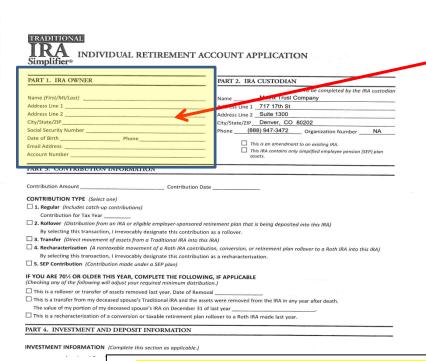


Instructions for Completing the IRA SIMPLIFIER Form

NOTE: This form MUST BE COMPLETED even if you are closing your account immediately. Your account was provisionally established and funded for you by a third party. Before we can accept any instructions from you we must complete the process of legally opening this account as an IRA. Only Part 1 and Part 7 (highlighted) are required to complete this process. Return page 1 and page 2 only.

Page 1: Complete Part 1 only on this page



- Complete your name, address, Social Security
 Number and date of birth.
- Providing your phone number and e-mail address will help us reach you for more information if necessary, but these fields are optional.
- If you do not know your account number, leave this line blank

DO NOT COMPLETE ANY INFORMATION IN PART 2, PART 3 OR PART 4 *

These sections do not apply to this account type

This is page 2 of the IRA Application	on for	, Account Nu	ımber
PART 5. BENEFICIARY DES	IGNATION		
I designate that upon my death, the me terminates completely, and the named, my estate will be my bene	e percentage share of any remaining be	peneficiaries named below. The neficiaries will be increased o	he interest of any beneficiary that predeceases on a pro rata basis. If no beneficiaries are
☐ I elect not to designate benefic	ciaries at this time and understand that	may designate beneficiaries	at a later date.
	total percentage designated must equa	_	
Name		Name	
Address	4	Address	
City/State/ZIP		City/State/ZIP	
Date of Birth			Relationship
	Percent Designated	Tax ID (SSN/TIN)	Percent Designated
Name		Name	
Address		Address	
City/State/ZIP		City/State/ZIP	
Date of Birth	Relationship		Relationship
	Percent Designated		Percent Designated
if all primary beneficiaries have pred Name	The total percentage designated must ed deceased the IRA owner.)		e account will be payable to these beneficiaries
TWO CONTROL AS			
City/State/ZIP		Address	
	Relationship	City/State/ZIP	
	Percent Designated		Relationship Percent Designated
Name	Tercent Designated		Percent Designated
Address		Name	
City/State/ZIP		Address City/State/ZIP	
Date of Birth	Relationship	70. 7	Relationship
	Percent Designated		Percent Designation
			ms attached to this IRA
PART 6. SPOUSAL CONSEN	Г	PART 7. SIGNATURES	S
Spousal consent should be considered if either the trust or the residence of the IRA owner is located in a community or marital property state. CURRENT MARITAL STATUS I Am Not Married – I understand that if I become married in the		Important: Please read before signing. I understand the eligibility requirements for the type of IRA deposit I am making, and I state that I do qualify to make the deposit. I have received a copy of the IRA Application, the S305-A Custodial Account Agreement, the	
future, I should review the requ I Am Married – I understand th		Financial Disclosure, and the Disclosure Statement. I understand that the terms and conditions that apply to this IRA are contained in this Application and the Custodial Account Agreement. I agree to be bound by those terms and conditions. Within seven days from the date I open this IRA I may revoke it without penalty by mailing or delivering a written notice to the custodian.	
eceived a fair and reasonable disc	IRA owner. I acknowledge that I have closure of my spouse's property and important tax consequences of giving n advised to see a tax professional.	 determining that I am contribution, 	
	est in the assets or property deposited efficiary designation indicated above. I	the tax consequences contributions) and dis	of any contributions (including rollover
	erse consequences that may result.	X Signature of IRA Owner	
<i>(</i>		X	Date (mm/dd/yyyy)
ignature of Spouse	Date (mm/dd/yyyy)	Signature of Witness	Date (mm/dd/yyyy)
<u>(</u>		X	
ignature of Witness	Date (mm/dd/yyyy)	Signature of Custodian	Date (mm/dd/yyyy)

Date (mm/dd/yyyy)
Page 2 of 14
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Page 2:

PART 5. BENEFICIARY DESIGNATION (optional):

- You may designate one or more individuals who would be entitled to receive the balance in your account in the event of your death.
- You may leave this section blank if you intend to close your account immediately.

PART 6. SPOUSAL CONSENT (may be required):

Signature of spouse is required ONLY if all 3 of the following statements are true:

- You have named a beneficiary in section 5;
- You are married, but have named a primary beneficiary other than your spouse;
- You live in a "Community Property" or "Marital Property" state

PART 7. SIGNATURES (required):

- Please sign and date where indicated (must be an actual written signature)
- Witness signature is NOT required.

100 (Rev. 7/2013)