

- Use this form to open a new qualified plan account, to gather additional compliance information for the qualified plan entity and to agree to the terms for this type of account on our platform.
- If you are opening additional participant level accounts under a qualified plan that is already open, please note that you are adding additional participant(s) under that existing qualified plan.

Scan & Email

service@freedomadvisors.com

Important Instructions:

You must provide the following documents in addition to the completed form:

1. Proof of Legal Entity Existence (e.g., *Trust Deed, Certificate of Trust, Declaration of Trust, Certificate of Formation, First page and signature page(s) of Executed Trust Agreement, Qualified Plan Document, Articles of Incorporation, Limited Liability Company Operating Agreement, etc.*).
2. Copy of Passport or Driver's License for each trustee.

Do not use the New Client/Account Information Form, New Account Certifications Form or the Entity Client Onboarding Supplemental Questionnaire for Qualified Plan accounts.

*Some fields are locked on this document. Freedom Advisors will complete these fields.

Qualified Plan Account Information

Advisor Information			
Advisor Username		Branch Code	Rep Code

Trustee Information			
Title (Optional) Dr. Miss Mr. Mrs. Ms.		First Name	Middle Name (Required if exists)
Last Name			Suffix (Optional) II III IV Jr. Sr.
Date of Birth (mm/dd/yyyy) / /	Social Security Number (SSN) - -	Primary Phone	Secondary Phone
Primary Residential Street Address 1 (U.S. Street Addresses only; No P.O. Boxes)			City
Primary Residential Street Address 2 (Optional)		State	Zip Code Country United States
Mailing Address (If different from Residential Address; P.O. Boxes allowed)			City
Mailing Address Street Address 2 (Optional)		State	Zip Code Country United States
Email			

Citizenship Status	
We only allow U.S. citizens and U.S. Permanent Residents with valid U.S. Social Security or tax identification numbers to access this platform.	
Country of Citizenship:	Additional Country of Citizenship (If Applicable):

Trustee Username

We require each authorized representative to have a unique username and password, and the authorized representative will receive an email with instructions to create their password. Username must be 8-32 characters, cannot contain symbols or spaces, is not case sensitive and cannot be changed.

Username	
Trustee Username	Alternate Trustee Username (if preferred username is not available)

Are any trustees of this account a director, 10% shareholder, or executive who makes policy at a public company? Yes No	
If yes, provide the information for the company(s) in which the trustee is a director, policy-making executive, or 10% shareholder:	
Company Name	Company Name
Stock Symbol(s)	Stock Symbol(s)
Check here if the trustee, their spouse, or any other immediate family member, including parents, in-laws, and siblings that are dependents, employed by or associated with the securities industry (for example, Investment Advisor, Sole Proprietor, Partner, Officer, Director, Branch Manager or Broker at a Broker-Dealer Firm or Municipal Securities Dealer) or a financial regulatory agency, such as FINRA or the New York Stock Exchange and this entity requires access to their account to monitor their activities. Then complete and provide our FINRA Member Approval form (found on the forms page of our website to the appropriate person at the affiliated entity so that it may obtain access to their account.	

Source of Wealth (Required only for Solo(k) Plans)					
Employment Status: Employer details (line of business and income) are required if your employment status is Full time employment, Part time employed or Self-employed. At least one source of wealth is required, even if your employment status is Retired or Unemployed.					
Full time employed	Part time employed	Self-employed	Unemployed	Retired	
Select the Source(s) of Wealth that most closely represent the trustee. Assets Divorce Employment Entrepreneur Government Benefits Inheritance/Gift Legal Settlement Lottery/Gaming Parental Support Partner/Spouse Personal Investments Retirement/Pension					If Employment is selected: Employer Line of Business: Annual Income:

Plan Information			
Account Name (nickname). Up to 16 characters		Account Number	
Sponsor Name		Plan Tax ID	Tax ID Country (e.g., U.S.)
Provide the official or legal name of this trust exactly as it appears on the organization's legal documents			
Plan Primary Address (U.S. Street Addresses only; No P.O. Boxes)		Apt #, Unit #	Zip Code
City	State	Country	
Mailing Address (If different than Plan Primary Address; P.O. Boxes allowed)		Apt #, Unit #	Zip Code
City	State	Country	

Is the plan an employee benefit plan established under the Employee Retirement Income Security Act (ERISA) of 1974? Yes No

Does the plan currently hold over \$250,000 in assets? Yes No

Investment Advisor Questions	
Provide the following information for each of the plan's advisors.	
Check this box to confirm there is no investment advisor associated with this account.	
Advisor Full Legal Name	Principal Business Country
Is the advisor established in a jurisdiction where the regulator of the advisor maintains beneficial ownership information about the advisor? Yes No	Country of the regulator
If Yes, what is the name of the regulator?	
Advisor Full Legal Name	Principal Business Country
Is the advisor established in a jurisdiction where the regulator of the advisor maintains beneficial ownership information about the advisor? Yes No	Country of the regulator
If Yes, what is the name of the regulator?	
Advisor Full Legal Name	Principal Business Country
Is the advisor established in a jurisdiction where the regulator of the advisor maintains beneficial ownership information about the advisor? Yes No	Country of the regulator

Authorized Fiduciary

Authorized Fiduciaries are other third parties not covered elsewhere, that have a fiduciary responsibility in relation to the client and therefore authority to interact with GS in relation to customer account activity.

Not applicable

First Name

Last Name

Country of Residence

Authorized Signatory

Enter client names and usernames below for existing clients that are Authorized Signatories for this entity. This will enable the client to sign this agreement and others on behalf of this entity. If there is an authorized signatory that does not have a username on our platform, set up the client first and enter their username here.

Not applicable

Full Name of Authorized Signatory 1

Full Name of Authorized Signatory 2

Username

Username

Additional Authorized Parties

Provide the following information for any additional persons that are authorized to sign on behalf of the plan.

First Name

Middle Name (required if exists)

Last Name

Country of Residence

First Name

Middle Name (required if exists)

Last Name

Country of Residence

Additional Information for Non-ERISA Plans

If the plan is not an employee benefit plan established under the Employee Retirement Income Security Act (ERISA) of 1974 (i.e., the plan is a non-ERISA employee benefit plan), then please provide the following information:

Sponsor's name:

Country of Sponsor:

Principal Business Country:

If there is no advisor listed above, or the advisor does not maintain beneficial ownership information, then complete the following information for any one individual with significant responsibility for controlling, managing or directing the legal entity Client, known as a Control Person (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer or any other individual who regularly performs similar functions).

Please also provide a copy of a government-issued identification document (e.g., driver's license, passport) for the Control Person listed below.

Title (Optional)

First Name

Middle Name (Required if exists)

Dr. Miss Mr. Mrs. Ms.

Last Name

Corporate Title

Suffix (Optional)

II III IV Jr. Sr.

ID Type

Other

Social Security Number (SSN)

- -

Country of Issuance

Primary Address (U.S. Street Addresses only; No P.O. Boxes)

Apt #, Unit #

Zip Code

City

State

Country

Mailing Address (If different than Plan Primary Address; P.O. Boxes allowed)

Apt #, Unit #

Zip Code

City

State

Country

Citizenship Status

Country of Citizenship:	Additional Country of Citizenship (If Applicable):
If not a U.S. Citizen, is the trustee a U.S. permanent resident? Yes No	

Expected Activity

Estimated number of domestic wire transfers each month: Estimated number of checks each month:

Check if you expect to invest in: Low-Priced Securities or Marijuana Related Securities as defined below.

Low-Priced Securities: Generally, we consider low priced securities as securities of issuers that are traded in U.S. over-the-counter markets that are priced below USD 5 per share with a market cap less than USD 300 million. We are interested in OTC Markets quoted securities (otcm Markets.com). If the security trades less than USD 5 per share, however is listed on NASDAQ/NYSE, we do not consider that to be low priced securities.

Marijuana Related Securities: Securities issued by companies deriving significant revenue from growing, distributing, or selling cannabis-related products prohibited by federal law.

Politically Exposed Persons

Are any of the individuals listed on any part of this form a current or former:

- Senior official in the executive, legislative, administrative, military or judicial branches of government;
- Senior official of a major political party; or senior executive of a government-owned commercial enterprise
- Senior official of a central bank, monetary authority, multi-national organization or multi-national financial institution
- Senior official of a major international sports organization
- A person who is widely and publicly known to be a close associate of an individual exercising any of the functions listed above; or
- A person who is related to a family member (i.e., parents, siblings, spouse or equivalent, children, in-laws) or widely and publicly known to be a close associate of an individual exercising any of the functions listed above?

If yes, please explain for each such person below:

Third-Party Administrator (TPA) Information (Required for all Plans)

If using existing third-party administrator firm already set up on the platform:		
Firm Name	Username	
If creating a new third-party administration firm:		
Firm Name		
Address		
City	State	Zip Code

We require that each third-party administrative firm's authorized users or administrators have a unique username.

- **Username Requirements:** Your username must be 8–32 characters. It cannot contain symbols or spaces and is not case sensitive. You will not be able to change your username once this application is complete.

Authorized Firm User Information

Name	Date of Birth (mm/dd/yyyy)
	/ /
Email	Username

Qualified Retirement Plan Custodial Services Agreement

This Agreement is made by, between, and among the employer identified in this Agreement (the "Employer"), the trustee(s) identified in this Agreement and any substitutes for or successors to such trustee(s) (the "Trustees"), and Goldman Sachs Custody Solutions ("GSCS", "we", "us", "our"). The Employer, the Trustees, and GSCS mutually agree as follows:

THE PLAN AND THE TRUST

The Employer has adopted an employee benefit plan (the "Plan") for the benefit of its employees. Any change in the name of the Plan, and any merger of the Plan with any other employee benefit plan, shall not affect this Agreement. The Trustees are the trustees of some or all of the assets of the Plan. We have been engaged to provide brokerage services with respect to some or all of the assets of the Plan pursuant to the Custody Agreement by and between us and the investment advisor of the Plan and related Customer Agreement(s) by and between us and the Plan, acting for itself on the duly authorized agent (such Custody Agreement and related Customer Agreements to be referred to hereinafter collectively as the "Related Agreements").

THE CUSTODIAN

The Trustees hereby appoint us as the custodian of the property delivered to us hereunder for deposit to the Custodial Account established pursuant to this Agreement (the "Account") and as the custodian of any property that is attributable thereto and actually received by us, such as any gains or income thereon and any property in which such gains or income are reinvested.

MANNER OF CUSTODY

All right, title, and interest in and to the property held in the Account shall at all times be vested in the Plan, acting through the Trustees. All property held in the Account shall be kept with the same care as we exercise in respect of our own assets. We shall be authorized to hold or permit the holding of such property (i) in its vaults, (ii) with a clearing and/or depository corporation, or (iii) in bearer form so that title may pass by delivery. We shall promptly, upon receiving the Trustees' written direction, cause any securities held hereunder to be reissued in its own name as Custodian for the Account or in the name of the Trustees, but we shall be entitled to deduct any costs and taxes associated with the foregoing from the property in the Account. We shall make distributions from the Account only in accordance with written or mutually agreed upon electronic directions it receives from the Trustees or their designee(s).

DUTIES OF THE CUSTODIAN

Our sole duty under this Agreement is to maintain custody of the property held in the Account and to carry out directions given to us in accordance with this Agreement and the Related Agreements. We shall in no way act as or be considered a fiduciary with respect to the Plan. We will deliver all trade confirmations, monthly statements and other required regulatory notices electronically. Pursuant to the Related Agreements, we will deliver trade confirmations only to your advisor. The Trustees will receive email notices that the account statements and all other required regulatory notices are available for viewing or printing from the account's

filing cabinet on our Web site. You agree that these email notices constitute delivery of these statements and notices, and that email notice to your advisor satisfies our confirmation delivery obligation. We shall have no responsibility for the management and control of the Account, it being contemplated that all property held in the Account shall be under the control or direction of a third party in accordance with this Agreement and the Related Agreements. We shall not be responsible for reviewing reports provided by any investment manager or investment advisor engaged under the Plan.

We shall have no duty to demand or require that contributions be made to the Plan, nor shall we be liable to determine the amount of any contributions to the Plan or the adequacy of such contributions to meet or discharge any liabilities under the Plan. We shall not be responsible for the adequacy of the Account to discharge the Plan's liabilities. We shall not be responsible for managing or investing the assets in the Account, shall be under no duty under this Agreement to, and shall not, supervise, recommend, or advise the Trustees or any investment manager or any participant or beneficiary with respect to the investment, purchase, sale, retention, or other disposition of any property held hereunder and shall not be liable for any losses to the Account as a result of the acts or omissions of the Trustees or any investment manager to or participant or beneficiary of the Plan or any duly authorized agent(s) of the foregoing. We shall not be liable for interest on any cash balances it holds uninvested in the Account pending receipt of instructions. In the absence of instructions in accordance with the Related Agreements, we shall have no power, duty, or authority to invest property held in the Account. We shall have no power or duty to recommend, select, or approve investments for the Account or otherwise to furnish advice with respect thereto. We shall have no power or duty to review any investment or reinvestment made in accordance with the Related Agreements. In acting upon any instruction of the Trustees, we shall not be required to ascertain whether the Trustees properly gave such instruction or whether such instruction was lawful or otherwise permissible. We shall not be responsible for property paid or delivered to any person upon the written direction of the Trustees. We shall have no power or duty to prepare income tax returns or financial or other reports for the Plan and no power or duty to determine the rights of participants, beneficiaries, or other persons under the Plan. Without limiting the generality of the foregoing, in the case of any transaction in accordance with this Agreement or the Related Agreements, the party giving the instructions to us shall have the entire responsibility for assuring that the transaction does not violate the prohibitions of any applicable federal or state law or court order or judgment affecting the administration of the Plan and/or Account.

PLAN ADMINISTRATION

We shall not be the administrator or a fiduciary of the Plan, and shall not be responsible for any aspect of the administration of the Plan. We shall not be required to look into any action taken by the Employer or the Trustees or any of their duly authorized agents and shall be fully protected in taking, permitting, or omitting any action on the basis of any instructions that it receives in accordance with this Agreement and the Related Agreements.

Trustee Certification and Signature

I certify, under penalty of perjury, that:

- The TIN on this application is the Plan's true TIN and the Plan is a U.S. person. Visit the IRS site for the definition of a U.S. person.
- The Plan listed above is not subject to backup withholding as a result of failure to report all interest and dividends, or the Internal Revenue Service (IRS) has notified them they are no longer subject to backup withholding.
Check here ONLY if subject to backup withholding.
- On behalf of the Plan listed above, I acknowledge I have received, read, and agree to the terms and conditions set forth in the Customer Agreement, which can be found on the login pages of our sites
- I hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I agree to notify GSCS promptly of any changes to this information. Please note, further client identification / verification information may be requested, including intermediary owners.

By signing below, I agree to the terms of the [Customer Agreement](#) including the Exhibit 1 - Pre-dispute arbitration clause provided as Exhibit 1.

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

Trustee Signature	X	Date (mm/dd/yyyy) / /
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Individual Plan Participant Information (For Participant Level Accounts ONLY)

Use this page as a template for the information required for each participant, in a participant level qualified plan account.

Trustee Information			
Title (Optional) Dr. Miss Mr. Mrs. Ms.		First Name	
		Middle Name (Required if exists)	
Last Name		Suffix (Optional) II III IV Jr. Sr.	
Date of Birth (mm/dd/yyyy) / /	Social Security Number (SSN) - -	Primary Phone	Secondary Phone
Primary Residential Street Address 1 (U.S. Street Addresses only; No P.O. Boxes)			City
Primary Residential Street Address 2 (Optional)		State	Zip Code Country
Mailing Address (If different from Residential Address; P.O. Boxes allowed)			City
Mailing Address Street Address 2 (Optional)		State	Zip Code Country
Email			

Citizenship Status	
We only allow U.S. citizens and U.S. Permanent Residents with valid U.S. Social Security or equivalent tax identification numbers to invest on our platform.	
Country of Citizenship:	Additional Country of Citizenship (If Applicable):
If not a U.S. Citizen, is the trustee a U.S. permanent resident? Yes No	

Username
We require that each individual plan participant have a unique username.
Username Requirements: Your username must be 8–32 characters. It cannot contain symbols or spaces and is not case sensitive. You will not be able to change your username once this application is complete.
Participant Username