

Financial advisor instructions: To be used for all LPL Advisory retirement accounts held at the individual account level. For more detailed information on the appropriate paperwork requirements for all registration types, please consult the appropriate account opening checklist located in the resource center. For existing accounts, this form should only be used for adding or removing account holders, or to change the registration or account type.

Please fax the completed form to the New Accounts Department at (858) 202-8325.

ATTENTION: Any alterations must be initialed by all account holders.

Account Number	Rep ID	<input type="checkbox"/> Account updates required by LPL Operations
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

Section I: Account Information

1. Account Type: (choose only one)

Each account holder must receive, read and understand the contents of the applicable Account Packet referenced below based on the account type selected. This separate packet contains the Account Agreement and any Program Brochures that detail the relationship between you, your Advisor, LPL Financial ("LPL") and other related parties as applicable to your account.

<input type="radio"/> SWM Brokerage (Account Packet - SWM)	<input type="radio"/> Optimum Market Portfolios Advisory (Account Packet - OMP)
<input type="radio"/> SWM Brokerage II (Account Packet - SWM)	<input type="radio"/> Model Wealth Portfolios (Account Packet - MWP)
<input type="radio"/> Manager Access Select (Account Packet - MAS)	<input type="radio"/> Personal Wealth Portfolios (Account Packet - PWP)
<input type="radio"/> Manager Access Network (Account Packet - MAN)	

2. Registration Type: (choose only one)

<input type="radio"/> Traditional IRA	<input type="radio"/> Roth IRA	<input type="radio"/> SIMPLE IRA	<input type="radio"/> 403(b)(7) ERISA*	<input type="radio"/> Beneficiary 403(b)(7)
<input type="radio"/> Traditional Rollover IRA	<input type="radio"/> Beneficiary Roth IRA	<input type="radio"/> Beneficiary SIMPLE IRA	<input type="radio"/> 403(b)(7) Non-ERISA*	<input type="radio"/> SAR-SEP IRA
<input type="radio"/> Beneficiary IRA	<input type="radio"/> SEP IRA	<input type="radio"/> Profit Sharing Plan	<input type="radio"/> Defined Benefit Plan	<input type="radio"/> 457 Plan
<input type="radio"/> 401(k) Plan	<input type="radio"/> Money Purchase Pension Plan	<input type="radio"/> Omnibus	<input type="radio"/> Other Retirement Type: <input style="width: 150px;" type="text"/>	

*403(b)(7) plans may or may not be subject to ERISA depending on how the plan operates. Please consult the employer to determine if the plan is subject to ERISA.

Is this account or plan subject to ERISA? Yes No

Is this account for a Government Entity? Yes No

Is your client considered an "institutional account" based on one or more of the following definitions per FINRA Rule 4512(c): Yes No

1. A bank, savings and loan association, insurance company or registered investment company;
2. An investment adviser registered either with the SEC under Section 203 of the Investment Advisers Act or with a state securities commission (or any agency or office performing like functions); or
3. Any other person (whether a natural person, corporation, partnership, trust or otherwise) with total assets of at least \$50 million

2. **Parent/Guardian/Fiduciary/Trustee/Co-Trustee** **Employer Name** Mark here if retired or unemployed

Residence Address (no P.O. boxes) Same as account **Employment Address (no P.O. boxes)**

Home Phone **Business/Cell Phone** **Occupation** (former if retired or unemployed) **Industry** (former if retired or unemployed)

Social Security Number **Country of Citizenship** **ID Type** **ID Number**

Date of Birth **# Dependents** **Client ID verified?** Yes No **ID Place of Issuance** **ID Issuance Date** **ID Expiration Date**

Mark here if you, your spouse, or any other immediate family members are employed by or associated with the securities industry or a financial regulatory agency. You must also provide the information requested below as well as a letter (when required) from the employer approving establishment of this account. An approval letter is not required for LPL employees.

Full Name **Relationship** **Name of Firm**

Mark here if you or any member of your immediate family has been a corporate officer, director, or owner of 10% or more of any public corporation within the past three months. **Name of Corporation(s)**

Section IV: Financial Information and Experience

1. **Enter the letter that corresponds to the correct range:**

Annual income? **Net worth? (exclusive of home)** **Liquid net worth?*** **Approximate account value?***

A. Less than \$25,000 B. \$25,000 - \$49,999 C. \$50,000 - \$99,999 D. \$100,000 - \$249,999 E. \$250,000 - \$499,999
 F. \$500,000 - \$749,999 G. \$750,000 - \$999,999 H. \$1,000,000 - \$49,999,999 N. \$50,000,000 and over

Source of Client Wealth and Income (inheritance, employment salary, sale of real estate, etc.): **Federal income tax bracket? (%)**

Investment Experience (number of years):

Annuities Mutual Funds Partnerships Margin Stocks Bonds

Options Other (please specify):

What are your other investments (includes other assets held by LPL)? Please indicate percentage of net worth (must equal 100%).

Real Estate _____% Mutual Funds _____% Checking / Savings _____% Annuities _____%
 Insurance _____% Equities _____% Alternative Investments _____% Bonds _____%
 Other _____% If Other, please explain

*Liquid net worth is exclusive of real estate; only include assets that can be liquidated within 30 days.
 **Account minimums apply; see the applicable Account Packet for details or ask your financial advisor.

2. What is your investment time horizon for this account?
 1-3 years 3-5 years 5-10 years More than 10 years

Do you have liquidity needs from the funds in this account? Yes No

If yes, when do you need these funds? 0-3 years More than 3 years

If yes, specify the approximate dollar amount for the time range indicated above \$

Section V: Advisory Account Information

1. **Advisor Firm Name** **Firm ID** **Business Address**

Authorized Person Name **Business Phone** **Total Client Account Fee** (%)

Trading Authorization: By signing this application, I authorize LPL to execute trades or update investment instructions in this account at the direction of the Advisor named above or for MAS and MAN accounts, the portfolio manager named in Section VI.
Disbursement Authorization: By signing this application, I authorize LPL to disburse assets from this account for investment purposes or to me personally at the direction of the advisor named above.
Fee Payment Authorization: By signing this application, I authorize LPL to automatically deduct my account fee at the annual rate detailed above and pay the advisory fee to the advisor named above.
Account Information: By signing this application, I authorize LPL to send information regarding my account, including trade confirmations and account statements, to the Advisor named above or for MAS and MAN accounts, the portfolio manager named in Section VI.

2. **Mark here if you have paid the Advisor(s) of this account a commission on the purchase of any security within the past two years on the assets (cash or securities) being deposited into this account (does not apply to MAS or MAN accounts). In order to determine if you qualify for a fee credit, please provide trade details below.** (attach additional pages if necessary)

Purchase Date	Purchase Amount	Investment Name	Fund Class	CUSIP/Symbol	Commission
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

3. **Mark here if you wish to restrict specific securities, categories, groups or sectors from your account (for PWP and MAS accounts only). In order to facilitate these restrictions, please provide restriction details below.***

Please provide the symbol (common stock) or the category, sector or group name or code.
Restrictions do not apply to mutual funds.

Financial advisor should refer to the Resource Center for detailed information on the restriction options available for PWP accounts.
 *Certain restrictions may require further review with LPL and your financial advisor (attach additional pages if necessary).

Section VI: Portfolio Manager Account Information (complete this section for MAS and MAN accounts only)

1. **Portfolio Manager Name**
Asset Class* **Investment Style***
 Did the portfolio manager indicated above previously manage the assets in this account? Yes No

 Accepted by Portfolio Manager / Authorized Person Signature Accepted by Portfolio Manager / Authorized Person Name (print) Date (required)
 *Financial advisor should refer to the Participation List on the Resource Center for detailed information on each portfolio manager, their available asset classes and investment styles.

2. **Manager Access Network (MAN) Account Fee Breakdown (complete this section for MAN accounts only)**

My Advisor's fee at the annual fee rate of _____ %
 Portfolio Manager's fee at the annual rate of _____ %
 LPL's fee at the annual rate of _____ %*
 For a total annual rate of _____ %

* For information about LPL's fee, see the Account Packet - MAN.

Section VII: Custodian Information (For all IRA, Roth IRA, SIMPLE IRA and 403(b)(7) participant accounts only)

1. Retirement Account Custodian:
 Unless an Outside Custodian is designated and marked below, all IRA, Roth IRA, SIMPLE IRA and 403(b)(7) participant accounts (Section I) will default to PTC as custodian. **Each account holder must receive, read and understand the contents of the applicable Custodial Agreement referenced below based on the registration type selected in Section I.2.**

Custodial Agreement PTC - IRA: For Traditional IRA, Traditional Rollover IRA, Beneficiary IRA, SEP IRA and SAR-SEP IRA accounts.
Custodial Agreement PTC - Roth IRA: For Roth IRA and Beneficiary Roth IRA accounts.
Custodial Agreement PTC - SIMPLE IRA: For SIMPLE IRA and Beneficiary SIMPLE IRA accounts.
Custodial Agreement PTC - 403(b)(7): For 403(b)(7) ERISA, 403(b)(7) Non-ERISA and Beneficiary 403(b)(7) accounts.

Mark here for Outside Custodian (account holder to complete and submit custodian's adoption agreement) Skip Section VII.2

2. Beneficiary Designation (this section only applies to accounts with PTC as custodian):

I hereby designate the following individual(s) or entity(ies) as my primary and/or contingent beneficiary(ies) unless otherwise directed in writing by the account holder and properly filed with the custodian. If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, or the percentages do not total 100%, the beneficiaries will be deemed to own equal share of the unspecified percentages in the account. If more than one contingent beneficiary is designated and no distribution percentages are indicated, or the percentages do not total 100%, the beneficiaries will be deemed to own equal share of the unspecified percentages in the account. If this is a Guardian account, the account will automatically pass to the minor's estate. Once the minor has reached the age of majority for the state of residence, he or she may then designate a beneficiary(ies).

If any primary beneficiary(ies) dies before me, his or her interest shall terminate completely, and the percentage share of any remaining primary beneficiary(ies) shall be increased equally. If no primary beneficiary survives me, the contingent beneficiary(ies) shall acquire the designated share of my account. If no primary or contingent beneficiaries survive me, my spouse will be deemed my beneficiary. If there is no surviving spouse at the time of my death, my estate will be deemed my beneficiary. If I live in a state with community property statutes or the account is a 403(b)(7) subject to Title 1 of ERISA and do not designate my spouse as the sole primary beneficiary, I certify that my spouse has consented to such designation.

Mark here if you wish to add a Per Stirpes stipulation to all named individuals in my Primary Beneficiary Designation.* Mark here if you wish to add a Per Stirpes stipulation to all named individuals in my Contingent Beneficiary Designation.*

***If this box is checked, in the event that any primary or contingent beneficiary does not survive the account holder but leaves surviving descendants, then any share otherwise payable to such beneficiary will be paid instead to such beneficiary's surviving descendants.**

	Name	Relationship	Social Security Number	Date of Birth	%
<input type="radio"/> Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Primary	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="radio"/> Contingent	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section VIII: Client Acknowledgment and Execution

1.

I acknowledge by signing below that I have received, read, understand and agree to the terms of this Account Application and the applicable Account Agreement (included in the Account Packet specified in Section I). Additionally I certify the following:

- All of the information provided in this Account Application is true, correct, and complete and I agree to notify LPL of any changes to the information.
- For MAS, MWP, OMP and PWP accounts, I have received the Advisory Program Brochure included as part of the applicable Account Packet.
- I understand that LPL will supply my name to issuers of any securities held in my account so that I may receive important information regarding those securities, unless I notify LPL in writing not to do so.
- I acknowledge that proceeds from liquefied home equity on my primary residence will not be used to fund this account.
- I understand and acknowledge that I have granted discretionary authority in the Account Agreement to trade securities in my account to LPL in the case of OMP, PWP and MWP accounts, and to the Portfolio Manager in the case of Manager Access Select accounts.
- I have discussed with my financial advisor the investment objective selected for the account in Section II of this Application, and for MWP, PWP and OMP accounts, the model portfolios to be selected for my account.
- I understand that investing through an advisory account involves investment risk, including the risk of loss. I am prepared to bear the risks associated with my investments.

For accounts with PTC as Custodian, I acknowledge that I have received, read, understand and agree to the terms of the applicable Custodial Agreement and I certify that I am eligible to establish the type of account referenced above. I release the Custodian, LPL Financial Corporation and their affiliates, from all liability and agree to indemnify the same from any and all losses, damages or cost for acting in good faith in accordance with the account privileges selected herein. In no event shall the indemnified parties be liable for consequential damages.

Additionally, For accounts with PTC as Custodian I certify the following:

- If I make a rollover contribution, I certify that I understand the rules and conditions of the deposit and that I am eligible to make the deposit under the Internal Revenue Code.
- If this is a SEP IRA, I certify that I have received, read and accept my employer’s plan document (5305-SEP or SEP prototype).
- If this is a SAR-SEP, I certify that I have received, read and accept my employer’s plan document (5305A-SEP or SEP prototype), I have verified that my employer’s plan was established in a year beginning before 1997 and I have entered into a SAR-SEP Elective Deferral Agreement with my employer.
- If this is a SIMPLE IRA, I certify that I have received, read and accept the summary description and notice (Form 5304-SIMPLE) from my employer relating to my employer’s SIMPLE IRA Plan and I have entered into a SIMPLE Elective Deferral Agreement with my employer.
- If this is a 403(b)(7), I have verified with my employer that it is an educational organization described in Code Section 170(b)(1)(A)(ii) or a tax-exempt organization described in Code Section 501(c)(3) of the Internal Revenue code and neither the Custodian, LPL nor any of their affiliates have any responsibility for any applicable contribution or distribution limitations under Internal Revenue Code 403(b), and I am establishing the account under my employer’s 403(b)(7) plan and in connection, have entered into an elective deferral arrangement with my employer.
- If this is a 403(b)(7), I designate LPL as the brokerage firm to invest assets and agree to invest all assets solely in regulated investment companies.

Suppression of Confirmations (for PWP, MWP, MAS and MAN accounts only): By initialing below, I hereby elect **not** to receive immediate trade confirmations from LPL for each transaction in the account. Information from the confirmation will be reported on my brokerage account statement.

_____ Initials

_____ Initials

_____ Initials

_____ Initials

Under penalties of perjury, I hereby certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (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 Service (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, and (3) I am a U.S. person (including a U.S. resident alien). (Cross out (2) if subject to backup withholding.) **The Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.**

This account is governed by and I acknowledge receipt of the predispute arbitration clause that is located in the last numbered section of the Account Agreement (included in the Account Packet specified in Section I), which is incorporated by reference into this Account Application.

Account Holder Signature Account Holder Name (print) **Date (required)**

Account Holder Signature Account Holder Name (print) **Date (required)**

Additional Account Holder Signatures **Date (required)**

ADVISOR USE ONLY

I have reviewed this document for completeness, accuracy, suitability, and proper disclosures. If this account was opened online and the automated check against the OFAC list of specially designated nationals (SDNs) resulted in a match to the client's name, I have confirmed that the client is not the same person listed by OFAC. If this account is opened by the home office, I have checked the list of SDNs and either the client's name does not appear or, if the client's name is the same as the name of a SDN, the client is not the person listed by OFAC. I have also provided the client with the CIP disclosure either in writing or verbally. For MAS, MAN, MWP, OMP and PWP accounts, I acknowledge and accept that I am a party to the applicable Account Agreement. I have determined that any liquidation of previously purchased investments to deposit assets into this account is suitable for the client and have disclosed to the client all costs incurred by the client to liquidate such investments.

 Advisory Firm Authorized Person Signature Advisory Firm Authorized Person Name (print) Rep ID Date (required)

Historical Trade-Off Between Risk, Volatility & Investment Return:

This chart illustrates five investment objectives. Match your investment needs with the characteristics listed below each investment objective to determine which objective most accurately represents your situation.

