INDIVIDUAL RETIREMENT ACCOUNT (IRA)
SIMPLE IRA

Penson Financial Services, Inc.

PLAN ESTABLISHMENT:

Mandatory forms needed to establish a **Savings Incentive Match Plan for Employees (SIMPLE) IRA**…

1. IRS Form 5304-SIMPLE *(This form establishes the Simple IRA Plan.)*
2. SIMPLE IRA Adoption Agreement (To be completed by each participating employee). This form establishes each employee's SIMPLE IRA and allows for salary deferrals.
3. 'Online Service Agreement and Signature Form' or 'Electronic Services Agreement' (To be completed by each participating employee if online account access is desired).

Mail completed forms to:
YORK SECURITIES
160 BROADWAY
REAR BLDG FL 7
NEW YORK NY 10038

All forms should have original signatures and any checks should be made payable to **'Penson Financial Services'.**

NOTE: An individual cash account will be opened with Penson Financial Services, Inc. The title of this account will be:
NAME OF PARTICIPANT
SIMPLE IRA
PFSI CUSTODIAN
(Participant's Address)

Employer Eligibility & Contributions:

See IRS publication 4284 for employer/employee eligibility rules and conditions:
http://www.irs.gov/pub/irs-pdf/p4284.pdf

BEFORE EXECUTING THESE FORMS YOU SHOULD CONSULT WITH YOUR ATTORNEY OR TAX ADVISOR TO DETERMINE WHETHER THIS IRA WILL ACCOMPLISH YOUR GOALS.

SIMPLE IRA APPLICATION
Self-Directed Savings Incentive Match Plan for Employees

ACCOUNT NUMBER

1. Account Information

Please print. All Information must be completed in order for your account to be processed.

FULL NAME OF PARTICIPANT *(First/ Middle/ Last)*

SOCIAL SECURITY NUMBER | **DATE OF BIRTH**

HOME ADDRESS *(P.O. Box is not sufficient)*

CITY/ STATE/ ZIP CODE | HOME TELEPHONE NUMBER | EMAIL ADDRESS

BUSINESS ADDRESS

CITY/ STATE/ ZIP CODE | BUSINESS TELEPHONE NUMBER

PLEASE INDICATE THE ADDRESS TO WHICH ALL MAIL SHOULD BE SENT

☐ **Home** ☐ **Business** ☐ **P.O. Box**

P.O. BOX/ CITY/ STATE/ ZIP CODE

NAME OF YOUR BANK | BANK ACCOUNT NUMBER

COUNTRY OF CITIZENSHIP | COUNTRY OF LEGAL RESIDENCE

OCCUPATION | EMPLOYER

IF YOU ARE AFFILIATED WITH OR WORK FOR A SECURITIES FIRM, PLEASE SPECIFY COMPANY.

IF YOU ARE A DIRECTOR, 10% SHAREHOLDER OR POLICY-MAKING OFFICER OF A PUBLICLY TRADED COMPANY, PLEASE SPECIFY THE COMPANY.

HAVE YOU GRANTED TRADING AUTHORIZATION TO ANOTHER PARTY? ☐ **Yes** ☐ **No** | IF YES, REQUEST TRADING AUTHORIZATION FORM AND PROVIDE NAME OF AGENT

☐ **If you do not want your name, address and security position released to requesting companies in which you hold securities,**

2. Investment Profile

INVESTMENT OBJECTIVE	INVESTMENT EXPERIENCE	ANNUAL INCOME	LIQUID NET WORTH	ESTIMATED NET WORTH	RISK TOLERANCE
____ Capital Preservation (05)	____ None (00)	(from all sources)	(cash & liquid investments only)	(excluding residence)	____ Low
____ Income (04)	____ Limited (01)	____ Under $25,000 (01)	____ Under $50,000 (01)	____ Under $50,000 (01)	____ Medium
____ Growth (03)	____ Good (02)	____ $25,000 to $50,000 (02)	____ $50,000 to $100,000 (02)	____ $50,000 to $100,000 (02)	____ High
____ Speculation (06)	____ Extensive (03)	____ $50,000 to $100,000 (03)	____ $100,000 to $500,000 (03)	____ $100,000 to $500,000 (03)	
____ Other (08)		____ Over $100,000 (04)	____ Over $500,000 (04)	____ Over $500,000 (04)	
TAX BRACKET %					

3. Type of Account

(Check One)

☐ **Participant Account** ☐ **Employer Account** Name of Employer: ______________________________

Employer's Tax Identification Number: _______ - ________________________

Employer's Penson Financial Services, Inc. *SIMPLE Plan* Account Number:

_______ - ______________ -_______

4. Contribution Type

(Check One)

☐ **Employee Salary Reduction contribution for tax year 20**_____

☐ **Employer Simple Contribution for tax year 20**_____

☐ **Transfer or Rollover of existing SIMPLE IRA** Original funding date of transferring SIMPLE IRA ____________________ *(required)*

5. Depositor Authorization

I understand that I have the right to direct the investment and reinvestment of contributions to my Account and hereby appoint the following brokerage firm as my agent to execute my directions, as Broker under the terms of the Custodial Agreement.

BROKERAGE FIRM

ACCOUNT NUMBER

Please cut along the dotted line and return to your broker

6. Enhanced Account Features

E-Documents Enrollment

When you enroll your account in E-Docs, you will receive trade confirmations, account statements, tax-related documents, proxies, prospectuses, annual reports, and all other eligible account documents electronically. An e-mail notification will be sent to the Account Owner's e-mail address on the same day that any electronic documents become available. Just log into your account to access E-Docs and view, print or download your electronic documents.

Please see your Investment Representative for enrollment information.

7. Beneficiary Designation

I hereby make the following designation of beneficiary pursuant to the provisions of the Penson Financial Services, Inc. Custodial Agreement:

In the event of my death, pay any interest I may have in my Custodial Account in equal proportions unless otherwise indicated to the following Primary Beneficiary or Beneficiaries:

Primary Beneficiary or Beneficiaries

1	NAME	RELATIONSHIP	DATE OF BIRTH
			SHARE PERCENTAGE %
	ADDRESS		SOCIAL SECURITY NUMBER
2	NAME	RELATIONSHIP	DATE OF BIRTH
			SHARE PERCENTAGE %
	ADDRESS		SOCIAL SECURITY NUMBER
3	NAME	RELATIONSHIP	DATE OF BIRTH
			SHARE PERCENTAGE %
	ADDRESS		SOCIAL SECURITY NUMBER

If none of the above-named Primary Beneficiaries survives me, pay any interest I may have in my Custodial Account in equal proportions unless otherwise indicated to the following Alternate Beneficiary or Beneficiaries of the survivor(s) thereof:

Alternate Beneficiary or Beneficiaries

1	NAME	RELATIONSHIP	DATE OF BIRTH
			SHARE PERCENTAGE %
	ADDRESS		SOCIAL SECURITY NUMBER
2	NAME	RELATIONSHIP	DATE OF BIRTH
			SHARE PERCENTAGE %
	ADDRESS		SOCIAL SECURITY NUMBER

Spouse Consent (See Note): ____

Note: Consent of the Account holder's (Participant) Spouse may be required (for example, in a Community Property or Marital Property State) to effectively designate a beneficiary other than or in addition to the Participant's Spouse. Please consult a legal, tax, or other professional advisor to confirm if this consent is necessary. I indemnify Penson from any adverse action as a result of my beneficiary designation.

I understand that the Beneficiaries named herein may be changed or revoked by me at any time by filing a new designation in writing with the custodian.

8. Signature Section

Please read the following IRA Account Terms and sign where indicated.

1. I acknowledge, by signing this agreement, that I have received, read, understand and agree to the terms and conditions as described in the Penson Financial Services, Inc. "Disclosure Statement" and "Custodial Agreement". I understand the eligibility requirements for the type of IRA deposit I am making and state that I do qualify to make the deposit.
2. I certify that, under penalty of perjury, my Social Security number on this application is correct.
3. I have read and understand the Investment Objective Definitions: **Capital Preservation** - a conservative investment strategy characterized by a desire to avoid risk of loss; **Income** - strategy focused on current income rather than capital appreciation; **Growth** - investing in stocks with strong earnings and/or revenue growth or potential; **Speculation** - taking larger risks, usually by frequent trading, with hope of higher than-average gain. All strategies involve various types and levels of risk, the most common of which are market, credit, inflation, business and interest rate.

SIGNATURE OF PARTICIPANT	DATE
BRANCH APPROVAL	Penson Financial Services, Inc. ACCEPTANCE

For Office Use Only

FIRST TRADE	DATE OPENED	INTRODUCING BROKER / DEALER	CUSTOMER ID VERIFIED *(Must be Completed)* ☐ Yes ☐ No
ACCOUNT NO.	INTRODUCING REP. SIGNATURE	APPROVED BY	