

## 1 ACCOUNT HOLDER INFORMATION

LEGAL NAME (Last, First, Middle) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.				<b>EI</b>
PHYSICAL STREET ADDRESS (Required - No P.O. Box)				<b>ACCOUNT TYPE</b> <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP (5305 form required)
CITY	COUNTY	STATE	ZIP CODE	
MAILING ADDRESS (If different from above - P.O. Box may be used)				
CITY	COUNTY	STATE	ZIP CODE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YYYY)	COUNTRY OF CITIZENSHIP <input type="checkbox"/> USA <input type="checkbox"/> Other _____		
EMAIL ADDRESS (Important - to notify you of information pertaining to your IRA) <sup>1</sup>		ONLINE QUARTERLY STATEMENT - <b>must enroll in Institutional eVantage</b> <input type="checkbox"/> I elect to receive my quarterly statement electronically		
HOME PHONE NUMBER	BUSINESS PHONE NUMBER	MOBILE PHONE NUMBER		

Check box if this is a beneficiary account you have inherited from another individual
  Check box if the account owner is a minor

## 2 DESIGNATE YOUR SECURITY INFORMATION

**SELECT A 6-DIGIT PIN NUMBER<sup>2</sup>** A PIN number is used to verify your identity when calling Client Services and to provide online access to your account information.

Confidential Six Digit Pin Number: (Must Be Entirely Numeric)	EXAMPLE:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">3</td> <td style="width: 20px; text-align: center;">4</td> <td style="width: 20px; text-align: center;">5</td> <td style="width: 20px; text-align: center;">6</td> </tr> </table>	1	2	3	4	5	6
1	2	3	4	5	6			

**SELECT A SECURITY QUESTION** Please select one of the following questions below and provide an answer. If you forget your PIN Number, this question can be used in place of the pin.

<input type="checkbox"/> What's my pet's name? <input type="checkbox"/> What's my mother's maiden name? <input type="checkbox"/> What high school did I attend?	Answer:
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## 3 BENEFICIARY DESIGNATION

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

If any primary or contingent beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a prorata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA.

**Beneficiary Designation:** I understand that I may change or add Beneficiaries at any time by completing and delivering a **Change of Beneficiary form** to Equity Trust Company. If you designate a trust as the beneficiary, please provide a copy of the trust. Named Beneficiaries may only be U.S. Citizens or non-U.S. Citizens that have obtained a substitute tax identification number or social security number.

Name (first, middle, last)	Date of Birth (mm/dd/yyyy)	Social Security Number	Country(ies) of Citizenship	Relationship	Primary or contingent	Share %
1.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
2.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
3.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	

This section should be reviewed if either the trust or the residence of the Account Holder is located in a community<sup>2</sup> or marital property state and the Account Holder is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

**CURRENT MARITAL STATUS:**  **I am not married** - I understand that if I become married in the future, I must complete a new **Change of Beneficiary form**.  
 **I am married** - I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

**CONSENT OF SPOUSE:** I am the spouse of the aforementioned Account Holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to 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 Account Holder any interest I have in the assets held in this IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

Signature of Spouse _____	Date _____
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FOR EQUITY INSTITUTIONAL USE ONLY Account Number _____ Event Code _____	Tracking Code _____
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## 7 ACCOUNT AUTHORIZATIONS

THE FOLLOWING SELECTIONS ARE OPTIONAL FEATURES AVAILABLE ON YOUR EQUITY TRUST COMPANY IRA. SELECT ONLY THE ITEM(S) YOU WISH TO AUTHORIZE. (Please leave blank if you do not wish to make any designations for your account.)

**Referral:** I was referred to Equity Institutional by the person referenced below. I understand that Equity Trust Company **will not release information** to this person and will not accept transaction instructions from this individual. This person is not a Designated Representative on my account.

**Interested Party Designation:** If selected, I authorize Equity Trust Company to release information to the following person regarding my account including copies of quarterly statements or other written, verbal, or electronic communications. I understand that Equity Trust Company will not accept transaction instructions from this individual. This person is not a Designated Representative on my account.

- Important:** If your account will have an Interested Party and Designated Representative, please use the Account Maintenance form at the back of the application to indicate your Interested Party.

**Designated Representative:** This person will have the ability to direct investments on your behalf. Please see section 8 for details on what authorizations a Designated Representative will have as a result of checking this box.

- Important:** If your account will have an Interested Party and Designated Representative, please use the Account Maintenance form at the back of the application to indicate your Interested Party.

**Telephone Authorization:** I authorize Equity Trust Company to honor telephone transaction requests from me or my Representative (if I have designated one) for my Account. My Social Security Number will be required as verification before any request will be accepted. I understand and agree that Equity Trust Company or its affiliates will not be liable for any loss, expense or cost arising out of any request affected hereunder. (Note: This authorization applies only to investment directions given to Equity Trust Company. It does not automatically authorize telephone exchange or redemption privileges for any investment.) **Telephone Authorization automatically applies to your account.**

Check this box only if you do not want telephone authorization on your account.

### SECTION 1

REFERRAL, INTERESTED PARTY, OR REPRESENTATIVE NAME:	REFERRAL, INTERESTED PARTY, REPRESENTATIVE LICENSE NUMBER:
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REFERRAL, INTERESTED PARTY, OR REPRESENTATIVE ADDRESS:

CITY:	STATE:	ZIP CODE:
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PHONE:	FAX:	EMAIL ADDRESS:
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FIRM NAME (IF APPLICABLE):

FIRM ADDRESS (IF APPLICABLE):

CITY:	STATE:	ZIP CODE:
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PHONE:

FIRM AUTHORIZED SIGNATURE (IF REQUIRED BY DEALER):	SIGN HERE	DATE:
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REPRESENTATIVE'S RELATIONSHIP TO YOU:

Is this individual a:

<input type="checkbox"/> Financial Advisor	<input type="checkbox"/> CPA	<input type="checkbox"/> Attorney
<input type="checkbox"/> Financial Planner	<input type="checkbox"/> Broker	<input type="checkbox"/> Investment Sponsor
<input type="checkbox"/> Other, please describe: _____		

### SECTION 2 (Complete if Designated Representative currently works with Equity Institutional)

Please enter Equity Institutional Rep/Referral Number

## 8 IMPORTANT (PLEASE READ BEFORE SIGNING)

The signature below acknowledges that I have received, read, and understand the Equity Trust Company IRA Custodial Agreement, Disclosure Statement and Fee Schedule found in the *IRA Custodial Account Agreement and Disclosure Statement*. I acknowledge that the *IRA Custodial Account Agreement and Disclosure Statement* explains the duties, limitations on duties, and the rights of Equity Trust Company and depositor. By signing this application below, the depositor assumes complete responsibility for determining contribution eligibility and tax consequences of any and all contributions or distributions; accepts and agrees to all of the terms and provisions set forth in the *IRA Custodial Account Agreement and Disclosure Statement*; and has read and accepted the terms of the Fee Schedule.

#### Signatures—By signing below, I hereby make the following representations:

- I appoint Equity Trust Company, as Custodian of my Account. I acknowledge that I have received and read Equity Trust Company's Individual Retirement Custodial Account Agreement and Disclosure Statement on the date shown below, and I agree to be bound by the terms and conditions contained in these documents. I understand that, within seven (7) days from the date that I open my Account, I may revoke this application and close my Account without penalty by mailing or delivering a written notice to Equity Trust Company.
- I acknowledge that my Account is self directed and I am solely responsible for the selection, management, and retention of all investments held within my Account. I understand and acknowledge that Equity Trust Company will exercise no discretion with respect to the funds in my Account, will not under any circumstances provide investment advice or recommendations, and will in all events invest all of the funds in my Account solely and exclusively at my direction. I further understand that I am not entering into a "trust" agreement with Equity Trust Company, but rather I am entering into a "custodial" agreement under which Equity Trust Company has no duties or responsibilities with respect to the investment of the funds in my Account. Finally, I understand and

