



Administrator

The name of your administrator is shown in your IRA trust and disclosure statement, IRS form 5305 for the type of IRA you have that this applies to.

Entrust Administration, Inc.

Administrator

Account Number

If not pre-assigned by the administrator, please leave blank. An account number will be assigned by the administrator and will be mailed to you.

Account Number

1. ACCOUNT HOLDER INFORMATION

Your Name

Your name as you use it to transact business. Because Joint accounts are not permitted, please use another Application if your spouse or other individual wishes to open an account. If opening an account for a deceased person for whom you are the beneficiary, and are opening the account for that person, please use the name of that person, followed by "Deceased".

Name

Home Address

Where you live or where you wish to receive overnight mail.

Home Address (P.O. Box not allowed)

City, State and Zip Code

City, State, Zip

Daytime Phone Number

Where you may be reached during the day if not at Home.

() _____

Daytime Phone Number

Home Phone Number

Where you may be reached at Home.

() _____

Home Phone Number

Cell Phone Number

Your cell phone number if you use it to conduct business.

() _____

Cell Phone Number

Fax Number

Where we may fax you information regarding your account or transactions.

() _____

Fax Number

Email Address

Optional. Note: No monetary transactions may be processed through email.

Email Address

Social Security Number

Your Social Security Number if this is your account. If opening an account for a deceased person for whom you are the beneficiary, and are opening the account for that person, please use the social security number of that person.

Social Security Number

Date of Birth _____

2. TYPE OF IRA (check the box which describes the type of IRA you would like to establish)

Traditional IRA

This type of IRA is a pre-tax or post tax IRA, which will contain assets to be taxed on distribution to you. It may contain funds transferred from other IRAs of the same type, as well as transfers from SEP IRAs, SIMPLE IRAs or other traditional IRAs. Rollovers from other tax deferred plans such as Qualified Plans consisting of Defined Benefit, Defined Contribution (Profit Sharing, 401(k), Money Purchase Pension,) 403(b) and government Section 457 Plans are also permitted.

SEP IRA (Simplified Employee Pension)

Simplified Employee Pension Plans are traditional IRAs in which the employer as an employee and other qualified employees may receive contributions made by the employer. The employer must complete a separate SEP application to make such contributions to employees, including him or herself. SEP IRAs must be established in accordance with SEP IRA rules. Employer must complete SEP application and all eligible employees (including the employer) must complete an IRA application.

Employer Name:

SIMPLE IRA (Savings Incentive Match Plan for Employees)

Savings Incentive Match Plan for Employees are traditional IRAs in which the employer may make contributions, and the employee make deferrals as permitted by the SIMPLE IRA document. The SIMPLE IRA document must be completed in addition to this application. SIMPLE IRAs must be established in accordance with SIMPLE IRA rules. Employer must complete SIMPLE application and all eligible employees (including the employer) must complete an IRA application.

Employer Name:

Roth IRA

3. TYPE OF CONTRIBUTION OR ROLLOVER TO THIS IRA (check the box which describes the type of IRA contribution you are making.)

Use this Section Only if you are making a cash contribution to your IRA

If you are rolling over funds and have the assets, such as checks, stock certificates, notes, deeds, etc. in your personal physical possession, please complete this section and enclose the assets with this application. If you have deposited a check from your previous IRA or qualified plan, please make a check payable to your IRA as follows, for the amount rolled over: Name of Administrator FBO the name as shown on this application.

Traditional IRA contribution, pre or post tax, but not Roth IRA for the year _____, in the amount of \$_____.
These contributions must be received by April 15.

Traditional IRA rollover contribution, pre or post tax, but not Roth IRAs. Assets attached.

Roth IRA contribution (post tax) for the year _____, in the amount of \$_____. These contributions must be received by April 15.

Roth IRA rollover contribution, assets attached.

SEP IRA contribution, made by the employer for the employee, but not Roth IRA, for the year _____, in the amount of \$_____. These contributions must be made by the employers tax deadline including extensions.

SIMPLE IRA contribution, made by the employer for the employee, but not Roth IRA, for the year _____, in the amount of \$_____. These contributions must be made by the employer's tax deadline including extensions.

If you are transferring or rolling over funds not included with this application, please complete the *IRA Transfer/Rollover form*.

If you are converting assets in a traditional, SEP or SIMPLE IRA to a Roth IRA, please complete the *Roth Conversion form*.

4. BENEFICIARY DESIGNATION (Original beneficiaries on account opening.)

Primary beneficiaries receive your IRA proceeds upon your death. Contingent beneficiaries only will receive the IRA funds if there are no surviving primary beneficiaries when you die.

Indicate your beneficiaries below

Name	Daytime Phone Number	
Residential Address	Home Phone Number	
City, State and Zip Code	Social Security Number	Date of Birth
Relationship	Share %	
Check One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		

Name	Daytime Phone Number	
Residential Address	Home Phone Number	
City, State and Zip Code	Social Security Number	Date of Birth
Relationship	Share %	
Check One: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent		

Spousal Consent

Check appropriate box to indicate Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married (see Consent of Spouse) <input type="checkbox"/> Widowed or Divorced	
Consent of Spouse: The consent of spouse must be signed only if all of the following conditions are present: (1) your spouse is living; (2) your spouse is not the sole primary beneficiary named; and (3) you and your spouse are residents of a community property state (such as AZ, CA, ID, NV, MN, TX, WA or WI). I have reviewed the above beneficiary designations and, as the spouse of the brokerage IRA owner, I consent to the beneficiary and all contributions of money or property to be used for the purchase of such accounts to be issued in my spouse's name, whether heretofore, now or hereafter, and I relinquish all my statutory or other rights thereto:	
Spouse's Signature _____	Date _____

5. YOUR SIGNATURE

The Account Holder shown on the front of this application must read this agreement carefully and sign and date this part. By signing this application, you acknowledge the following:

- Appointment. I appoint the institution as shown on the disclosure, provided separately, as the custodian of my IRA, and understand that the Individual Retirement Custodial Account Agreement and my IRA Application comprise my agreement with the third party administrator shown in the Individual Retirement Custodial Account Agreement. The third party administrator ("Administrator") may change custodians to any institution permitted by law as provided under IRC Section 408.
- Until such time as I change or revoke the following designation, I hereby instruct the Custodian to follow the investment directions which I provide to the third party administrator in investing and reinvesting the principal and interest as confirmed by direction letters and other agreements with the third party administrator, for the above referenced IRA or other account for which the third party administrator serves as record keeper and administrator.
- Adequate Information. I acknowledge that I have received a copy of the Plan Agreement, Disclosure Statement and a financial disclosure. I understand that the terms and conditions which apply to this IRA are contained in these documents and I agree to be bound by those terms and conditions. Within seven (7) days from the date that I open this IRA, I may revoke it without penalty by mailing or delivering a written notice to the Custodian.
- Responsibility for Tax Consequences. I assume all responsibility for any tax consequences and penalties that may result from making contributions to, transactions with, and distributions from my IRA.
- I understand that by converting my traditional IRA to a Roth IRA, I will owe income tax on all pre-tax assets converted. The decision of whether to convert my traditional IRA to a Roth IRA was made in light of all relevant financial information and in conjunction with my professional tax advisors.
- I am authorized and of legal age to establish this IRA and make investment purchases permitted under the Plan Agreement offered by the Custodian.
- I certify under penalties of perjury: 1) that I have provided you with my correct Social Security or Tax I.D. Number; and 2) that 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 Service (IRS) that I am subject to backup withholdings 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. You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.
- Except as described above, we will not release information about you to others unless you or a representative whom you have authorized in writing have consented or asked us to do so or we are required by law or other regulatory authority.
- Until such time as I change or revoke the following designation, I hereby instruct the Custodian to follow the investment directions which I provide to Administrator in investing and reinvesting the principal and interest, as confirmed by direction letters to Administrator from the undersigned, for the above referenced IRA or other Custodial account for which Administrator serves as record keeper.
- You are authorized to accept written direction and/or verbal direction which is subsequently confirmed in writing by the authorized party, Administrator, or by the undersigned. Written direction shall be construed so as to include facsimile signature.
- The account is established for the exclusive benefit of the Accountholder or his/her beneficiaries. In taking action based on this authorization Custodian and Administrator may act solely on the written instruction, designation or representation of the Accountholder, and the Accountholder agrees to hold Custodian and Administrator harmless from all liabilities and expenses incurred in connection with any action taken in reliance upon Accountholder's written instructions, designations and representations, or in the exercise of any right, power or duty of Custodian or Administrator, its agents or assigns. Custodian and Administrator may deduct from the account any amounts to which they are entitled to the reimbursement under the foregoing hold harmless provision.
- Custodian, Administrator and their respective agents or assigns have no responsibility or fiduciary role whatever related to or in connection with the account in taking any action related to any purchase, sale or exchange instructed by the undersigned or the undersigned's agents, including but not limited to suitability, compliance with any state or federal law or regulation, income or expense, or preservation of capital or income.
- I expressly certify that I take complete responsibility for the type of investment instrument(s) with which I choose to fund my IRA, and that the Custodian, Trustee(s) and Administrator is released of any liability regarding the performance of any investment choice I make.
- I assume complete responsibility for: 1) Determining that I am eligible for an IRA each year I make a contribution; 2) Insuring that all contributions I make are within the limits set forth by the tax laws; 3) The tax consequences of any contribution (including rollover contributions and distributions).
- I understand that no one at Entrust or any of its licensees have authority to agree to anything different than my foregoing understandings of Entrust policy.
- In executing transfers, it is understood and agreed that I will not hold Custodian or Administrator liable or responsible for anything done or omitted in the administration, custody or investments of the account prior to the date they shall complete their respective acceptance as successor custodian and administrator and shall be in possession of all of the assets, nor shall they have any duty or responsibility to inquire into or take any action with respect to any acts performed by the prior Trustee, Custodian, or Administrator.
- I acknowledge I have received and signed a Fee Disclosure and the IRA Plan Agreement and Disclosure and agree to abide by their terms as currently in effect or as they may be amended from time to time. I understand that failure to submit a signed Fee Disclosure will result in fees "based on value of assets". (See "Fee Disclosures.")
- The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete.

IRA Owner's Signature _____ Date _____