

## **Roth IRA Adoption** Agreement

This Adoption Agreement may only be used in conjunction with the Roth IRA plan document stipulated by the Custodian. A New Account Application must accompany this form to establish a new IRA Account.

Account Info		•						
Account Title (Name of this account)					Account Number			
	upon my de	ARY ath, the assets in this accour				FOR SPECIFIC BENEFICIARY PROVISIONS, PLEASE REFER TO THE APPLICABLE SECTIONS OF THE PLAN AGREEMENT AND THE DISCLOSURE STATEMENT.		
		neficiaries are named, my es	state will be my b	peneficiary.  Social Security Number/TA	X ID DATE OF BIRTH	•THE TOTAL ALLOCATION		
O PRIMARY O CONTINGENT	SHARE %	DENETICIANT S NAME		Social Second Hombery William Ball of Billing		OF ALL PRIMARY BENEFICIARIES MUST		
O PER STIRPES		RELATIONSHIP	Address			EQUAL 100% ●THE TOTAL OF ALL		
O PRIMARY O CONTINGENT	SHARE %	BENEFICIARY'S NAME		SOCIAL SECURITY NUMBER/TAX ID DATE OF BIRTH		CONTINGENT BENEFICIARIES MUST EQUAL 100%		
O PER STIRPES		RELATIONSHIP	Address	ESTA		TO DESIGNATE YOUR     ESTATE AS YOUR     BENEFICIARY, WRITE IN		
O PRIMARY O CONTINGENT	SHARE %	BENEFICIARY'S NAME		SOCIAL SECURITY NUMBER/TAX ID DATE OF BIRTH		"ESTATE". "PER WILL" DESIGNATIONS ARE NOT ACCEPTABLE		
O PER STIRPES		RELATIONSHIP	Address			●IF NO BENEFICIARY IS NAMED, THE		
O PRIMARY O CONTINGENT	SHARE %	BENEFICIARY'S NAME		SOCIAL SECURITY NUMBER/TA	X ID DATE OF BIRTH	PROVISIONS OUTLINED IN THE PLAN		
O PER STIRPES		RELATIONSHIP ADDRESS				AGREEMENT WILL APPLY.  •IF YOU OUTLIVE A		
O PRIMARY	Share %	BENEFICIARY'S NAME		SOCIAL SECURITY NUMBER/TAX ID DATE OF BIRTH		BENEFICIARY AND YOU WANT THAT SHARE TO		
O CONTINGENT O PER STIRPES		RELATIONSHIP ADDRESS				GO TO HIS/HER DESCENDANTS, CHECK		
O PER STIRPES  SPOUSAL CONSENT								
O I Am Marrie I am the spouse of tax consequences of	TAL STATUS  arried — I underst  d — I underst  the above-name  of giving up my i	derstand that if I become ma and that if I choose to desig ed IRA owner. I acknowledge that I	nrried in the futur nate primary ben have received a fair vised to see a tax prof	re, I should review the requi reficiary other than or in add and reasonable disclosure of my sp fessional. I hereby give the IRA ow.	dition to my spouse, mouse's property and financ ner my interest in the assets			
Signature of Spouse				Print Name		Date		
SIGNATURES – IMPORTANT PLEASE READ BEFORE SIGNING								
I understand the 5305-RA Custodi contained in this rollover contribu for making a rollo provided by me i mailing or delive I assume comple Determinin Ensuring th The tax cor Signature of IRA	eligibility req al Account Ad Axos Clearing tion to this ac over. Due to t is true and cor ring a written te responsibil g that I am el lat all contribu	uirement for the type of Roth loption Agreement and Disclos LLC Individual Retirement Cucount, I hereby certify that I uhe important tax consequence rrect and may be relied upon to notice to the Introducing Brol	IRA deposits I make sure Statement prostodial Account	ovided to me. I understand the doption Agreement. I agree to lover rules and conditions as tunds or property I have been a Within seven days from the days of Clearing Custodian.	at the terms and condition be bound by those term hey pertain to this Roth dvised to consult with a	reviewed and understand the IRA ions which apply to this Roth IRA are as and conditions. If I elect to make a IRA and I have met the requirements tax professional. All information I may revoke it without penalty by  Date (mm/dd/yyyy)		
Signature of Custodian				Print Name		Date (mm/dd/yyyy)		
×	Mail (	completed forms to: Yor	k Sacuritias 16	SO Broadway Fast Bldg	Floor 9 New York N	V 10038		