CLEAR FORM

# ROTH IRA SIMPLIFIER™

## Roth Individual Retirement Account Application

| ROTH IRA HOLDER'S NAME AND ADDRESS | ROTH IRA CUSTODIAN'S NAME, ADDRESS AND PHONE |
|---|---|
| | |

| Social Security Number | Date of Birth | Home Phone | Business Phone | Contribution Type | Contribution for Tax Year |
|---|---|---|---|---|---|
| | d | | d | ☐ Regular or Spousal<br>☐ Transfer<br>☐ Rollover *(Source of Rollover or Transfer):*<br>☐ *Roth IRA*<br>☐ *Traditional IRA (Conversion)* | dd |

| Roth IRA Account Identification | Contribution Date | Contribution Amount | |
|---|---|---|---|
| | d | | ☐ Check here if this is a Roth Conversion IRA.<br>☐ Check here if this is an amendment to an existing Roth IRA. |

## DESIGNATION OF BENEFICIARY(IES)

The following individual(s) or entity 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 Roth IRA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.

If any primary or contingent beneficiary dies before me, 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 pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my Roth IRA.

| No. | Name and Address | Date of Birth | Social Security Number | Relationship | Primary or Contingent | Share % |
|---|---|---|---|---|---|---|
| 1. | | | | | ☐ Primary<br>☐ Contingent | % |
| 2. | | | | | ☐ Primary<br>☐ Contingent | % |
| 3. | | | | | ☐ Primary<br>☐ Contingent | % |
| 4. | | | | | ☐ Primary<br>☐ Contingent | % |
| 5. | | | | | ☐ Primary<br>☐ Contingent | % |
| 6. | | | | | ☐ Primary<br>☐ Contingent | % |

## SPOUSAL CONSENT

*This section should be reviewed if either the trust or the residence of the Roth IRA holder is located in a community or marital property state and the Roth IRA 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 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 Roth IRA 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 Roth IRA, I have been advised to see a tax professional.

I hereby give the Roth IRA holder any interest I have in the funds or property deposited in this Roth 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)

(Signature of Witness) (Date)

## SIGNATURES

*Important: Please read before signing.*

I understand the eligibility requirements for the type of Roth IRA deposit I am making and I state that I do qualify to make the deposit. I have received a copy of the Application, 5305-RA Plan Agreement, Financial Disclosure and Disclosure Statement. I understand that the terms and conditions which apply to this Roth Individual Retirement Account are contained in this Application and the 5305-RA Plan Agreement. I agree to be bound by those terms and conditions. Within seven (7) days from the date I open this Roth IRA I may revoke it without penalty by mailing or delivering a written notice to the Custodian.

I assume complete responsibility for:

1. Determining that I am eligible for a Roth IRA each year I make a contribution.
2. Insuring that all contributions I make are within the limits set forth by the tax laws.
3. The tax consequences of any contribution (including rollover contributions and conversions) and distributions.

(Roth IRA Holder) (Date)

(Witness) (Date)

(Authorized Signature of Custodian) (Date)