

Roth IRA Application

1 ROTH IRA OWNER INFORMATION

(Custodian's/Trustee's name, address, and phone number above)

NAME, ADDRESS, CITY, STATE, AND ZIP		ROTH IRA ACCOUNT (PLAN) NUMBER	
		SOCIAL SECURITY NUMBER (SSN)	
DAYTIME PHONE NUMBER	E-MAIL (OPTIONAL)	DATE OF BIRTH	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female

2 CONTRIBUTION INFORMATION (See Additional Information included with this form.)

INVESTMENT NUMBER	AMOUNT	CONTRIBUTION DATE	TAX YEAR	TAX YEAR OF FIRST ROTH IRA CONTRIBUTION/CONVERSION
	\$			
CONTRIBUTION TYPE: <input type="checkbox"/> Regular/Spousal <input type="checkbox"/> Conversion from a Traditional IRA to a Roth IRA <input type="checkbox"/> Catch-up <input type="checkbox"/> Conversion from a SIMPLE IRA to a Roth IRA <input type="checkbox"/> Rollover from a Roth IRA <input type="checkbox"/> Rollover/Direct Rollover from a Designated Roth Account <input type="checkbox"/> Transfer from a Roth IRA <input type="checkbox"/> Rollover/Direct Rollover from an Eligible Retirement Plan <input type="checkbox"/> Recharacterization				

3 DESIGNATION OF BENEFICIARY (See Additional Information included with this form.)

At the time of my death, the primary beneficiaries named below will receive my Roth IRA assets. If all of my primary beneficiaries die before me, the contingent beneficiaries named below will receive my Roth IRA assets. In the event a beneficiary dies before me, such beneficiary's share will be reallocated on a pro-rata basis to the other beneficiaries that share the deceased beneficiary's classification as a primary or contingent beneficiary. If all of the beneficiaries die before me, my Roth IRA assets will be paid to my estate. If no percentages are assigned to beneficiaries, or if the percentage total for any beneficiary classification exceeds 100 percent, the beneficiaries in that beneficiary classification will share equally. If the percentage total for each beneficiary classification is less than 100 percent, any remaining percentage will be divided equally among the beneficiaries within such class. This designation revokes and supercedes all earlier beneficiary designations which may apply to this Roth IRA.

A. Primary Beneficiary

PERCENTAGE	NAME OF BENEFICIARY	SSN OR TAXPAYER IDENTIFICATION NUMBER	RELATIONSHIP TO ROTH IRA OWNER	BENEFICIARY DATE OF BIRTH
%				
%				
%				
Total 100%				

B. Contingent Beneficiary

PERCENTAGE	NAME OF BENEFICIARY	SSN OR TAXPAYER IDENTIFICATION NUMBER	RELATIONSHIP TO ROTH IRA OWNER	BENEFICIARY DATE OF BIRTH
%				
%				
%				
Total 100%				

4 SPOUSAL CONSENT

Community or marital property state laws may require spousal consent for a nonspouse beneficiary designation. The laws of the state in which the financial organization is domiciled, the Roth IRA owner resides, the trust is located, the spouse resides, or this transaction is consummated should be reviewed to determine if such a requirement exists. Spousal consent for the beneficiary designation may also be required by financial organization policy.

(Roth IRA Owner Initials) **I Am Married.** I understand that if I designate a primary beneficiary other than my spouse, my spouse must consent by signing below.

(Roth IRA Owner Initials) **I Am Not Married.** I understand that if I marry in the future, I must complete a new Designation of Beneficiary form, which includes the spousal consent documentation.

I am the spouse of the Roth IRA owner. Because of the significant consequences associated with giving up my interest in the Roth IRA, the custodian/trustee has not provided me with legal or tax advice, but has advised me to seek tax or legal advice. I acknowledge that I have received a fair and reasonable disclosure of the Roth IRA owner's assets or property and any financial obligations for a community property state. In the event I have a legal interest in the Roth IRA assets, I hereby give to the Roth IRA owner such interest in the assets held in this Roth IRA and consent to the beneficiary designation set forth in this Application.

Signature of Spouse

Date

Signature of Witness (if required)

(Witness cannot be a beneficiary of this Roth IRA)

Date

5 SIGNATURES

I certify that the information provided by me on this Application is accurate, and that I have received a copy of IRS Form 5305-R, *Roth Individual Retirement Trust Account* or IRS Form 5305-RA, *Roth Individual Retirement Custodial Account*, a Disclosure Statement, and a Financial Disclosure. I agree to be bound by the terms and conditions found in the Agreement, Disclosure Agreement, Financial Disclosure, and amendments thereto. I assume sole responsibility for all consequences relating to my actions concerning this Roth IRA. I understand that I may revoke this Roth IRA on or before seven (7) days after the date of the date of establishment. My designation of the tax year for my contribution, and any election to treat a contribution as a rollover or recharacterization, is irrevocable. I indemnify and agree to hold the custodian/trustee harmless against any liabilities. I understand that the custodian/trustee cannot provide, and has not provided, me with tax or legal advice. I have been advised to see the guidance of a tax or legal professional.

Signature of Roth IRA Owner

Date

Signature of Custodian/Trustee

Date

ADDITIONAL INFORMATION

Purpose. The Roth IRA Application form is designed to assist you in opening a Roth individual retirement account (IRA). This Application will accompany an Internal Revenue Service (IRS) Form 5305-R, *Roth Individual Retirement Trust Account*, IRS Form 5305-RA, *Roth Individual Retirement Custodial Account*, or IRS-approved prototype, a Disclosure Statement, and a Financial Disclosure.

Additional Documents. Applicable law or policies of the Roth IRA custodian/trustee may require additional documentation, such as IRS Form W-9, *Request for Taxpayer Identification Number and Certification*. For a recharacterization, the IRS requires you to provide a written notice of recharacterization.

For Additional Guidance. It is in your best interest to seek the guidance of a tax or legal professional before completing this document. For more information, refer to IRS Publication 590, *Individual Retirement Arrangements (IRAs)*, instructions to your federal income tax return, your local IRS office, or the IRS's web site at www.irs.gov.