

RETIREMENT ACCOUNT APPLICATION

Account Number _____ Open Date _____ Broker Rep Code _____

Please select type of account you would like to open (choose one):

Traditional IRA Rollover IRA SEP IRA (Include IRS Form 5305) Simple IRA (Include 5304/5305) Roth IRA 401(k) MPP/PSP Other _____ Beneficiary Roth / IRA (Additional documentation is required to withdraw the inherited IRA assets)

Account Owner Information (See Customer Account Form)

Name: _____ Soc Sec # _____ DOB _____

Beneficiary Information

I understand that this Designation of Beneficiary will be effective on the date received by COR Clearing LLC or IBSI. This Designation of Beneficiary will remain in full force and effect until such time as COR or IBSI is actually in receipt of a written revocation or change of beneficiary signed by me and in such form and substance as COR deems necessary to effect the change. If I change the beneficiaries, all previous designated beneficiaries no longer have the right to receive benefit under this Agreement.

1. Name & Address _____ Relationship _____

Gender _____ DOB _____ Soc Sec # _____ Primary Contingent % _____

2. Name & Address _____ Relationship _____

Gender _____ DOB _____ Soc Sec # _____ Primary Contingent % _____

3. Name & Address _____ Relationship _____

Gender _____ DOB _____ Soc Sec # _____ Primary Contingent % _____

INHERITED TRADITIONAL IRA AND SIMPLE IRA (Available When Original IRA Owner Died Before April 1 of Year Following the Owner's 70.5 Year)

Total Distribution Transfer to an Inherited IRA Roll Over or Transfer to my Own IRA (Spouse beneficiary only) Roll Over to my Own Eligible Employer-Sponsored Retirement Plan (Spouse beneficiary only) Payments Over Five Years (Entire amount must be distributed by December 31 of the fifth year after death) Life Expectancy Payments

Available When Original IRA Owner Died On or After April 1 of the Year Following the Owner's 70 1/2 Year

Total Distribution Transfer to an Inherited IRA Roll Over or Transfer to my Own IRA (Spouse beneficiary only) Roll Over to my Own Eligible Employer-Sponsored Retirement Plan (Spouse beneficiary only) Life Expectancy Payments

INHERITED ROTH IRA Total Distribution Transfer to an Inherited Roth IRA Roll Over or Transfer to my Own Roth IRA (Spouse beneficiary only) Payments Over Five Years (Entire amount must be distributed by December 31 of the fifth year after death) Life Expectancy Payments

Spousal Consent

This section should be reviewed if either the trust or the residence of the IRA holder is located in a community or marital Property State and the IRA holder is married. Because of the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a tax or legal advisor.

I am not married. I understand that if I become married in the future, I must complete a new IRA Designation 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.

I am the spouse of the above-named IRA holder. 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 holder any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s) indicated. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Trustee.

Signature of Spouse: _____ Date _____ Witness _____ Date _____

I understand the eligibility requirements for the type of IRA deposit I am making, and I state 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 the 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 a) determining that I am eligible for an IRA each year I make a contribution b) ensuring that all contributions I make are within the limits set forth by the tax laws, and c) the tax consequences of any contributions (including rollover contributions) and distributions.

Signature of IRA Owner _____ Date _____

Signature of Custodian _____ Date _____