Specify the name of the SPF, political title, relationship and country of office:

Check here if you are a director, 10% shareholder or policy-making officer of a publicly traded company. Specify the company name, address, city and state:

Check here if you are licensed or employed by a registered broker/dealer. Specify the company name and include a compliance letter:

3 DEPOSITOR INFORMATION (If different from parent or legal guardian)

Name (First, Middle Initial, Last):	Social Security Number:	Date of Birth:
Home Street Address (No PO Boxes):		
City:	State:	ZIP Code:
Mailing Address (if different from above):		Broker Reference:
City:	State:	ZIP Code:

Day Telephone Number:	Other Telephone Number:	E-mail Address:
Driver's License Number:	Expiration:	State/Country:
Please specify if you are: <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student Source of income (if retired or unemployed): _____		
Employer Name (if self-employed, please provide the name of your business and industry):		Occupation:
Type of Business:		
Employer Street Address:		
City:	State:	ZIP Code:
Are you a U.S. citizen or a U.S. permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No. Country of citizenship: _____		
Non-U.S. citizens: Do you hold a current U.S. immigration Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No. Specify Visa type: _____ Passport #: _____ Expiration: _____ (Non resident aliens must submit W-8BEN form and copy of current passport. If a U.S. address is listed, then attach a signed letter of instruction explaining why you have a U.S. address.)		
<input type="checkbox"/> Check here if you, a member of your immediate family, or any business associate is a senior political figure (SPF). Specify the name of the SPF, political title, relationship and country of office: _____		
<input type="checkbox"/> Check here if you are a director, 10% shareholder or policy-making officer of a publicly traded company. Specify the company name, address, city and state: _____		
<input type="checkbox"/> Check here if you are licensed or employed by a registered broker/dealer. Specify the company name and include a compliance letter: _____		

4 PLEASE COMPLETE THIS INFORMATION REGARDING THE RESPONSIBLE INDIVIDUAL

NOTE: The Responsible Individual may be the Depositor, but must be a parent or legal guardian of the Designated Beneficiary.

The Responsible Individual shall shall not continue to serve as the Responsible Individual after the Designated Beneficiary attains the age of majority pursuant to section 5.02 of the Custodial Agreement.

The Responsible Individual may may not change the beneficiary designated under this Custodial Agreement pursuant to section 6.0 of the Custodial Agreement.

5 ADVISOR AUTHORIZATION

Please initial to indicate your approval.

Initials:	I hereby authorize the Agent listed above to execute trades in my account. (Limited Power of Attorney – see attached)
Initials:	I hereby authorize TD AMERITRADE to pay my Agent's fee from my account as directed by my Agent. (Authorization to Pay Fees to Agent – see attached)

6 PLEASE CHOOSE A SWEEP VEHICLE FOR YOUR UNINVESTED CASH BALANCES (select only one)

- | | |
|--|--|
| <input type="checkbox"/> TD AMERITRADE Cash
Pays interest on credit balances. | <input type="checkbox"/> Tax-Exempt NY Money Market Mutual Fund
Invests in high-quality municipal securities that pay dividends exempt from Federal, NY State, and NYC income tax. |
| <input type="checkbox"/> TD Asset Management Funds USA | <input type="checkbox"/> Tax-Exempt CA Money Market Mutual Fund
Invests in high-quality municipal securities that pay dividends exempt from Federal and CA State income taxes. |
| <input type="checkbox"/> Money Market Portfolio
Invests in high-quality money market securities. | <input type="checkbox"/> TD Bank USA, N.A.
FDIC-Insured Money Market Deposit Account. |
| <input type="checkbox"/> U.S. Government Portfolio
Invests in securities issued or guaranteed by the U.S. Gov't. | |
| <input type="checkbox"/> Municipal Portfolio
Provides federally tax-exempt income. | |

NOTE: If not specified, all credit balances will automatically be swept daily to TD AMERITRADE Cash, an interest bearing account. If you prefer a money market mutual fund once the account is open, please call your advisor. Money market mutual funds are neither FDIC-insured nor guaranteed by the U.S. government and are not deposits or obligations of, or guaranteed by, any bank. There can be no assurance that these funds will be able to maintain a stable net asset value of \$1 per share. Tax-Exempt Funds may be subject to the alternative minimum tax. More complete information about the money market funds, including management fees and expenses, is contained in the prospectus which can be obtained by calling your advisor. Please read it carefully before you invest or send money.

7 CONTRIBUTION INFORMATION

Date of initial contribution: _____ Month _____ Year _____

This is the date your Coverdell Education Savings Account was initially funded, regardless of where the account was originally established.

8

DEATH BENEFICIARY INFORMATION*

Name (First, Middle Initial, Last):	Social Security Number:	Date of Birth:
Home Street Address (No PO Boxes):		
City:	State:	ZIP Code:
Relationship:	Type of Beneficiary: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %
Name (First, Middle Initial, Last):	Social Security Number:	Date of Birth:
Home Street Address (No PO Boxes):		
City:	State:	ZIP Code:
Relationship:	Type of Beneficiary: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %
Name (First, Middle Initial, Last):	Social Security Number:	Date of Birth:
Home Street Address (No PO Boxes):		
City:	State:	ZIP Code:
Relationship:	Type of Beneficiary: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %
Name (First, Middle Initial, Last):	Social Security Number:	Date of Birth:
Home Street Address (No PO Boxes):		
City:	State:	ZIP Code:
Relationship:	Type of Beneficiary: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share %

PLEASE NOTE: Type of beneficiary is required. The total percentages for primary beneficiaries must equal 100%. The total percentages for contingent beneficiaries must equal 100%. If additional space is required, please attach a separate sheet with additional beneficiaries. I have attached a separate sheet with additional beneficiaries. Designated Beneficiary (student/child for whom account is established) cannot be named Death Beneficiary.

9

CUSTODY SERVICES, CONFIRMATION AND STATEMENT PREFERENCES

All dividends will be held in the account unless I check here.*

TD AMERITRADE will provide my name to corporations whose securities I hold in my account for the purpose of additional corporate communications, unless I have checked here.

**Dividends will be mailed monthly to the address of record if this box is checked.*

By providing your e-mail address, you consent to receive electronic trade confirmations and statements. Account statements and trade confirmations detailing any purchase or sale of a security will be sent to the e-mail address on record unless you choose to have them sent to the mailing address of record by checking below.

Monthly Paper Statements

Paper Trade Confirmations

10

LIMITED POWER OF ATTORNEY**LIMITED TO PURCHASE AND SALE OF SECURITIES, INCLUDING THE TRADING OF OPTIONS, IF APPLICABLE.**

By my signature below, and to the extent indicated herein, I hereby constitute and appoint the Advisory Firm or individual named herein as my agent and attorney in-fact ("Agent"), to buy, sell (including short sales) and trade in stocks, bonds and any other securities and/or contracts relating to the same on margin (if I have signed a margin agreement) or otherwise in accordance with the Terms and Conditions (incorporated by reference) applicable to this account held in my name, or number on your books, without notice to me. My Agent is authorized to effect such transactions in my account via any available medium, electronic access or otherwise, including but not limited to electronic access via personal computer or touch-tone phone.

If I have signed an option agreement, my Agent is specifically authorized to effect option transactions in my account, including uncovered options transactions or to uncover a covered option position for my account, as such terms are defined in the booklet "Characteristics and Risks of Standardized Options," a copy of which I have received. I hereby agree to indemnify and hold harmless TD AMERITRADE, Inc. ("TD AMERITRADE"), its affiliates and their directors, officers, employees and agents from and against all claims, actions, costs and liabilities, including attorney's fees, arising out of or related to reliance on this authorization and to pay promptly on demand any and all losses arising there from or debit balance due thereon. In all such purchases, sales or trades you are authorized to follow the instructions of my Agent in every respect concerning my account with you; and my Agent is authorized to act for me and on my behalf in the same manner and with the same force and effect as I might or could do with respect to such purchases, sales or trades, as well as with respect to all other things necessary or incidental to the furtherance or conduct of such purchases, sales or trades, including the delivery of securities or monies from the account in the Account Owner(s) name.

I hereby ratify and confirm any and all transactions with you heretofore or hereafter made by my Agent for my account. This authorization and indemnity is in addition to, and in no way limits or restricts, any rights which you may have under any other agreement or agreements between me and TD AMERITRADE.

If this is a fiduciary account, Account Owner(s) affirms that this grant of limited trading authority has been conferred consistent with any fiduciary duties or powers of Account Owner(s).

This authorization is a continuing one and shall remain in full force and effect and you shall have no duty of inquiry. I may change or revoke this authorization by a written notice addressed and delivered to TD AMERITRADE. Until you receive such written revocation, you are entitled to act in reliance on this authorization and indemnity. Any revocation of this authorization shall have no effect on any liability which results from transactions initiated before you receive written notice of revocation. This authorization and indemnity shall inure to the benefit of your present firm and of any successor firm or firms, irrespective of any change or changes at any time in the personnel thereof for any causes whatsoever, and of the assigns of your present firm or any successor firms.

I have carefully read this power of attorney and indemnity and understand that it authorizes my Agent named herein to exercise rights and powers over my accounts as if I had exercised them myself and that my Agent's actions and instructions with respect to my accounts are fully binding on me. I also understand and agree that TD AMERITRADE has no duty or responsibility to monitor trading in my accounts by my Agent or notify me prior to accepting instructions I understand that Agent will automatically receive duplicate confirmations and statements unless I request otherwise.

11 AUTHORIZATION TO PAY FEES TO AGENT

By my signature below, and to the extent indicated herein, I hereby authorize TD AMERITRADE, Inc. ("TD AMERITRADE") to pay Agent from my account the Agent's management fees as invoiced by Agent. I also authorize TD AMERITRADE to liquidate shares of any money market mutual fund I may hold in my account to the extent necessary to pay such fees. TD AMERITRADE shall rely on Agent's invoices and have no responsibility for the calculation or verification of fees.

I will indemnify and hold TD AMERITRADE and its affiliates, directors, officers, employees, successors, and assigns harmless from all losses, claims, damages, liabilities and costs, including attorney's fees, which TD AMERITRADE may incur by relying upon representation of Agent or upon this authorization.

This authorization will remain in full force and effect until revoked by me by a written notice addressed and delivered to TD AMERITRADE.

12 AGREEMENT – BY SIGNING THIS AGREEMENT, I ACKNOWLEDGE THAT:

Under penalties of perjury, I certify (1) that the Social Security number shown on this form is my correct taxpayer identification number, (2) that I am not subject to backup withholding and (3) that I am a U.S. person (including a resident alien); provided, however, if I am a nonresident alien as disclosed in this application, I do not certify that I am a U.S. person, and I understand that I must submit a W-8BEN Form. If I have been notified by the IRS that I am subject to backup withholding as a result of dividend or interest underreporting, I must cross out (2) in this certification.

I acknowledge that I have received and read the "Terms and Conditions," available at www.advisorservices.com or by calling 866-268-3247, that will govern my account. I agree to be bound by the "Terms and Conditions" which may be amended from time to time and which are incorporated by this reference. I release and agree to indemnify and hold harmless TD AMERITRADE Institutional ("TDAI") from any and all liability and claims for damages resulting from any action taken pursuant to this Agreement. By my signature below, I attest that I am of legal age to contract and that the information contained in this application is true and correct. I hereby request, subject to acceptance by TDAI, a margin account (or if otherwise indicated a cash account) be opened in the name(s) set forth below.

If I have requested an options account, I agree to be bound by the "Terms and Conditions" that will govern my account applicable to the trading of option contracts. 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.

All securities, dividends and proceeds will be held at TD AMERITRADE Clearing, Inc. (the "Clearing Firm"), unless otherwise instructed.

I understand that TDAI may obtain a current consumer or credit report to determine my eligibility, or continuing eligibility, for credit or for other legitimate business purposes. Any decision by TDAI to extend credit may be based on information contained in a consumer or credit report, as well as the policies of TDAI and the Clearing Firm.

I understand that TDAI may relate information regarding this account, including account delinquency and voluntary closures, to consumer or credit-reporting agencies. Upon my request, TDAI shall inform me of each consumer or credit-reporting agency from which they have obtained and/or reported my consumer or credit report. TDAI agrees to notify the consumer or credit-reporting agencies if I dispute the completeness or accuracy of the information furnished by TDAI. By my signature below, I authorize TDAI to obtain consumer or credit reports for the name(s) set forth below.

Unless specified otherwise, I understand that non-deposit investments purchased through TDAI are not insured by the FDIC (Federal Deposit Insurance Corporation), are not obligations of or guaranteed by any financial institution and are subject to investment risk and loss that may exceed the principal invested.

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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding. Successors and Heirs. This Authorization supplements and in no way limits or restricts rights which TDAI and the Clearing Firm may have under any other agreement with me. This Authorization will bind my heirs, executors, administrators, successors and assigns and will benefit TDAI and the Clearing Firm's successors and assigns.

The Client Agreement applicable to this brokerage account agreement contains predispute arbitration clauses. By signing this agreement the parties agree to be bound by the terms of the agreement including the arbitration agreement located at paragraphs 92-94 of the Terms and Conditions.

Signature of Responsible Individual: _____ Date: _____

Signature of Depositor (if not the Responsible Individual): _____ Date: _____

TD AMERITRADE Institutional
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