

How to Open a TD Ameritrade Trust Account for the Solo 401k

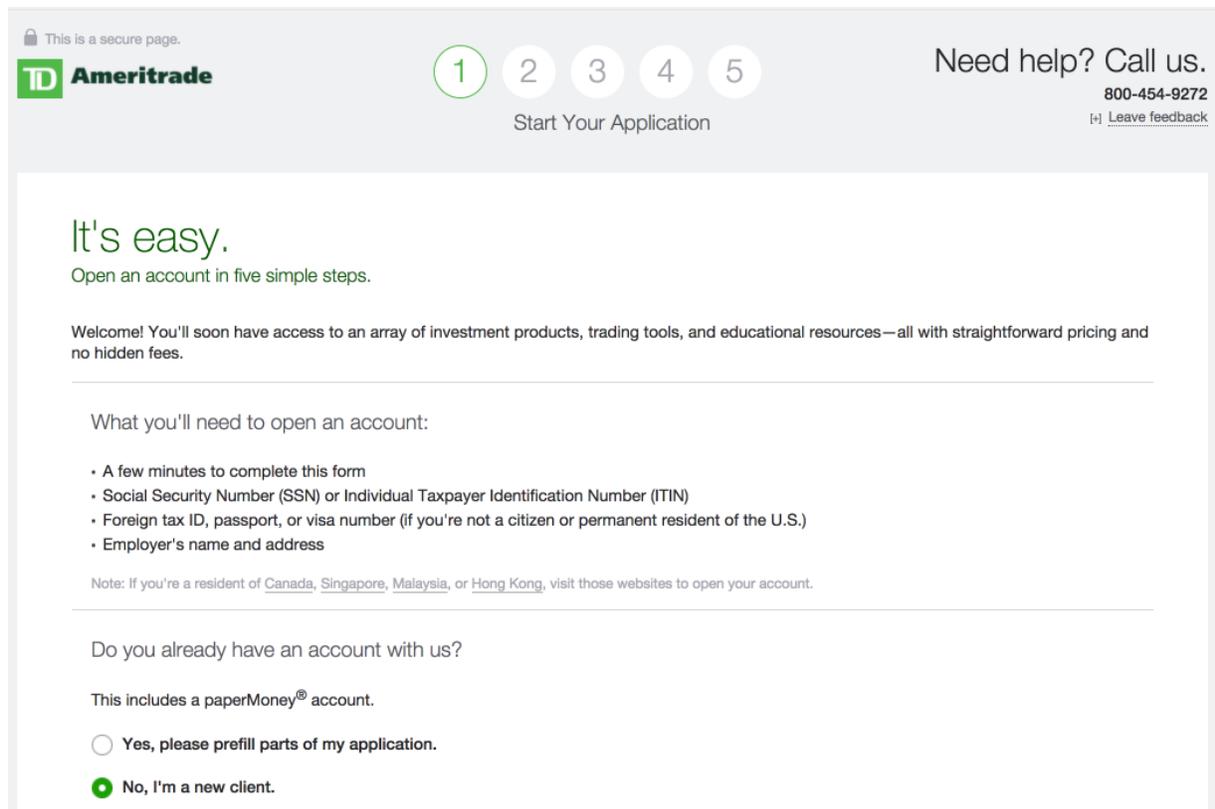
Use this guide to assist in filling out an application with TD Ameritrade to open a brokerage account within your Solo 401k.

We have made our best efforts to provide you the most up to date applications here, but please check with TD Ameritrade to ensure you have the right application to open an investment-only brokerage account under your Solo 401k plan and trust.

If you have any questions on completing your trust account application, please contact TD Ameritrade at (800) 276-8746.

DISCLAIMER: Please note this guide is for informational purposes only. As your own Solo 401k plan administrator, you are responsible for ensuring the application is completed correctly and the account established compliantly.

You can complete the account online or download a pdf to fill and fax back to the TD Ameritrade team



This is a secure page.

TD Ameritrade

1 2 3 4 5

Start Your Application

Need help? Call us.
800-454-9272
[\[+\] Leave feedback](#)

It's easy.

Open an account in five simple steps.

Welcome! You'll soon have access to an array of investment products, trading tools, and educational resources—all with straightforward pricing and no hidden fees.

What you'll need to open an account:

- A few minutes to complete this form
- Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)
- Foreign tax ID, passport, or visa number (if you're not a citizen or permanent resident of the U.S.)
- Employer's name and address

Note: If you're a resident of [Canada](#), [Singapore](#), [Malaysia](#), or [Hong Kong](#), visit those websites to open your account.

Do you already have an account with us?

This includes a paperMoney® account.

Yes, please prefill parts of my application.

No, I'm a new client.

Go to https://www.tdameritrade.com/retail-en_us/resources/pdf/TDA4286.pdf and download the pdf application



Trust Account Application

PO Box 2760 ■ Omaha, NE 68103-2760
Fax: 866-468-6268

Questions? Call a New Accounts representative at 800-276-8746.
Please visit us at www.tdameritrade.com for more information about opening an account.

1. TYPE OF ACCOUNT *(Please select only one. Additional paperwork is required for some account types.)*

Personal Trust Other:

QUALIFIED RETIREMENT PLANS *(Please provide a signed plan document)*

Profit Sharing Plan (PSP) Roth 401(k)
 Money Purchase Pension Plan (MPPP) 403(b)7
 401(k) 403(b)9
 Individual 401(k) Other:

Is this account part of an existing plan at TD Ameritrade? Yes No

If yes, please provide an account number:

We have made our best efforts to provide you the most up to date applications here, but please check with TD Ameritrade to ensure you have the right application to open an investment-only brokerage account under your Solo 401k plan and trust.

If you have any questions on completing your trust account application, please contact TD Ameritrade at (800) 276-8746.

Note: To assist in filling out this application, you may want to have your Solo 401k Adoption Agreement. 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.

1. TYPE OF ACCOUNT *(Please select only one. Additional paperwork is required for some account types.)*

Personal Trust Other: _____

QUALIFIED RETIREMENT PLANS *(Please provide a signed plan document)*

Profit Sharing Plan (PSP) Roth 401(k)
 Money Purchase Pension Plan (MPPP) 403(b)7
 401(k) 403(b)9
 Individual 401(k) Other: _____

Is this account part of an existing plan at TD Ameritrade? Yes No

If yes, please provide an account number: _____

2. FUNDING YOUR ACCOUNT

I will be funding with:

- A check. Please make check payable to TD Ameritrade Clearing, Inc.
- A wire transfer to be initiated after account opening. Please contact TD Ameritrade prior to initiating wire transfer.
- A transfer of assets from an existing account. Please complete and include an Account Transfer Form and a copy of your most recent statement.
- A transfer from an existing TD Ameritrade account. Please complete and include an Internal Transfer Form.
- Stock certificates. Please contact TD Ameritrade prior to submitting certificates.

3. TRUST INFORMATION

Title of Trust:

John Doe consulting Trust

Date of Formation:

(MM-DD-YYYY) 02-10-2018

Date of the Last Amendment to the Trust:

(MM-DD-YYYY) 01-01-2018

Please list the single Tax ID or Social Security Number under which your trust reports taxes.

Tax ID:

12-3456789

OR

U.S. Social Security:

Grantor(s)/Settlor(s)/Trustor(s) of the Trust:

John Doe LLC

Employee Participant:

(where applicable)

John Doe2

Helpful tips on completing Section 3:

- **Title of the Trust:** Your Trust name
- **Date of Formation:** The date you setup your Solo 401k.
- **Date of the Last Amendment to the Trust:** Can be left blank
- **Tax ID:** This is the plan's tax ID listed on page 4 of your Adoption Agreement under "Trust ID Number"

- **Grantor/Settlor/Trustor of the Trust:** This is the business you are using to adopt the Solo 401k
- **Employee participant:** Your name here. If you are opening a second trust account for your spouse, you'll list your spouse's name here

NOTE: If you and your spouse are co-trustees, you must list both of your names on the application. If only one of you is the trustee, only list trustee 1. Trustee 2 will be found later in the application

Trustees are listed on page 4 of your Adoption Agreement.

Email Address (required for electronic delivery of your account statement and trade confirmations): john.doe@email.com

Name(s) of the Successor Trustee(s):
(if applicable)

Beneficiaries of the Trust:

Enter your best email address.

Successor trustee and Beneficiaries can be left blank. If you've designated the successor trustee and beneficiar(ies) for your plan, you can enter them here if you choose.



Annual Income:	<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 - \$249,999	<input type="checkbox"/> \$250,000+
Approximate net worth: (not including primary residence)	<input type="checkbox"/> \$0 - \$14,999 <input type="checkbox"/> \$250,000 - \$499,999	<input type="checkbox"/> \$15,000 - \$49,999 <input type="checkbox"/> \$500,000 - \$999,999	<input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$1,000,000 - \$1,999,999	<input type="checkbox"/> \$100,000 - \$249,999 <input type="checkbox"/> \$2,000,000+	
Approximate liquid net worth: (cash, stocks, etc.)	<input type="checkbox"/> \$0 - \$14,999 <input type="checkbox"/> \$250,000 - \$499,999	<input type="checkbox"/> \$15,000 - \$49,999 <input type="checkbox"/> \$500,000 - \$999,999	<input type="checkbox"/> \$50,000 - \$99,999 <input type="checkbox"/> \$1,000,000 - \$1,999,999	<input type="checkbox"/> \$100,000 - \$249,999 <input type="checkbox"/> \$2,000,000+	
What best describes the initial source of funds for this account?	<input type="checkbox"/> Employment/Wages <input type="checkbox"/> Inheritance/Trust <input type="checkbox"/> Lottery/Gaming	<input type="checkbox"/> Retirement Funds <input type="checkbox"/> Investments <input type="checkbox"/> Spousal/Parental Support	<input type="checkbox"/> Gift <input type="checkbox"/> Unemployment/Disability <input type="checkbox"/> Other (describe source of funds): _____	<input type="checkbox"/> Savings <input type="checkbox"/> Legal Settlement	
What best describes the ongoing source of funds for this account?	<input type="checkbox"/> Employment/Wages <input type="checkbox"/> Inheritance/Trust <input type="checkbox"/> Lottery/Gaming	<input type="checkbox"/> Retirement Funds <input type="checkbox"/> Investments <input type="checkbox"/> Spousal/Parental Support	<input type="checkbox"/> Gift <input type="checkbox"/> Unemployment/Disability <input type="checkbox"/> Other (describe source of funds): _____	<input type="checkbox"/> Savings <input type="checkbox"/> Legal Settlement	

4. AFFILIATIONS

- Check here if any Trustee, their spouse, any member of their immediate family, including parents, in-laws, siblings, and dependents is a member of the board of directors, 10% shareholder, or policy-making officer of a publicly traded company. Specify the name of the affiliated person/Trustee, the company ticker symbol, name, address, city, and state: _____
- Check here if any Trustee, their spouse, any member of their immediate family, including parents, in-laws, siblings, and dependents is licensed, employed by, or associated with, a broker-dealer firm, a financial services regulator, securities exchange, or member of a securities exchange. If checked, please specify name of the affiliated person/Trustee and affiliated entity below. If this entity requires its approval for you to open this account, please provide a copy of the required authorization letter (with this application): _____
- Check here if any Trustee, their spouse, any member of their immediate family, including parents, in-laws, siblings, and dependents is, or is employed by, a federal or state registered Investment Advisor. Specify the name of the person affiliated with the Trustee employed by the Registered Investment Advisor and Investment Advisor company name: _____
- Check here if any Trustee, their spouse, any member of their immediate family, including parents, in-laws, siblings, and dependents is using a license in a professional sale or trading capacity. Specify the name of the licensed professional, their relationship to the Trustee, and if associated with an entity: _____

Fill in this next section according to your assets.

Normally, nothing will be checked under '4. Affiliations'. If any of these apply to you, check the ones that apply.

Next, you'll enter information about the trustee(s).

6. TRUSTEE INFORMATION

 Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

Full Legal Name:

John Doe

Date of Birth: (MM-DD-YYYY) 02-02-1960

Number of Dependents:

Tax ID: (SSN) 111-22-3333

Home Address: (no PO Box or mail drop) 123 Sesame St

City: Any City

State: CA

ZIP Code: 12345

Country: USA

Mailing Address: (if different from above)

City:

State:

ZIP Code:

Country:

 Primary Phone: Check here if this is not a U.S. phone number

(111) 222-3333

Secondary Phone:

 Check here if this is not a U.S. phone number

Fax Number:

Email Address (required for electronic delivery of your account statement and trade confirmations): johndoe@email.com

If you and your spouse are co-trustees, you must list both of your names on the application. If only one of you is the trustee, only list trustee 1. Trustee 2 will be found later in the application.

Trustees are listed on page 4 of your Adoption Agreement.

 Please specify if you are:
 Employed Unemployed Retired Homemaker Student Self-Employed

Source of Income (If Unemployed, Retired, Homemaker, or Student):

Employer Name (If Self-Employed, provide the name of your business): Doe LLC

Please choose from the list provided on page 9 the occupation code and industry of occupation code that most accurately describes your situation.

Occupation: R81- Real Estate

Industry of Occupation: R11- Real Estate

Employer Street Address:

3344 Any Street

City: Any City

State: CA

ZIP Code: 12345

Country: USA

Enter your employment information here.

Note: You may have Self-Employed checked if your primary income is from self-employment.



<input type="checkbox"/> Check here if you are NOT a U.S. citizen.	Country of Citizenship: [Redacted]		
Country of Dual or Secondary Citizenship: [Redacted]	Country of Birth: [Redacted]		
Non-U.S. citizens*: Do you hold a current U.S. immigration visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	Specify visa type: [Redacted]	Visa Number: [Redacted]	Expiration: [Redacted]

*Nonresident aliens must submit a copy of a current passport and a copy of a bank or brokerage statement. If a U.S. address is listed, then attach a Letter of Explanation for U.S. Mailing Address/U.S. Phone Number Attachment to form W-8. This form can be found on the TD Ameritrade Forms Library: <https://www.tdameritrade.com/form-library>.

Only complete this section out if you're not a US Citizen.



7. CO-TRUSTEE INFORMATION

Name Prefix (optional): Mr. Mrs. Ms. Dr. Rev.

Full Legal Name:

Jane Doe

Date of Birth: (MM-DD-YYYY) 01-01-1962

Number of Dependents:

Tax ID: (SSN) 999-99-8888

Home Address: (no PO Box or mail drop) 123 Sesame St

City: Any City

State: CA

ZIP Code: 12345

Country: USA

Mailing Address: (if different from above)

City:

State:

ZIP Code:

Country:

Primary Phone: Check here if this is not a U.S. phone number

(111) 222-3333

Secondary Phone: Check here if this is not a U.S. phone number

Fax Number:

Email Address (required for electronic delivery of your account statement and trade confirmations): Janedoe@email.com

Please specify if you are:

Employed Unemployed Retired Homemaker Student Self-Employed

Source of Income (If Unemployed, Retired, Homemaker, or Student):

Employer Name (If Self-Employed, provide the name of your business): Doe LLC

Please choose from the list provided on page 9 the occupation code and industry of occupation code that most accurately describes your situation.

Occupation:

Industry of Occupation:

Employer Street Address:

Fill out the information for co-trustee if your spouse is listed as a trustee on page 4 of your Adoption Agreement. If your spouse is not listed, leave this blank.

8. TRADE CONFIRMATIONS AND ACCOUNT STATEMENTS

I understand that I will receive monthly account statements and trade confirmations electronically, unless I make a selection below. If I do not provide a valid email address, I will receive a quarterly paper statement or a monthly paper statement. Certain types of accounts or activity (such as options trading) require a monthly statement, either electronically or via U.S. mail. I will be responsible for any fees that apply. Accounts with a total liquidation value of \$100,000 or an average of five trades per month over a three-month period are eligible to receive free paper statement and confirmation delivery.

If I elect to receive either electronic statements or electronic confirmations, I will receive shareholder information electronically when available.

Account Statement: Electronic Monthly Paper Monthly (\$2 fee may apply each month) Paper Quarterly (\$2 fee may apply each quarter)

Trade Confirmation: Electronic Paper

Unless I have checked this box, TD Ameritrade will provide my name to corporations whose securities I hold in my account for the purpose of additional corporate communications.

In Section 8, select how you prefer to receive your statements.

9. INVESTMENT OBJECTIVES

For definitions regarding investment objectives, please see page 8 of the application.

Select the degree of risk you are willing to take with the assets in this account:

Conservative
 Moderate
 Aggressive
 Speculative

Select the primary investment objective for this account:

Conservation
 Moderate
 Moderate Growth
 Growth
 Aggressive Growth

Select the secondary investment objectives for this account:
(Check at least one or all that apply)

Conservation
 Moderate
 Moderate Growth
 Growth
 Aggressive Growth
 None

Select the liquidity needs for this account:
(Check only one that applies.)

Within 3 months
 4 - 6 months
 7 - 9 months
 10 - 12 months
 More than 1 year

Select the investment time horizon for this account:

Less than 1 year
 1 - 3 years
 4 - 6 years
 7 - 9 years
 10 - 12 years
 13 years or more

10. MARGIN PRIVILEGES

Please provide all of the income information above for the Trust in section 3. **All qualified accounts are opened as margin accounts.** A margin account allows you to borrow from TD Ameritrade against certain securities as your collateral. A decline in the value of your securities may require you to provide additional funds, or force the sale of securities in your account. Selling short can expose you to potentially unlimited risk. To learn more about the potential benefits of margin borrowing and the associated risks involved, read the Margin Account Handbook. You must decline margin privileges if the governing documents of the Trust do not authorize margin borrowing.

Check this box to decline margin privileges.

Fill our Section 9 according to your personal preferences.

It is generally considered that Margin trading is disallowed in the Solo 401k. We recommend leaving everything in section 10 unchecked.

11. CASH SWEEP VEHICLE CHOICES (Please select only one.)

You offer me choices in managing all aspects of my portfolio. This includes offering different programs to earn interest on the cash in my account through our Cash Balance programs. See the Client Agreement for a complete description of the Cash Sweep program. **If I do not make a selection, my cash balances will be swept to the TD Ameritrade FDIC Insured Deposit Account. Other sweep choices are available for clients with household values greater than \$500,000 and cash balances of more than \$100,000.** I understand my account statement will include sweep transactions involving money market funds in lieu of immediate trade confirmations.

- TD Ameritrade FDIC Insured Deposit Account (IDA)
 TD Ameritrade Cash (Protected by the Securities Investor Protection Corporation (SIPC))

For those plans which require an alternative to the IDA due to regulation or applicable law, including certain 403(b) plan accounts, the designated Sweep Vehicle will be the Federated Government Money Market Fund.

12. ERISA INFORMATION (Only complete this section if establishing a Tax Exempt Trust/QRP - IND 401K, PSP, MPPP)

- Check here if the plan will NOT be covered under ERISA.
 Check here if the plan is covered under ERISA, and complete Section 13.

Check the box in section 11 according to your preference.
Check that the plan is not covered by ERISA in Section 12.



PLAN INFORMATION - FIDUCIARY

Plan Fiduciary First Name:	Middle Name:	Last Name:
Fiduciary Address: <i>(no PO Box or mail drop)</i>	Leave Blank	
City:		
Fiduciary Email:		

IF YOU ARE USING A THIRD PARTY ADMINISTRATOR OR RECORD KEEPER, PLEASE PROVIDE THE FOLLOWING INFORMATION:

TPA/Record Keeper Name:	Contact Name:
TPA/Record Keeper Address: <i>(no PO Box or mail drop)</i>	Leave Blank
City:	
TPA/Record Keeper Email:	TPA/Record Keeper Phone:

Leave these 2 sections blank.

13. VERBAL PASSWORD (Optional)

You may opt to add an additional level of security to your account by adding a verbal password. This verbal password will be used for verification purposes when you call in and speak with a TD Ameritrade representative. Once established, if the correct verbal password is not provided to us when calling, account access will not be permitted.

The verbal password must be no more than 24 characters, it can include letters and numbers, cannot contain special characters, and cannot be anything inappropriate, as determined by TD Ameritrade in its sole discretion.

Verbal Password:

14. OFFER CODE (Optional)

By entering an offer code in this field, you represent and warrant that you have read and agree to the applicable Offer Terms & Conditions. If the offer code you enter is invalid, no offer will be applied to your account. If you have questions regarding offer codes, please call 1-800-454-9272.

Offer Code:

15. TRUSTED CONTACT (Optional)

By completing this section, you authorize TD Ameritrade to contact the person(s) named below for the following reasons: if there are questions or concerns about my whereabouts or health status; if TD Ameritrade suspects that I may be a victim of fraud or financial exploitation; if TD Ameritrade suspects that I might no longer be able to handle my financial affairs; to confirm the identity of any legal guardian, executor, trustee, authorized trader, or holder of a power of attorney; or if TD Ameritrade has any other concerns or is unable to contact me about my account(s) held at TD Ameritrade. **Please review the Client Agreement for the full terms and conditions regarding how TD Ameritrade uses this information.**

NOTE: Your Trusted Contact must be someone other than an account owner. You may provide more than two Trusted Contact Persons by completing and signing additional Authorization Forms.

Section 13, 14 and 15 are optional.

All Active Trustees must provide their signatures below. If you wish to trade options in this account, complete the Options Account Investment Profile and sign the Options Account Agreement section on the next page.

If I am a U.S. person for tax purposes:
 Under penalties of perjury, I certify that: (1) the number shown on this form is my correct taxpayer identification number; (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 Services (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; (3) I am a U.S. citizen or other U.S. person; and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

If I have been notified by the IRS that I am subject to backup withholding because I have failed to report all interest and dividends on my tax return, I must cross out (2) in this certification.

If I am not a U.S. Person for tax purposes:
 I am submitting the applicable Form W-8 with this form to certify my foreign status.

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

The Client Agreement applicable to this brokerage account contains a predispute arbitration clause. By signing this agreement, the parties agree to be bound by the terms of the Client Agreement, including the arbitration agreement located in Section 12 of the Client Agreement on page 8.

<p>X Trustee's Signature: <i>(individual who completed Section 6)</i></p> <p>Date: <input style="width: 100%;" type="text"/></p>	<p>X Co-Trustee's Signature: <i>(individual who completed Section 7)</i></p> <p>Date: <input style="width: 100%;" type="text"/></p>
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Original signatures required; electronic signatures and/or signature fonts are not authorized.

Sign and date under trustee. If your spouse is a co-trustee, they need to sign and date as well.

Note: TD Ameritrade will automatically open an account for each of you.



OPTIONS ACCOUNT

Due to the risks involved in options, we are required to obtain the following information. The income information above must be completed to be considered for options. You must decline options privileges if the governing documents of the Trust do not authorize options trading.

Check this box to decline options privileges.

17. OPTIONS OBJECTIVES

For definitions regarding options objectives, please see page 8 of the application.

Types of Transactions: Stocks Bonds Options
(Check all that apply)

What Are Your Options Investment Objectives? Growth Speculative Income Conservation of Capital
(Check all that apply)

What Type of Activity Do You Plan to Conduct in Your Options Account?	<input type="checkbox"/> Tier 1 - Covered	<input type="checkbox"/> Tier 2 - Standard Cash	<input type="checkbox"/> Tier 2 - Standard Margin	<input type="checkbox"/> Tier 3 - Advanced
	Write covered calls Write cash-secured puts	Purchase options + Tier 1 - Covered	Create spreads Write covered puts + Tier 2 - Standard Cash	Write uncovered options + Tier 2 - Standard Margin

MARGIN REQUIRED
Tier 2 - Standard Margin and Tier 3 - Advanced require a margin account. If you select either of these tiers, you will automatically be applying for options and margin approval.

18. OPTIONS ACCOUNT AGREEMENT

I hereby apply for an options account and agree to abide by the rules of the listed options exchanges and the Options Clearing Corporation and will not violate current position and exercise limits. I have received and read the Client Agreement that will govern my account, and agree to be bound by it as currently in effect and as amended from time to time. 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. If I have applied for margin and/or option privileges, I represent, warrant, and certify that all documents, agreements and applicable laws governing the Trust permit the establishment and maintenance of a margin account and options trading, as applicable.

Page 7 should be left blank.

Once complete, you can fax the application to 866-468-6268 or mail to:

[Reset Form](#)



Trust Account Application

PO Box 2760 ■ Omaha, NE 68103-2760
Fax: 866-468-6268

Questions? Call a New Accounts representative at 800-276-8746.
Please visit us at www.tdameritrade.com for more information about opening an account.

TD Ameritrade, Inc.
PO Box 2760
Omaha, NE 68103-2760

If you have any questions on completing your trust account application, please contact TD Ameritrade at (800) 276-8746.