

IRA ADOPTION AGREEMENT

New Account Update Pershing Account # _____

IRA OWNER INFORMATION

Account Type: <input type="checkbox"/> Contributory <input type="checkbox"/> SEP (<i>additional documents are required</i>) <input type="checkbox"/> Rollover <input type="checkbox"/> Transfer <input type="checkbox"/> Mutual Fund Only					
Full Name Owner <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien*		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date	SSN	Primary Phone Number
*If non-resident alien, specify country _____ and obtain W-8 supplemental customer identification form.			E-mail: _____ By providing your address, you authorize PrimeVest to contact you by e-mail.		
Street Address (No P.O. Box)		City	State	Zip	Country
Mailing Address (P.O. Box allowed)		City	State	Zip	Country

DESIGNATION OF BENEFICIARY

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 that share the deceased beneficiary's classification as a primary or contingent beneficiary. A designation of a beneficiary's primary or contingent classification is generally made by entering a percentage in one of the two columns to the left of the name. In the event a beneficiary is named as both a primary and contingent beneficiary, or if a beneficiary is not assigned to a beneficiary classification, such beneficiary shall be a primary beneficiary. If no percentages are assigned to the beneficiaries, or if the percentage total for any beneficiary classification exceeds 100 percent, the beneficiaries 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. If all of the beneficiaries die before me, my IRA assets will be paid to my estate. This designation revokes and supersedes all earlier beneficiary designations which may apply to this IRA.

Primary Share	Contingent Share	Name of Beneficiary	Relationship	SSN/TIN	Date of Birth
%	%	_____	_____	_____	_____
%	%	_____	_____	_____	_____
%	%	_____	_____	_____	_____
%	%	_____	_____	_____	_____
%	%	_____	_____	_____	_____
%	%	_____	_____	_____	_____

DISCLOSURE AND AGREEMENT (REQUIRED)

Important disclosures regarding this account are contained under Important Disclosures in this Agreement.

By signing below, I certify under penalty of perjury that: (1) the Taxpayer Identification Number provided above is correct; (2) I am a U.S. Citizen or other U.S. person.
 If I am not a U.S. Citizen or Resident Alien, the second statement above does not apply to me.

By signing this Application, I hereby authorize and appoint PrimeVest Financial Services Inc. to act as Custodian of my account, and acknowledge that Pershing LLC acts as PrimeVest's agent in performing certain tax reporting and other services related to the custody of your IRA. I acknowledge receipt and have read, understand, and agree to the terms set forth in the Application, Individual Retirement Custodial Account Agreement (Form 5305-A) and Important Disclosures that are part of this IRA Adoption Agreement.

 X _____
SIGNATURE OF IRA OWNER **DATE**

Spousal Consent: I certify I am the spouse of the account owner named above. I approve and consent to the naming of a beneficiary other than myself. I transmute (transfer) any community property interest I have in this IRA into the separate property of my spouse.

 X _____
SPOUSE'S SIGNATURE **DATE**
 (If a primary beneficiary other than a spouse is named, the spouse's signature is required.)

PrimeVest® Financial Services Inc. is a Cetera company.

