

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**

TRADITIONAL IRA Simplifier® INDIVIDUAL RETIREMENT ACCOUNT APPLICATION

PART 1. IRA OWNER

Name (First/M/Last) _____
 Address Line 1 _____
 Address Line 2 _____
 City/State/ZIP _____
 Social Security Number _____
 Date of Birth _____ Phone _____
 Email Address _____
 Account Number _____

PART 2. IRA CUSTODIAN

Name _____ *to be completed by the IRA custodian*
 Address Line 1 717 17th St
 Address Line 2 Suite 1300
 City/State/ZIP Denver, CO 80202
 Phone (888) 947-3472 Organization Number NA

This is an amendment to an existing IRA.
 This IRA contains only simplified employee pension (SEP) plan assets.

PART 3. CONTRIBUTION INFORMATION

Contribution Amount _____ Contribution Date _____

CONTRIBUTION TYPE (Select one)

1. Regular (Includes catch-up contributions)
 Contribution for Tax Year _____

2. Rollover (Distribution from an IRA or eligible employer-sponsored retirement plan that is being deposited into this IRA)
 By selecting this transaction, I irrevocably designate this contribution as a rollover.

3. Transfer (Direct movement of assets from a Traditional IRA into this IRA)

4. Recharacterization (A nontaxable movement of a Roth IRA contribution, conversion, or retirement plan rollover to a Roth IRA into this IRA)
 By selecting this transaction, I irrevocably designate this contribution as a recharacterization.

5. SEP Contribution (Contribution made under a SEP plan)

IF YOU ARE 70½ OR OLDER THIS YEAR, COMPLETE THE FOLLOWING, IF APPLICABLE
 (Checking any of the following will adjust your required minimum distribution.)

This is a rollover or transfer of assets removed last year. Date of Removal _____

This is a transfer from my deceased spouse's Traditional IRA and the assets were removed from the IRA in any year after death.
 The value of my portion of my deceased spouse's IRA on December 31 of last year _____

This is a recharacterization of a conversion or taxable retirement plan rollover to a Roth IRA made last year.

PART 4. INVESTMENT AND DEPOSIT INFORMATION

INVESTMENT INFORMATION (Complete this section as applicable.)

- 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 for _____, Account Number _____

PART 5. BENEFICIARY DESIGNATION

I designate that upon my death, the assets in this account be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, my estate will be my beneficiary.

I elect not to designate beneficiaries at this time and understand that I may designate beneficiaries at a later date.

PRIMARY BENEFICIARIES (The total percentage designated must equal 100%.)

Name _____	Name _____
Address _____	Address _____
City/State/ZIP _____	City/State/ZIP _____
Date of Birth _____ Relationship _____	Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____	Tax ID (SSN/TIN) _____ Percent Designated _____
Name _____	Name _____
Address _____	Address _____
City/State/ZIP _____	City/State/ZIP _____
Date of Birth _____ Relationship _____	Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____	Tax ID (SSN/TIN) _____ Percent Designated _____

CONTINGENT BENEFICIARIES (The total percentage designated must equal 100%.) (The balance in the account will be payable to these beneficiaries if all primary beneficiaries have predeceased the IRA owner.)

Name _____	Name _____
Address _____	Address _____
City/State/ZIP _____	City/State/ZIP _____
Date of Birth _____ Relationship _____	Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____	Tax ID (SSN/TIN) _____ Percent Designated _____
Name _____	Name _____
Address _____	Address _____
City/State/ZIP _____	City/State/ZIP _____
Date of Birth _____ Relationship _____	Date of Birth _____ Relationship _____
Tax ID (SSN/TIN) _____ Percent Designated _____	Tax ID (SSN/TIN) _____ Percent Designated _____

Check here if additional beneficiaries are listed on an attached addendum. Total number of addendums attached to this IRA _____

PART 6. SPOUSAL CONSENT

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 future, I should review the requirements for spousal consent.
 I Am Married – I understand that if I choose to designate a primary beneficiary other than or in addition to my spouse, my spouse should sign below.

CONSENT OF SPOUSE

I am the spouse of the above-named IRA owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Because of the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional.

I hereby give the IRA owner my interest in the assets or property deposited in this IRA and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result.

Signature of Spouse _____ Date (mm/dd/yyyy) _____

Signature of Witness _____ Date (mm/dd/yyyy) _____

PART 7. SIGNATURES

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 5305-A Custodial Account Agreement, the 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.

I assume complete responsibility for

- determining that I am eligible for an IRA each year I make a contribution,
- ensuring that all contributions I make are within the limits set forth by the tax laws, and
- the tax consequences of any contributions (including rollover contributions) and distributions.

Signature of IRA Owner _____ Date (mm/dd/yyyy) _____

Signature of Witness _____ Date (mm/dd/yyyy) _____

Signature of Custodian _____ Date (mm/dd/yyyy) _____

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.