

**UNIVERSITY OF HAWAI'I
TAX DEFERRED ANNUITIES – CUSTODIAL ACCOUNTS
APPLICATION FOR 403(b)(7) SERVICE PROVIDERS**

Company Name

Applying as: Custodian Broker/Dealer

Criteria	Yes/No
1. Is the company licensed in the State of Hawai'i? If yes, attach a copy of the Certificate of Registration of Dealer in Securities issued by the State of Hawai'i, Department of Commerce and Consumer Affairs.	
2. Is the company registered with the NASD? If yes, provide the broker/dealer CRD # issued by the NASD and a copy of Form U-4 Status Report. CRD #: _____ Current registration expires: _____	
3. Does the company provide investments which conform to the applicable laws and regulations pertaining to IRS Code 403(b)(7)?	
4. Does the company train the registered representative(s) in the IRS rules and procedures governing TDA plans, including the calculation of the Maximum Allowable Contribution?	
5. Does the company provide sales and/or educational materials and prospectuses to University of Hawai'i (UH) employees that describes the advantages and disadvantages of 403(b)(7) custodial accounts? If yes, attach samples of all such materials to be provided to UH TDA Plan participants.	
6. Does the company have Registered Representative(s) in Hawai'i to provide advice and administrative services to UH TDA Plan participants? If yes, complete the Registered Representative Certification on the reverse side of this application. If no, how does the company plan to provide advice and services to UH participants? _____	
7. Does the company offer a minimum of 7 fund choices with at least 4 having the following investment objectives: <input type="checkbox"/> Aggressive Growth <input type="checkbox"/> Growth <input type="checkbox"/> Growth & Income <input type="checkbox"/> Equity Income <input type="checkbox"/> Small Capitalization <input type="checkbox"/> Balanced <input type="checkbox"/> International Stock <input type="checkbox"/> Corporate Bond <input type="checkbox"/> Index (S&P 500 or other major index) <input type="checkbox"/> Money Market (Safe Harbor) <input type="checkbox"/> Other(s) _____	
8. If applying as a Custodian, does the company provide a toll-free number for employee inquiries and/or questions? If no, what method of free access does the company provide? _____	

Employees' payroll contributions must be sent directly to the Custodian at the following address:

Company Name

Address

City, State, Zip Code

(Complete certification on reverse side)

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Registered Representative Certification:

The following Registered Representative(s) is/are authorized to sell investment products and sign on behalf of this company: (Use additional sheet, if necessary.)

Print Name CRD# /Exp. date

Print Name CRD# /Exp. date

Signature Date

Signature Date

Print Name CRD# /Exp. date

Print Name CRD# /Exp. date

Signature Date

Signature Date

Print Name CRD# /Exp. date

Print Name CRD# /Exp. date

Signature Date

Signature Date

Broker/Dealer or Custodian Certification:

This is to certify that the information provided on this form is accurate and complete.

Print Name CRD# /Exp. date

Signature Date

Title

Company Name

Office Address

City, State, Zip Code

() _____
Area Code & Telephone Number

() _____
Area Code & Fax Number

E-mail Address

**Submit this form, a completed University of Hawai'i 403(b) Service Provider Agreement
and the required documents to:**

**Plan Compliance Group, Ltd.
220 S. King Street, Suite 1230
Honolulu, HI 96813**

Phone: (808) 546-5588 or E-mail: uhtda@pcgltd.net