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Traditional IRA Application

1 IRA OWNER INFORMATION

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

NAME, ADDRESS, CITY, STATE, AND ZIP		IRA ACCOUNT (PLAN) NUMBER	
		SOCIAL SECURITY NUMBER (SSN)	
DAYTIME PHONE NUMBER	E-MAIL (OPTIONAL)	DATE OF BIRTH	GENDER:
			☐ Male ☐ Female

2 CONTRIBUTION INFORMATION

INVESTMENT NUMBER	AMOUNT	CONTRIBUTION DATE	TAX YEAR
	$		

CONTRIBUTION TYPE:

- ☐ Regular/Spousal
- ☐ Catch-Up
- ☐ Simplified Employee Pension (SEP)
- ☐ Recharacterization
- ☐ Rollover from a Traditional IRA or SIMPLE IRA
- ☐ Rollover from an Eligible Retirement Plan
- ☐ Direct Rollover from an Eligible Retirement Plan
- ☐ Transfer from a Traditional IRA or SIMPLE IRA

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 IRA assets. If all of my primary beneficiaries die before me, the contingent beneficiaries named below will receive my 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 which share the deceased beneficiary's classification as a primary or contingent beneficiary. If all of the beneficiaries die before me, my IRA assets will be paid to my estate. If no percentages are assigned to beneficiaries, the beneficiaries will share equally. If the percentage total for each beneficiary classification type does not equal 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 IRA.

A. Primary Beneficiary

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

B. Contingent Beneficiary

PERCENTAGE	NAME OF BENEFICIARY	SSN OR TAXPAYER IDENTIFICATION NUMBER	RELATIONSHIP TO 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 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.

…… (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.

…… (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 IRA owner. Because of the significant consequences associated with giving up my interest in the 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 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 IRA assets, I hereby give to the IRA owner such interest in the assets held in this IRA and consent to the beneficiary designation set forth in Section 3 of this form.

✎✗ …… Signature of Spouse Date

✎✗ …… Signature of Witness (if required) Date
(Witness cannot be a beneficiary of this IRA)

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, *Traditional Individual Retirement Trust Account* or IRS Form 5305-A, *Traditional Individual Retirement Custodial Account,* Disclosure Statement, and Financial Disclosure. I agree to be bound by the terms and conditions found in the Plan Agreement, Disclosure Agreement, Financial Disclosure, and amendments thereto. I assume sole responsibility for all consequences relating to my actions concerning this IRA. I understand that I may revoke this 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 have not received any tax or legal advice from the custodian/trustee, and I will seek the advice of my own tax or legal professional to ensure my compliance with related laws. I release and agree to hold the IRA custodian/trustee harmless against any and all claims or losses arising from my actions.

✎✗ …… Signature of IRA Owner Date

✎✗ …… Signature of Custodian/Trustee Date

ADDITIONAL INFORMATION

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

Additional Documents. Applicable law or policies of the 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.