

Roth IRA Application

Pershing LLC serves as IRA Custodian or Non-Bank Trustee (Custodian).

STEP 1. ACCOUNT INFORMATION

This IRA Application may only be used in conjunction with the IRA plan document stipulated by the Custodian.

I Hereby Designate the Following as the Financial Organization	Account Number	1	RR Number
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Plan Type ☐ Roth IRA ☐ Roth Conversion (see below)

Account Type ☐ Participant ☐ Spousal ☐ Guardian ☐ Rollover

STEP 2. PARTICIPANT INFORMATION

Name		Gender <input type="checkbox"/> M <input type="checkbox"/> F
Social Security or Tax ID Number		Date of Birth
Address (No P.O. Box Addresses)		
City	State	Zip /Postal Code
Telephone		

Marital Status ☐ Single ☐ Married* ☐ Divorced ☐ Domestic Partner ☐ Widowed

*If Married, Spousal Consent may be required. See below.

STEP 3. MUTUAL FUND ONLY

To establish a mutual fund only IRA, be sure to check the mutual fund only box.

☐ **Mutual Fund Only IRA**

If you select a Mutual Fund Only account, you cannot commingle other investments within your Mutual Fund Only account.

STEP 4. CONVERSION INFORMATION

Please attach a completed Roth conversion form found in your Roth IRA kit, or available from your investment professional.

New Conversion

If you are converting from your Traditional IRA (or SIMPLE IRA) held with us to this new Roth IRA, please provide your Traditional IRA account number.

Account Number

Prior Conversion

If any of the assets intended for this account were converted from a Traditional IRA at another custodian, please indicate the date of conversion.

Prior Conversion Date



STEP 5. BENEFICIARY DESIGNATIONS

Pershing considers the following as a standard beneficiary request:

- Name of an Individual(s)
- Name of Group(s) (e.g. charity)
- Specifically dated Trust (s), subject to proper qualification
- Estate (FYI — Pershing will require a Court Order and instructions from the Executor for the proper distribution of the assets.)

The following shall be my beneficiary or beneficiaries of this IRA. If I designate more than one primary or contingent beneficiary, but do not specify the percentages to which such beneficiary or beneficiaries are entitled, payment will be made to the surviving beneficiary or beneficiaries in equal shares.

If no beneficiary is named, the beneficiary provisions outlined in the Custodial Account Agreement will apply.

To designate your Estate as your beneficiary, write in "Estate" in the primary beneficiary section. "Per Will" designations are not acceptable designations.

All other beneficiary requests will be considered a customized beneficiary request, subject to Pershing's acceptance policy. Each custom request must use the Pershing Customized Beneficiary Designation form or applicability indemnity language. To designate a testamentary trust as a beneficiary, you must complete a customized beneficiary designation form. Please speak with your Financial Advisor for more details.

☐ I elect to have a customized beneficiary

The total allocation of all primary beneficiaries must equal 100%.

Primary Beneficiaries

Primary Beneficiary 1 Name				Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Percentage	Social Security or Tax ID Number	
Relationship		Trust Type (if applicable)		<input type="checkbox"/> Per Stirpes	
Legal Address				Telephone	
Mailing Address (If different than Legal Address)					
Primary Beneficiary 2 Name				Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Percentage	Social Security or Tax ID Number	
Relationship		Trust Type (if applicable)		<input type="checkbox"/> Per Stirpes	
Legal Address				Telephone	
Mailing Address (If different than Legal Address)					
Primary Beneficiary 3 Name				Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Percentage	Social Security or Tax ID Number	
Relationship		Trust Type (if applicable)		<input type="checkbox"/> Per Stirpes	
Legal Address				Telephone	
Mailing Address (If different than Legal Address)					

Primary Beneficiary 4 Name				Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Percentage	Social Security or Tax ID Number	
Relationship		Trust Type (if applicable)		<input type="checkbox"/> Per Stirpes	
Legal Address				Telephone	
Mailing Address (If different than Legal Address)					
Primary Beneficiary 5 Name				Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Percentage	Social Security or Tax ID Number	
Relationship		Trust Type (if applicable)		<input type="checkbox"/> Per Stirpes	
Legal Address				Telephone	
Mailing Address (If different than Legal Address)					
Primary Beneficiary 6 Name				Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Percentage	Social Security or Tax ID Number	
Relationship		Trust Type (if applicable)		<input type="checkbox"/> Per Stirpes	
Legal Address				Telephone	
Mailing Address (If different than Legal Address)					
Primary Beneficiary 7 Name				Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Percentage	Social Security or Tax ID Number	
Relationship		Trust Type (if applicable)		<input type="checkbox"/> Per Stirpes	
Legal Address				Telephone	
Mailing Address (If different than Legal Address)					
Primary Beneficiary 8 Name				Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Percentage	Social Security or Tax ID Number	
Relationship		Trust Type (if applicable)		<input type="checkbox"/> Per Stirpes	
Legal Address				Telephone	
Mailing Address (If different than Legal Address)					

Primary Beneficiary 9 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		<input type="checkbox"/> Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				
Primary Beneficiary 10 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		<input type="checkbox"/> Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				

Contingent Beneficiaries

The total allocation of all contingent beneficiaries must equal 100%.

Contingent beneficiaries will be paid only if all primary beneficiaries (and their heirs if per stirpes is selected) do not survive the participant.

Contingent Beneficiary 1 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		<input type="checkbox"/> Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				
Contingent Beneficiary 2 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		<input type="checkbox"/> Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				
Contingent Beneficiary 3 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		<input type="checkbox"/> Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				

Contingent Beneficiary4 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		<input type="checkbox"/> Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				
Contingent Beneficiary5 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		<input type="checkbox"/> Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				
Contingent Beneficiary6 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		<input type="checkbox"/> Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				
Contingent Beneficiary7 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		<input type="checkbox"/> Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				
Contingent Beneficiary8 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		<input type="checkbox"/> Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				

Contingent Beneficiary9 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		<input type="checkbox"/> Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				
Contingent Beneficiary10 Name			Email Address	
Date of Birth	Date of Trust (if applicable)	Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Percentage	Social Security or Tax ID Number
Relationship		Trust Type (if applicable)		<input type="checkbox"/> Per Stirpes
Legal Address				Telephone
Mailing Address (If different than Legal Address)				

Per Stirpes Information

If your beneficiary designation is per stirpes, you understand that if your beneficiary(ies) dies before you, the beneficiary's share of the IRA will pass to his or her respective heirs. In the field below, please provide the name of the individual responsible for advising Pershing LLC on any questions relating to the per stirpes distribution of the IRA.

Name of Responsible Individual

You understand that the per stirpes instructions given to Pershing LLC by the responsible individual named above shall be binding on all beneficiaries of this IRA and of your estate and may be relied on by Pershing LLC. Pershing LLC shall not be liable for any payment made at the direction of this individual. If you do not name a responsible individual or the individual you named is unwilling or unable to advise Pershing on questions regarding the per stirpes distribution, then you understand that Pershing will rely on instructions from the executor of your estate regarding any per stirpes designation.

Please consult with your legal advisor before electing the per stirpes designation.

Spousal Consent

If you are married, reside in a community property or marital property state, and designate someone other than your spouse as your sole, primary beneficiary, your spouse must sign this form below. Community or marital property states include: AZ, CA, ID, LA, NV, NM, TX, WA, WI.

I am the spouse of the above-named 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 funds or property deposited 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.

Spouse Printed Name	Date
Signature	
X	

RETURN COMPLETED FORM TO:
 ALIGHT FINANCIAL SOLUTIONS
 PO BOX 563901
 CHARLOTTE, NC 28256-3901
 FAX: 1.847.554.1444

STEP 6. CERTIFICATION

I understand the eligibility requirements for the type of deposits I make and I do state that I do qualify to establish a Roth IRA and make the deposit. I understand that the Custodian assumes no responsibility for determining my eligibility for contributions made to this Roth IRA nor does the Custodian bear any responsibility for any tax consequences relating to such contributions or distributions from this Roth IRA. I have reviewed and understand a copy of the Pershing LLC Roth IRA Custodial Account Agreement which contains the plan agreement and disclosure statement. I understand that the terms and conditions which apply to this Roth IRA are contained in this Pershing LLC Roth IRA Custodial Account Agreement which contains the plan agreement and disclosure statement. I agree to be bound by those terms and conditions. If I elect to make a rollover or conversion contribution to this account, I hereby certify that I understand the rollover or conversion rules and conditions as they pertain to this Roth IRA and I have met the requirements for making a rollover or conversion from a Traditional IRA. Due to the important tax consequences of rolling over funds or property or converting from a Traditional IRA, I have been advised to consult with a tax professional. All information provided by me is true and correct and may be relied upon by the Custodian. I assume full responsibility for establishing this Roth IRA and for rollover and conversion transactions and will not hold the Custodian liable for any adverse consequences that may result. I hereby irrevocably designate the rollover or conversion of funds or other property as rollover or conversion contributions.

Pershing LLC supports a sweep platform that makes available money market mutual funds and bank deposit sweep products, from which your financial institution may select as sweep options to be made available to you. You should contact your financial institution or your financial professional for additional information on the offerings available to you through your financial institution's Sweep Program. Additionally, your financial institution may also opt to not take advantage of sweep functionality in your account, and rather, maintain any cash balance as a free credit balance which may be eligible to earn interest. I am aware that the sweep options in my account are made available via my financial institution's Sweep Program and may include the option of keeping the cash balance in my account as a free credit balance. There is no guarantee that interest will be paid on cash balances in an account. If applicable, interest on cash balances may require a minimum balance to earn interest. Unless my financial institution provides Pershing with instructions to apply a default sweep or selects to maintain the cash balance in my account as a free credit balance or I instruct Pershing or my financial institution differently, I authorize Pershing LLC to sweep any cash balance in my account into a sweep product, which may include the Pershing Government Account or another money fund or FDIC-insured bank deposit sweep product. Pershing LLC is further authorized to rely on instructions that I give to my financial institution regarding my sweep elections. I understand that Pershing LLC supports a sweep platform through which the cash balance in my IRA introduced to Pershing LLC through my financial institution can be automatically invested. I understand: (i) the current sweep option may be a money market mutual fund or bank deposit sweep product affiliated with Pershing LLC or my financial institution; (ii) a sweep option is not intended for use as a long-term investment option and is best used for short periods of time; (iii) the rate of return on the sweep option may vary over time, and at times may be zero; (iv) I may be able to earn a higher yield through a different investment, and I may consult with my financial professional about the available sweep options; and (v) Pershing LLC, my financial institution and their affiliates may receive benefits from having money invested in the sweep products or held as a cash balance in my account. To the extent I have money in a sweep product, I understand the balance in the sweep product will be automatically redeemed to satisfy obligations arising in connection with my account introduced to Pershing LLC through my financial institution. I understand I will receive a copy of the applicable prospectus for money funds or customer disclosure document for bank deposit sweep products upon my first investment in the sweep product, and I may request a copy of the applicable prospectus or customer disclosure document now or any time. I agree that my sweep option may be changed, including changes between money market funds and bank deposit sweep products, with prior notification to me.

I HEREBY ADOPT THE PERSHING LLC ROTH INDIVIDUAL RETIREMENT CUSTODIAL PLAN. I AGREE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, WHICH IS LOCATED AT ARTICLE X ON PAGE 7 IN THIS AGREEMENT.

Participant or Guardian Signature

Print Name	Date
Signature 	

FINANCIAL ORGANIZATION USE ONLY

Please forward to your financial organization for approval.

Required approvals of the Financial Organization.

Investment Professional Name	Date
Signature (if applicable) 	
Operations Manager Name	Date
Signature 	