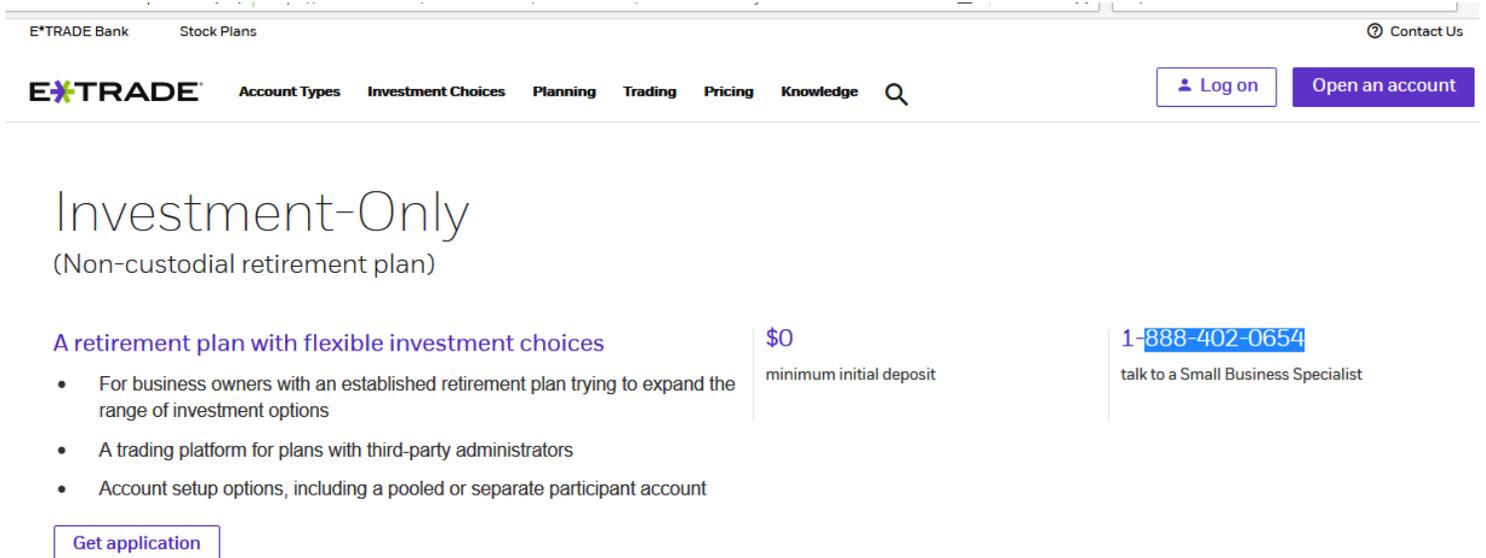


How to Open a E*Trade Investment Account For Your Solo 401k

Use this guide to assist in filling out an application with E*Trade to open a brokerage account within your Solo 401k.

NOTE: E*Trade documents are subject to change at any time. Please visit [Etrade.com](https://etrade.com) to ensure you have the most up to date application. This guide is for informational purposes only and is not a replacement for tax, legal or investment advice. If you have any questions on completing the E*Trade application or successfully completing your rollovers, we strongly suggest you reach out to E*Trade directly at (888) 402-0654.



The screenshot shows the E*Trade website header with navigation links: E*TRADE Bank, Stock Plans, Account Types, Investment Choices, Planning, Trading, Pricing, Knowledge, and a search icon. On the right, there are buttons for 'Log on' and 'Open an account', along with a 'Contact Us' link. The main content area features the heading 'Investment-Only (Non-custodial retirement plan)'. Below this, there is a section titled 'A retirement plan with flexible investment choices' with three bullet points: 'For business owners with an established retirement plan trying to expand the range of investment options', 'A trading platform for plans with third-party administrators', and 'Account setup options, including a pooled or separate participant account'. To the right of this section, there is a '\$0 minimum initial deposit' and a call to action '1-888-402-0654 talk to a Small Business Specialist'. A 'Get application' button is located at the bottom left of this section.

E*Trade recommends using the Non-custodial retirement plan Account Application as the "Investment-only" brokerage account connected to your Nabers Solo 401k Plan.



INVESTMENT ONLY (NON-CUSTODIAL) RETIREMENT PLAN APPLICATION

COMPLETE YOUR E*TRADE APPLICATION IN THREE EASY STEPS

The Investment Only (Non-Custodial) Retirement Plan Application you requested begins on the following page.

Download the E*Trade Non-Custodial Retirement Application at:
<https://content.etrade.com/etrade/estation/pdf/noncustodialaccountapplication.pdf>

COMPLETE YOUR E*TRADE APPLICATION IN THREE EASY STEPS

The Investment Only (Non-Custodial) Retirement Plan Application you requested begins on the following page.

To complete your application, simply:

1. SCROLL DOWN AND FILL OUT EACH FIELD BY TYPING IN THE APPROPRIATE INFORMATION.

If you would like to complete the application by hand, skip this step and move on to Step 2.

2. ONCE YOU HAVE PROVIDED THE REQUESTED INFORMATION, REVIEW YOUR APPLICATION TO ENSURE IT IS COMPLETE AND PRINT IT BY CLICKING THE  BUTTON ON THE TOP TOOLBAR.

3. SIGN AND DATE YOUR APPLICATION, AND MAIL IT TO THE APPROPRIATE ADDRESS:

By overnight mail:
E*TRADE Securities LLC
Harborside 2
200 Hudson Street, Suite 501
Jersey City, NJ 07311

By regular mail:
E*TRADE Securities LLC
P.O. Box 484
Jersey City, NJ 07303-0484

General Fax Number: 1-866-650-0003
From Outside the US: +1-678-624-6950

- **Need Help? Call 1-888-402-0654 to speak with a Retirement Specialist from 7AM to 10PM EST, Monday through Friday.**

Note: To assist in filling out this application, get your your Solo 401k Adoption Agreement from the zip file on your Solo 401k dashboard. It is the file ending in '401k Plan & Trust'.

You can download your adoption agreement at <https://docs.solo401k.com> under "401k Documents". Your adoption agreement is a PDF within the '401k Plan & Trust' download.

Begin by inputting your business and 401k plan information

1. PLAN INFORMATION	
Company Name John Doe LLC	Plan Name (i.e. ABC Company 401(k) Plan) John Doe 401k Plan
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 <input type="checkbox"/> Other Qualified Plan (please specify) _____	Plan's Tax ID Number or EIN 11-1111111
Business Street Address (cannot be a P.O. Box) 123 Sesame St	Date Plan Established (mm/dd/yyyy) 01/01/2014
City, State, ZIP Any city, CA 12345	Plan Structure: <input checked="" type="checkbox"/> Pooled Account: The trustee(s) or plan administrator(s) will direct the investment activity for the entire plan. <input type="checkbox"/> Participant-Directed Account: This account will be established for only one plan participant. The account will be titled as <i>Plan Name FBO [For the Benefit Of] Participant Name</i> . The Participant can have limited trading authority on the account if selected in Section 7.
Mailing Address (if different from above; P.O. Box may be used) _____	
City, State, ZIP _____	

Company Name: This is your business name.

Plan Name: Input your trust name as listed on page 4 of your Adoption Agreement after "The Trust shall be known as:".

Type of Plan: Check '401(k)'.
 401(k) Profit Sharing Money Purchase Defined Benefit/Pension Plan
 457 Other Qualified Plan (please specify) _____

Plan's Tax ID Number or EIN: Use your Trust Tax ID number found on page 4 of your Adoption Agreement.

Business Street Address: Use the address for your business.

Date Plan Established: Input the date you established your Solo 401k plan with Nabers

Mailing Address: If different from your business address, add your mailing address here

Plan Structure: If you and your spouse will maintain separate accounts, select "Participant-Directed Account" and you both need to fill out separate applications. If you are the sole participant for your 401k plan, select "pooled account".

Next, enter information as the trustee(s)

2. ENTER INFORMATION ABOUT PLAN TRUSTEE(S) (THE PARTICIPANT SHOULD NOT BE LISTED IN THIS SECTION UNLESS ALSO A TRUSTEE)							
PLAN TRUSTEE				PLAN TRUSTEE			
<input checked="" type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	Name (first, middle initial, last)		<input type="checkbox"/> Mr.	<input checked="" type="checkbox"/> Mrs.	Name (first, middle initial, last)	
<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.	John Doe		<input type="checkbox"/> Ms.	<input type="checkbox"/> Dr.	Jane Doe	
<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)			
123 Sesame St				123 Sesame St			
City, State, ZIP				City, State, ZIP			
Any city, CA 12345				Any city, CA 12345			
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			
Country Code	Home Phone	Country Code	Business Phone	Country Code	Home Phone	Country Code	Business Phone
111	222-3333			111	2223333		
E-mail Address (required for account updates)				E-mail Address (required for account updates)			
john@doe.com				jane@doe.com			
Date of Birth (mm/dd/yyyy)		Social Security Number		Date of Birth (mm/dd/yyyy)		Social Security Number	
01/01/1956		123-45-6789		02/02/1954		987-65-4321	
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 ARE NOT A U.S. CITIZEN, PLEASE PROVIDE THE FOLLOWING INFORMATION							
Country of Citizenship				Country of Citizenship			

Input your information (name, social security number, address, birthdate, etc). If your spouse is listed as a trustee, you should list him/her here as well.

Enter your employment information.

EMPLOYMENT STATUS			
<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Self-Employed* <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Employed		<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed* <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Employed	
Employer	Specific Occupation	Employer	Specific Occupation
John Doe LLC	real estate	John Doe LLC	real estate
Line of Business *(this box must be filled in for self-employed persons)		Line of Business *(this box must be filled in for self-employed persons)	
real estate investing		real estate investing	
Business Street Address		Business Street Address	
123 Sesame St		123 Sesame St	
City, State, ZIP		City, State, ZIP	
Any City, CA 12345		Any City, CA 12345	
Are you employed by a registered broker-dealer, a securities exchange, or FINRA?		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)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (you must submit a compliance letter with this application)	
Are you an officer, 10% shareholder or policymaker of a publicly held company?		Are you an officer, 10% shareholder or policymaker of a publicly held company?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (specify companies) _____		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (specify companies) _____	

Employment status should be checked 'employed' or 'self-employed', depending on your employment status.

Employer name: This is your Adopting Employer listed on page 2 of your Adoption Agreement above “(the “Employer”)”

Business Street Address: This is your business address

NOTE: If you and your spouse are co-trustees in the Solo 401k plan, you must list both of your names on the application. Trustees are listed on page 4 of your Adoption Agreement.

If you selected 'Pooled account', fill out Section 3 with your info.

Section 4 is to be completed if you selected 'participant directed account' in Section 1.

4. 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. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		Name (first, middle initial, last)		<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> Esq. <input type="checkbox"/> Other	
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 <input type="checkbox"/> Employed <input type="checkbox"/> Self - employed* <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Not Employed			Line of Business* (required for self-employed persons)		
Business Street Address			City, State, ZIP		
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Number of Dependents (Including self) <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? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, you must submit a compliance letter with this application)			Are you an officer, director, 10% shareholder, or policymaker of a publicly held company? <input type="checkbox"/> No <input type="checkbox"/> Yes (specify companies)		

If you and your spouse are opening separate accounts, you each need to fill out this section on your application with your information.



5. CREATE AN INVESTMENT PROFILE FOR THE ACCOUNT				
SECURITIES INDUSTRY REGULATIONS REQUIRE THAT WE COLLECT ALL OF THE FOLLOWING INFORMATION				
Provide this information for the Plan				
Overall Investment Objective for the Plan (choose only one) <input type="checkbox"/> Capital preservation Minimize the potential for any loss of principal. <input type="checkbox"/> Income Provide current income rather than growth of principal. <input checked="" type="checkbox"/> Growth Increase investment value over time while accepting price fluctuations. <input type="checkbox"/> Speculation Assume the highest degree of risk for potentially higher returns.	Approximate Net Worth of the Plan <input checked="" type="checkbox"/> \$0 - \$24,999 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$499,999 <input type="checkbox"/> \$500,000 - \$999,999 <input type="checkbox"/> \$1,000,000+	Approximate Liquid Net Worth of the Plan (cash, stocks, etc.) <input checked="" type="checkbox"/> \$0 - \$14,999 <input type="checkbox"/> \$15,000 - \$24,999 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$199,999 <input type="checkbox"/> \$200,000 - \$499,999 <input type="checkbox"/> \$500,000 - \$999,999 <input type="checkbox"/> \$1,000,000+		
Provide this information for each Plan Trustee if Pooled Account was selected as the Plan Structure in Section 1 (attach a copy of this section if more than two Plan Trustees)				
Investment Experience				
Plan Trustee <input checked="" type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Excellent		Co-Authorized Plan Trustee <input checked="" type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Excellent		
Provide this information for the Participant if Participant-Directed account was selected as the Plan Structure in Section 1				
Overall Investment Objective for This Account (choose only one) <input type="checkbox"/> Capital preservation Minimize the potential for any loss of principal. <input type="checkbox"/> Income Provide current income rather than growth of principal. <input type="checkbox"/> Growth Increase investment value over time while accepting price fluctuations. <input type="checkbox"/> Speculation Assume the highest degree of risk for potentially higher returns.	Investment Experience <input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Excellent	Annual Income <input type="checkbox"/> \$0 - \$14,999 <input type="checkbox"/> \$15,000 - \$24,999 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$199,999 <input type="checkbox"/> \$200,000+	Approximate Net Worth (excluding residence) <input type="checkbox"/> \$0 - \$24,999 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$499,999 <input type="checkbox"/> \$500,000 - \$999,999 <input type="checkbox"/> \$1,000,000+	Approximate Liquid Net Worth (cash, stocks, etc.) <input type="checkbox"/> \$0 - \$14,999 <input type="checkbox"/> \$15,000 - \$24,999 <input type="checkbox"/> \$25,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$100,000 - \$199,999 <input type="checkbox"/> \$200,000 - \$499,999 <input type="checkbox"/> \$500,000 - \$999,999 <input type="checkbox"/> \$1,000,000+

Fill out Section 5 according to your preferences.



6. SELECT YOUR ACCOUNT FEATURES

Uninvested Cash Program⁽¹⁾

At the end of each business day, your uninvested cash will be automatically swept into one of the four options below. Select only one of the following choices for the uninvested cash in your account. If no option is selected, you will default to the Cash Balance Program. You may change your selection at any time. For current rates and other information, go to etrade.com/rates.

- Cash Balance Program⁽²⁾
- ESDA (Offers daily interest and FDIC insurance up to \$1,250,000)⁽³⁾
- JPMorgan U.S. Government Money Market Fund, E*TRADE Class
- JPMorgan 100% U.S. Treasury Securities Money Market Fund, Morgan Class

(1) You have the option to have cash balances in your securities account automatically treated as free credit balances at E*TRADE Securities or transferred to either a money market mutual fund product or an account at a bank or banks whose deposits are insured by the FDIC (collectively, "Sweep Program"). For detailed information of the general terms and conditions of the products available through the Sweep Program go to www.etrade.com/sweepoptions. The products available under the Sweep Program may change at any time. By signing this application, you are providing your written affirmative consent to have your cash balance included in the Sweep Program with the option selected by you.

(2) Free Credit Balances at E*TRADE Securities.

(3) If you select ESDA, we will provide you a copy of the ESDA Program Customer Agreement which can also be found at www.etrade.com/esdaagreement as part of the Bank Sweep Account Agreements. In the ESDA Program, your available cash balances will automatically sweep between the brokerage account and deposit accounts at participating depository institutions ("Program Banks"), with deposits at each Program Bank insured by the FDIC for up to \$250,000. The total FDIC insurance coverage for cash

Receive Your Account Documents Online

For your convenience, account documents such as monthly statements and trade confirmations will be delivered to you electronically via a secure online file cabinet instead of by U.S. mail. We will notify you at the primary authorized person's e-mail address provided in section 2 whenever a new document is available. This feature is provided automatically, unless declined below.

I would prefer to receive the following items by U.S. mail:

- Monthly Statements
- Trade confirmations
- Prospectuses
- Corporate reports, proxies, and reorganization notices
- Tax Documents

Select the option you prefer in Section 6. You can change this at any time by contacting E*Trade.

Leave Section 7 and 8 blank.

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

By choosing to provide information about a trusted contact person, you authorize E*TRADE 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		
First Name*	Last Name*	Relationship
Country Code*	Phone Number*	Email Address

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

If you want someone else to have access to your account (such as a CPA/attorney), you can enter their information in Section 9. This is optional.

Sign and date on page 8.

I acknowledge I have been informed by E*TRADE Securities LLC, and that I understand, that securities products, such as stocks, bonds, options, mutual funds, and exchange-traded funds and other securities products and services offered by E*TRADE Securities are not insured by the FDIC, are not deposits or other obligations of, and are not guaranteed by either E*TRADE Bank c/o Financial Corporation, E*TRADE Savings Bank or any other bank, and are subject to investment risks, including the possible loss of the principal amount invested.

I UNDERSTAND THAT THIS ACCOUNT IS GOVERNED BY A PREDISPUTE ARBITRATION CLAUSE. I acknowledge that I have received and read a copy of the E*TRADE CUSTOMER AGREEMENT which contains a pre-dispute Arbitration Agreement at Section 12.

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

Signature of Plan Trustee	Date
Printed Name	

Signature of Plan Participant (if Participant-Directed account)	Date
Printed Name	

Signature of Plan Trustee	Date
Printed Name	Date

If you are opening a pooled account, you and your spouse will sign as 'trustee'. If you are opening a participant-directed account, you should each sign your individual applications as 'plan participant'.

If you want options trading in your account, fill out and sign Section 11.

11. OPTIONS TRADING APPLICATION AND AGREEMENT (ALSO COMPLETE SECTIONS 1 THROUGH 10 ABOVE)

OPTIONS ACTIVITY REQUESTED; YOU WILL BE CONSIDERED FOR LEVEL ONE (WRITE COVERED CALLS) ONLY. THIS IS A CAPITAL PRESERVATION / INCOME STRATEGY.

PLAN TRUSTEE (PROVIDE ONLY THE FIRST PLAN TRUSTEE'S INFORMATION. IF THERE IS MORE THAN ONE PLAN TRUSTEE, PLEASE ATTACH ADDITIONAL COPIES OF THIS PAGE.)

Marital Status	Number of Dependents (Including Self)	Options Investment Knowledge and Experience	Options Trading Experience	Years of Trading Experience	Average Transaction Size
<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other <input type="text"/>	<input checked="" type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<input checked="" 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 <input type="text"/> yrs. <input type="checkbox"/> Bonds <input type="text"/> yrs. <input type="checkbox"/> Options <input type="text"/> yrs. <input type="checkbox"/> Futures <input type="text"/> yrs.	<input checked="" type="checkbox"/> \$0 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000+
Total Transactions Per Year Stocks <input type="checkbox"/> 0-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15-24 <input type="checkbox"/> 25-74 <input type="checkbox"/> 75+ Options <input type="checkbox"/> 0-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15-24 <input type="checkbox"/> 25-74 <input type="checkbox"/> 75+ Bonds <input type="checkbox"/> 0-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15-24 <input type="checkbox"/> 25-74 <input type="checkbox"/> 75+ Futures <input type="checkbox"/> 0-9 <input type="checkbox"/> 10-14 <input type="checkbox"/> 15-24 <input type="checkbox"/> 25-74 <input type="checkbox"/> 75+					
PARTICIPANT					
Marital Status	Number of Dependents (Including Self)	Options Investment Knowledge and Experience	Options Trading Experience	Years of Trading Experience	Average Transaction Size
<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="text"/>	<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Excellent	<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 <input type="text"/> yrs. <input type="checkbox"/> Bonds <input type="text"/> yrs. <input type="checkbox"/> Options <input type="text"/> yrs. <input type="checkbox"/> Futures <input type="text"/> yrs.	<input type="checkbox"/> \$0 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000+
Total Transactions Per Year					

Once complete, fax or mail your application along with the first 4 pages of your adoption agreement.

By overnight mail: E*TRADE Securities LLC
 Harborside 2
 200 Hudson Street, Suite 501
 Jersey City, NJ 07311

By regular mail: E*TRADE Securities LLC
 P.O. Box 484
 Jersey City, NJ 07303-0484

General Fax Number: 1-866-650-0003

DISCLAIMER: Please note that this is not and should not be considered a replacement for tax, legal or investment advice. If you have any questions on completing the Schwab application or successfully completing your rollovers, we strongly suggest you reach out to Schwab directly at (800) 435-4000.