

How to Open an E*Trade Investment Only Account for your Solo 401k



It's important to remember you're not opening an E*Trade 401k. Rather, your 401k plan and trust are opening an investment-only account with E*Trade.

E*Trade calls these types of accounts "Investment Only Account" and they are designed to work *with* your Solo 401k.

Section 1: Plan Information

1 Complete the section for plan information

1. PLAN INFORMATION	
Plan Name (e.g., ABC Company 401(k) Plan)	Plan Tax ID Number or EIN
Type of Plan <input checked="" type="checkbox"/> 401(k) <input type="checkbox"/> Profit Sharing <input type="checkbox"/> Money Purchase <input type="checkbox"/> Defined Benefit/Pension Plan <input type="checkbox"/> 457(b) Governmental	Plan Effective Date (mm/dd/yyyy)
Plan Structure: <input type="checkbox"/> Trustee-Directed Pooled Account: The trustee(s) will direct the investment activity for the entire plan. <input checked="" type="checkbox"/> Participant-Directed Account: This account will be established for only one plan participant. The account will be titled as Plan Name FBO (For the Benefit Of) Participant Name. The Participant will have trading authority on the account; however, only the trustee is authorized to direct and make withdrawals. As a plan trustee, it is your responsibility to ensure that all account transaction and investment instructions provided are in accordance with the underlying plan and trust. By making this selection, I hereby grant the participant the authority to trade in this account and direct you to send trade confirmations and account statements to participants.	
Three-Digit Plan Number (used to identify the plan on the Form 5500 filing, for example, "001," "002," etc. as applicable) 001	Number of Eligible Participants
This Plan Covers* <input checked="" type="checkbox"/> Owner Only <input type="checkbox"/> Owner and Spouse* <input type="checkbox"/> Multiple Owners <input type="checkbox"/> Owner and Employees	
Is this an ERISA Covered Plan?*	
<input type="checkbox"/> ERISA-Covered (e.g., sponsored by private unions and employers where the eligible participants in the plan include employees other than just the owner of the business, the business owner and spouse, or the partners in a partnership) <input checked="" type="checkbox"/> NON-ERISA (e.g., plan sponsored by governmental agencies, public unions, a self-employed individual, or a small business where the only eligible participant(s) in the plan is the business owner, the business owner and spouse, the partners in a partnership, or the partners and their spouses)	
<small>*You certify that the selections made for the "This Plan Covers" and "Is this an ERISA Covered Plan" fields are true and accurate. You further certify that you will notify E*TRADE from Morgan Stanley promptly of any change in circumstances that impact the accuracy of the responses you provided to the "This Plan Covers" or "Is this an ERISA Covered Plan" fields. *If Owner and Spouse are selected, then the Covered Plan type must be non-ERISA.</small>	



Plan Name: Enter your plan name from your 401k plan documents

Plan Tax ID number or EIN: list the EIN shown in your EIN letter on <https://app.solo401k.com/user/documents>

Plan Structure: Choose "participant-directed account"

Three-digit plan number: enter 001

Number of eligible participants: 1 (if you are the only plan participant) or 2 (if you and your spouse both participate in the Company 401k plan)

This plan covers: owner only or owner and spouse (if you and your spouse both participate in the Company 401k plan)

Check "Non-ERISA" plan

Section 2: Plan Sponsor Information

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Enter your business information

2. PLAN SPONSOR INFORMATION		
Company Name		
Business Street Address (cannot be a P.O. Box)		City, State, ZIP
Mailing Address (if different from above; P. O. box may be used)		City, State, ZIP
Plan Sponsor Tax ID Number or EIN	Plan Sponsor Phone	Plan Sponsor Email



If you're a sole proprietor, enter your name for the company name and list your SSN for the "plan sponsor tax ID number" (since your business may not have an EIN if you are a sole proprietor)

Section 3: Plan Trustee Information

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Input information for each trustee (one column per trustee). If you are the sole trustee (no spouse) in your plan, input your information in the left-hand column

3. ENTER INFORMATION ABOUT PLAN TRUSTEE(S) (THE PARTICIPANT SHOULD NOT BE LISTED IN THIS SECTION UNLESS ALSO A TRUSTEE)

PLAN TRUSTEE		PLAN TRUSTEE	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	Name (first, middle initial, last)	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	Name (first, middle initial, last)
<input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		<input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	
<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> Esq. <input type="checkbox"/> Other		<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> Esq. <input type="checkbox"/> Other	
Home Address (cannot be a P.O. Box)		Home Address (cannot be a P.O. Box)	
City, State, ZIP		City, State, ZIP	
Mailing Address (if different from above; P.O. Box may be used)		Mailing Address (if different from above; P.O. Box may be used)	
City, State, ZIP		City, State, ZIP	

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Continue to input trustee information

3. ENTER INFORMATION ABOUT PLAN TRUSTEE(S) (CONTINUED)

Country Code	Home Phone	Country Code	Business Phone	Country Code	Home Phone	Country Code	Business Phone
Email Address (required for account updates)				Email Address (required for account updates)			
Date of Birth (mm/dd/yyyy)		Social Security Number		Date of Birth (mm/dd/yyyy)		Social Security Number	
IF YOU ARE NOT A U.S. RESIDENT, PLEASE PROVIDE THE FOLLOWING INFORMATION							
Passport Number		Passport Country of Issuance		Passport Number		Passport Country of Issuance	
Country of Legal Residence (please attach Form W-8BEN)				Country of Legal Residence (please attach Form W-8BEN)			
NOTE: If you are a non-U.S. resident, please attach a photocopy of your passport or government-issued identification. We cannot open the account without this documentation.							
IF YOU HAVE BEEN AT YOUR CURRENT ADDRESS FOR LESS THAN SIX MONTHS, PLEASE PROVIDE YOUR PREVIOUS ADDRESS							
Street Address				Street Address			
City, State, ZIP				City, State, ZIP			

5 Enter employment and citizenship status for each trustee

EMPLOYMENT STATUS			
<input type="checkbox"/> Employed	<input checked="" type="checkbox"/> Self-Employed*	<input type="checkbox"/> Business Owner*	
<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Not Employed	
Employer	Specific Occupation		
Line of Business* (required for self-employed persons or business owners)		Line of Business* (required for self-employed persons or business owners)	
Business Street Address		Business Street Address	
City, State, ZIP		City, State, ZIP	
Are you employed by a registered broker-dealer, a securities exchange, or FINRA?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (you must submit a compliance letter with this application)			
Do you, or does a family or household member work as an officer, director, employee, or registered / associated person of Morgan Stanley Smith Barney LLC?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (specify the Morgan Stanley employee ID for the affiliated person)			
Are you an officer, 10% shareholder or policymaker of a publicly held company?			
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (specify up to 10 company symbols)			
Are you a U.S. Citizen?	Country of Citizenship* (required for non U.S. citizens)		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Country of Dual Citizenship* (if applicable)			

Section 4: Beneficial Owner Information

6 Since the Solo 401k is a non-ERISA plan, enter your information as Control Person

CONTROL PERSON			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	Name (first, middle initial, last)		Title
<input type="checkbox"/> Ms. <input type="checkbox"/> Dr.			
Date of Birth (mm/dd/yyyy)	Residence Status		
	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Neither U.S. Citizen nor Resident Alien		
Social Security or Tax ID Number	Country of Citizenship		
Physical Address			
City	State (U.S. only)	U.S. Postal / ZIP Code	
Foreign Province / Region Name or Code	Foreign Postal Code		
Country			
IF THE CONTROL PERSON IS NOT A U.S. CITIZEN OR RESIDENT ALIEN, PLEASE PROVIDE THE FOLLOWING INFORMATION.			
Country of Issuance Government ID or Passport	Passport ID / Government ID		
Country of Legal Residence	Passport ID / Government ID Expiration Date		

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Since the Solo 401k is a non-ERISA plan, enter your information as Beneficial Owner (your spouse may be an owner as well, if they co-own your business)

BENEFICIAL OWNER 1				BENEFICIAL OWNER 2			
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Name (first, middle initial, last)		<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Name (first, middle initial, last)	
Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Neither	<input type="checkbox"/> Resident Alien	Country of Citizenship	Date of Birth (mm/dd/yyyy)	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Neither	<input type="checkbox"/> Resident Alien	Country of Citizenship
Social Security or Tax ID Number		Percentage of Ownership		Social Security or Tax ID Number		Percentage of Ownership	
Permanent Address				Permanent Address			
City	State (U.S. only)	U.S. Postal / ZIP Code		City	State (U.S. only)	U.S. Postal / ZIP Code	
Foreign Province / Region Name or Code		Foreign Postal Code		Foreign Province / Region Name or Code		Foreign Postal Code	
Country				Country			

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Input employment information and citizenship status for each beneficial owner (just you, or you and your spouse)

4. PROVIDE BENEFICIAL OWNERSHIP INFORMATION (CONTINUED)			
Employment Status		Employment Status	
<input type="checkbox"/> Employed <input type="checkbox"/> Retired	<input checked="" type="checkbox"/> Self-employed* <input type="checkbox"/> Student	<input type="checkbox"/> Business Owner* <input type="checkbox"/> Not Employed	
Employer Name	Occupation		
Line of Business* (required for self-employed persons or business owners)			
Employer Street Address			
Employer City, State, ZIP / Postal Code			
IF THE BENEFICIAL OWNER IS NOT A U.S. CITIZEN OR RESIDENT ALIEN, PLEASE PROVIDE THE FOLLOWING INFORMATION.			
Country of Issuance Government ID or Passport	Passport ID / Government ID		
Country of Legal Residence	Passport ID / Government ID Expiration Date		

Section 5: Plan Participant Information

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If your spouse is NOT a co-trustee (and only a participant), enter their information in section 5

5. ENTER INFORMATION ABOUT THE PARTICIPANT (THIS SECTION SHOULD BE COMPLETED ONLY IF PARTICIPANT-DIRECTED ACCOUNT IS SELECTED AS THE PLAN STRUCTURE IN SECTION 1)

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.		Name (first, middle initial, last)		<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> Esq. <input type="checkbox"/> Other	
<input type="checkbox"/> Ms. <input type="checkbox"/> Dr.					
Home Street Address (cannot be a P.O. box)				City, State, ZIP	
Mailing Address (if different from above; P.O. box may be used)				City, State, ZIP	
Country Code	Home Phone	Country Code	Business Phone	E-mail Address (required for account updates)	
Date of Birth (mm/dd/yyyy)	Social Security Number or Tax ID Number		Employer	Specific Occupation	
Employment Status				Line of Business* (required for self-employed persons or business owners)	
<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed* <input type="checkbox"/> Business Owner* <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Employed					
Business Street Address				City, State, ZIP	
Marital Status				Number of Dependents (including self)	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other: _____	
Are you employed by a registered broker-dealer, a securities exchange, or FINRA?				Do you, or does a family or household member work as an officer, director, employee, or registered / associated person of Morgan Stanley Smith Barney LLC?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, you must submit a compliance letter with this application)				<input type="checkbox"/> No <input type="checkbox"/> Yes (specify the Morgan Stanley employee ID for the affiliated person) _____	
Are you an officer, director, 10% shareholder, or policymaker of a publicly held company?					
<input type="checkbox"/> No <input type="checkbox"/> Yes (specify up to 10 company symbols) _____					
Are you a U.S. Citizen?		Country of Citizenship* (required for non U.S. citizens)		Country of Dual Citizenship* (if applicable)	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
IF YOU ARE NOT A U.S. RESIDENT, PLEASE PROVIDE THE FOLLOWING INFORMATION					
Passport Number		Passport Country of Issuance		Country of Legal Residence (please attach form W-8BEN)	

Section 6: Financial Information

10 Enter your current financial information

6. FINANCIAL INFORMATION

SECURITIES INDUSTRY REGULATIONS REQUIRE THAT WE COLLECT ALL OF THE FOLLOWING INFORMATION FOR THE PLAN IF YOU SELECTED TRUSTEE-DIRECTED OR FOR THE PARTICIPANT IF YOU SELECTED PARTICIPANT DIRECTED AS THE PLAN STRUCTURE IN SECTION 1.

Annual Income (Salaries, Social Security, pension, and investment income. Include spouse's income if filed jointly.)	Total Net Worth (Household total cash, investments, real estate, and retirement accounts, minus any debt.)	Liquid Net Worth* (The part of your household net worth that can be easily turned into cash. Includes IRAs for clients over 59½, but not real estate.)
<input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$150,000 <input type="checkbox"/> \$150,001 - \$200,000 <input type="checkbox"/> \$200,001 - \$250,000 <input type="checkbox"/> \$250,001 - \$300,000 <input type="checkbox"/> \$300,001 - \$350,000 <input type="checkbox"/> \$350,001 - \$600,000 <input checked="" type="checkbox"/> \$600,001 - \$1,200,000 <input type="checkbox"/> \$1,200,001 - \$2,000,000 <input type="checkbox"/> \$2,000,001 - \$5,000,000 <input type="checkbox"/> \$5,000,001 or more	<input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$150,000 <input type="checkbox"/> \$150,001 - \$200,000 <input type="checkbox"/> \$200,001 - \$250,000 <input type="checkbox"/> \$250,001 - \$300,000 <input type="checkbox"/> \$300,001 - \$350,000 <input type="checkbox"/> \$350,001 - \$600,000 <input type="checkbox"/> \$600,001 - \$1,200,000 <input type="checkbox"/> \$1,200,001 - \$2,000,000 <input checked="" type="checkbox"/> \$2,000,001 - \$5,000,000 <input type="checkbox"/> \$5,000,001 or more	<input type="checkbox"/> Less than \$25,000 <input type="checkbox"/> \$25,000 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$150,000 <input type="checkbox"/> \$150,001 - \$200,000 <input type="checkbox"/> \$200,001 - \$250,000 <input type="checkbox"/> \$250,001 - \$300,000 <input type="checkbox"/> \$300,001 - \$350,000 <input type="checkbox"/> \$350,001 - \$600,000 <input type="checkbox"/> \$600,001 - \$1,200,000 <input type="checkbox"/> \$1,200,001 - \$2,000,000 <input checked="" type="checkbox"/> \$2,000,001 - \$5,000,000 <input type="checkbox"/> \$5,000,001 or more

* Liquid net worth cannot exceed total net worth.

Section 7: Investment Profile

11 Complete your investor profile

7. INVESTMENT PROFILE

SECURITIES INDUSTRY REGULATIONS REQUIRE THAT WE COLLECT ALL OF THE FOLLOWING INFORMATION FOR THE AUTHORIZED PERSON TRANSACTING ON THE ACCOUNT.

Investment Experience	Indicate the sources of net worth and funding. (select all that apply)	Are any of the following industries related to the sources of net worth and funding? If so, indicate all that apply.
<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Good <input checked="" type="checkbox"/> Excellent	<input checked="" type="checkbox"/> Employment compensation <input checked="" type="checkbox"/> Retirement savings <input type="checkbox"/> Inheritance / gift <input type="checkbox"/> Marital assets <input checked="" type="checkbox"/> Business ownership / revenue <input type="checkbox"/> Real estate <input type="checkbox"/> Lottery / betting / casino winnings <input type="checkbox"/> Virtual currency related business <input type="checkbox"/> Third party <input type="checkbox"/> Sale of business <input type="checkbox"/> Marijuana related business	<input checked="" type="checkbox"/> None <input type="checkbox"/> Money service business <input type="checkbox"/> Casino or gaming operation <input type="checkbox"/> Defense company or arms dealer <input type="checkbox"/> Extractive industry – oil and raw materials <input type="checkbox"/> Jewel / precious metal dealers <input type="checkbox"/> Virtual currency <input type="checkbox"/> Fine art or antiques <input type="checkbox"/> Government owned entity <input type="checkbox"/> Marijuana-related business

Countries where the sources of net worth and funds are from: If US, please list US. (This is a required field)

US

How often do you trade?	Does anyone other than the participant have trading authorization over the account?	What is the purpose and expected use of the account? (choose only one)
<input type="checkbox"/> 0-3 trades per month <input checked="" type="checkbox"/> 4-9 trades per month <input type="checkbox"/> 10+ trades per month	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <p><i>If yes, please complete and mail the Power of Attorney form to add an individual as having trading authority. This form can be found on our website under "Form and Applications."</i></p>	<input type="checkbox"/> Current Income (Dividends and interest payments) <input type="checkbox"/> Wealth Accumulation / Investment <input type="checkbox"/> Estate/ Legacy Planning <input type="checkbox"/> Major Purchase / Expense <input type="checkbox"/> Education Planning <input checked="" type="checkbox"/> Retirement <input type="checkbox"/> Healthcare / Long term Care <input type="checkbox"/> Charitable (Donations or philanthropic objectives) <input type="checkbox"/> Active/day trading

Section 9 & 10: Third Party Admin & Trusted Contact

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Leave these sections blank unless you have a third party administrator (having a TPA is very uncommon for a Solo 401k since your plan is self-administered by you)

9. THIRD PARTY ADMINISTRATOR DUPLICATE DOCUMENTS (OPTIONAL)

The designations granted below will remain in effect until such time as appropriate written notification of revocation or termination or significant alteration is received by Morgan Stanley at P.O. Box 484, Jersey City, NJ 07303-0484.

- By checking this box, I request that the Third Party Administrator be given duplicate copies of trade confirmations.
- By checking this box, I request that the Third Party Administrator be given duplicate copies of account statements.

Name
Mailing Address
City, State, ZIP

10. PROVIDE A TRUSTED CONTACT PERSON ("TCP") (OPTIONAL)

By choosing to provide information about a trusted contact person, you authorize Morgan Stanley to contact and to disclose information about your account to that person in the following circumstances: to address possible financial exploitation, to confirm the specifics of your current contact information, health status, or the identity of any legal guardian, executor, trustee or holder of a power of attorney, or as otherwise permitted by applicable law.

TRUSTED CONTACT PERSON (cannot be account holder(s))

First Name*	Last Name*	Relationship
Country Code*	Phone Number*	Email Address

*If you choose to designate a TCP, these are required fields

Section 12: Sign & Date

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Sign and Date

Your Accounts at Morgan Stanley are governed by a predispute arbitration clause (starting on page 9, section 15, of the attached Client Agreement). You acknowledge that you have received a copy of the Client Agreement, including the predispute arbitration clause.

The Internal Revenue Service does not require your consent to any provision of this Client Agreement other than the certifications required to avoid backup withholding.

X			
Signature of Plan Trustee	Date	Printed Name	
X			
Signature of Plan Trustee	Date	Printed Name	
X			
Signature of Authorized Employer Representative	Date	Printed Name	
X			
Signature of Plan Participant (if Participant-Directed Account)	Date	Printed Name	

Section 13: Options Trading

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If you plan to trade options in the account, complete this section for the trustee and participant

13. OPTIONS TRADING APPLICATION AND AGREEMENT (ALSO COMPLETE SECTIONS 1 THROUGH 13 ABOVE)

OPTIONS ACTIVITY REQUESTED; YOU WILL BE CONSIDERED FOR LEVEL ONE (WRITE COVERED CALLS) ONLY.

- Income** – You're seeking consistent income with low risk to principal
- Aggressive Income** – You're seeking higher returns either as growth or income, while accepting a moderate risk to principal loss
- Capital Appreciation** – You're seeking capital appreciation or a moderate amount of growth, while accepting moderate to high risk to principal
- Speculation** – You're seeking high profits or quick returns with considerable possibility of losing most or all of your investment

PLAN TRUSTEE (COMPLETE THIS SECTION ONLY IF YOU SELECTED TRUSTEE-DIRECTED AS THE PLAN STRUCTURE IN SECTION 1. PROVIDE ONLY THE FIRST PLAN TRUSTEE'S INFORMATION. IF THERE IS MORE THAN ONE PLAN TRUSTEE, PLEASE ATTACH ADDITIONAL COPIES OF THIS PAGE.) ANY SECTION LEFT BLANK WILL BE ASSUMED TO BE ZERO OR NONE.

Marital Status	Number of Dependents (Including Self)	Options Investment Knowledge (choose only one) Indicating your trading knowledge will help us align the applicable options trading level to your selection.	Options Trading Experience	Years of Trading Experience (fill in "0" if less than 12 months)
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other _____	<input type="checkbox"/> None <input type="checkbox"/> Limited - Basic understanding of options trading, the rights and obligations of options buyers and sellers, settlement, pricing, and the risks of early exercise and assignment. <input checked="" type="checkbox"/> Good - Firm understanding of the concepts described in the Limited category above, as well as of single-legged and multi-legged options strategies, how they work, and the use of margin and margin requirements for multi-legged options strategies. <input type="checkbox"/> Excellent - Thorough knowledge of the concepts described in the Limited and Good categories above, as well as of how options models are constructed, and the fact that there may be unlimited risk associated with certain options strategies.	<input type="checkbox"/> None <input type="checkbox"/> Covered Call Writing <input type="checkbox"/> Covered Puts <input type="checkbox"/> Purchases <input type="checkbox"/> Spreads <input type="checkbox"/> Uncovered Puts	<input type="checkbox"/> Stocks _____ yrs. <input type="checkbox"/> Bonds _____ yrs. <input type="checkbox"/> Options _____ yrs. <input type="checkbox"/> Futures _____ yrs.

Total Transactions Per Year

Stocks 0-9 10-14 15-24 25-74 75+
 Options 0-9 10-14 15-24 25-74 75+
 Bonds 0-9 10-14 15-24 25-74 75+
 Futures 0-9 10-14 15-24 25-74 75+