



Email: [service@siebert.com](mailto:service@siebert.com)  
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FOR BRANCH USE ONLY	
Branch Prefix	Account Number
RR1/Rep of Record	RR2/Pay-To Rep
Agency	
Are holders employees of your B/D? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Is this a managed account? <input type="checkbox"/> No <input type="checkbox"/> Yes	

IRAAMA

# Premiere Select® IRA Application

Use this application to establish a Premiere Select Traditional, Roth, Rollover or SEP IRA or IRA Beneficiary Distribution Account ("BDA") or Roth IRA BDA, referred to as "IRA" or "account," with your Broker-Dealer to be held at National Financial Services LLC ("NFS"). Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information or signatures, use a copy of the relevant page.

## 1. Registration/IRA Type

<b>IRA</b>	<b>IRA BDA*</b>
Check one. <input type="checkbox"/> Traditional <input type="checkbox"/> Rollover	<input type="checkbox"/> IRA Beneficiary Distribution Account (IRA BDA)
<input type="checkbox"/> Roth <input type="checkbox"/> SEP	<input type="checkbox"/> Roth IRA Beneficiary Distribution Account (Roth IRA BDA)

**Section 3 must be completed for IRA BDA Accounts.**

Check as applicable.

- The IRA owner is a minor. Provide minor's information in Section 2 and the UGMA/UTMA custodian's information in Section 4 for entity information and/or 5 for the personal information. The minor must have taxable compensation equal to or greater than the amount of the annual contribution. Refer to IRS Publication 590-A for more information.
- The IRA owner has a court-appointed guardian or conservator. Provide IRA owner's information in Section 2 and the guardian/conservator information in Section 4 for entity information and/or 5 for the personal information.
- \* Check here if you are directly rolling over inherited assets from an employer-sponsored retirement plan to an IRA BDA for the benefit of a qualified trust. By checking this box, you certify that you are the trustee and that the trust is a qualifying non-spouse beneficiary for the purpose of Section 402(c) of the Internal Revenue Code and is therefore eligible to directly roll assets from an employer-sponsored retirement plan to an IRA BDA. Consult your tax advisor with any questions regarding this election.

## 2. IRA Owner

If this is a BDA for a non-individual, the authorized individual's information must be provided here. Section 4 and/or 5 must also be completed for IRAs for minors and for BDAs with multiple authorized individuals.

Enter full name as evidenced by a government-issued unexpired document (e.g., driver's license, passport, permanent resident card).  
 Refer to the eDelivery section for more information about how your email or phone number may be used.

### Personal Information

First Name	Middle Name	Last Name
Date of Birth MM DD YYYY	Email	
Primary Phone <input type="checkbox"/> Mobile	Alternate Phone	<input type="checkbox"/> Single/Divorced/Widowed <input type="checkbox"/> Married
Taxpayer ID Number	Required <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> EIN/TIN	# of Dependents
Type of Government-Issued ID	Country of Citizenship	
	ID Number	
State/Country of ID Issuance	ID Issuance Date	ID Expiration Date

continued on next page



## 2. IRA Owner *continued*

IRAAMA

### Legal Address

Cannot be a P.O. Box  
or Mail Drop.

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

### Mailing Address

Complete only if  
different from Legal  
Address above.

Same as Legal Address

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

### Income Source, Affiliations, and Associations *Industry regulations require us to ask for this information.*

Check one.  
Provide Income Source if  
retired or not employed.

Employed       Retired       Not Employed

Occupation	Income Source	Employer Name	
Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

Check all that apply and  
provide information.

- You are an accredited investor, as defined in Rule 501(a) of the Securities Act of 1933.
- You are associated with a U.S. registered Broker-Dealer that is different than the Broker-Dealer that will hold this account.
- You are a member of the board of directors, a 10% shareholder, a policy-making officer, or someone who can direct the management policies of a publicly traded company.
- You are employed by or associated with the Broker-Dealer that will hold this account, as defined in Section 3(a)(18) of the Securities Exchange Act of 1934.
- You are associated with a U.S. Registered Investment Advisor.
- You are, or an immediate family/household member is, a senior foreign political figure.
- You are, your spouse, or any of your relatives (including parents, in-laws and/or dependents, etc.), living in your home (at the same address), is a member of the board of directors, is a 10% shareholder, or is a policy-making officer or can direct corporate management of policies of a publicly traded company (an "Affiliate"). You must provide the information below:

Company Name	CUSIP or Symbol
--------------	-----------------

- Check this box if any of these scenarios apply to you. You are registered with or employed by a Financial Industry Regulatory Authority ("FINRA") member firm ("associated person"), you are the spouse of an associated person, you are a child who resides in the same household or is financially dependent on the associated person, you are related to an associated person who has control over your account or an associated person materially contributes financial support to you and has control over your account, or you are affiliated with or employed by FINRA, any other self-regulatory organization ("SRO") or a municipal securities dealer.
- Same as employer above. *If different, provide the information below.*

Company Name			
Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

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## 2. IRA Owner *continued*

IRAAMA

*If your Broker-Dealer has questions or concerns about your health or welfare due to potential diminished capacity, financial exploitation or abuse, endangerment and/or neglect, your Broker-Dealer may contact the person(s) you name as trusted contact. They will have no ability to transact on the account.*

### Primary Trusted Contact *Optional*

First Name		Middle Name	Last Name	
Email			Relationship to Account Owner	
Primary Phone <input type="checkbox"/> Mobile			Alternate Phone <input type="checkbox"/> Mobile	
Attention				
Address Line 1			Address Line 2	
City	State/Province	Zip/Postal Code	Country	

### Alternate Trusted Contact *Optional*

First Name		Middle Name	Last Name	
Email			Relationship to Account Owner	
Primary Phone <input type="checkbox"/> Mobile			Alternate Phone <input type="checkbox"/> Mobile	
Attention				
Address Line 1			Address Line 2	
City	State/Province	Zip/Postal Code	Country	



### 3. IRA Beneficiary Distribution Account Information

Only required for IRA BDA and Roth IRA BDA accounts.

#### Original Depositor Information

First Name		Middle Name	Last Name	
<input type="checkbox"/> SSN/ITIN <input type="checkbox"/> EIN/TIN		Social Security/Taxpayer ID Number	Date of Birth MM DD YYYY	Date of Death MM DD YYYY

**Note:** The original depositor is the initial/first owner of the IRA. If you inherited this IRA from a previous beneficiary, do not provide that beneficiary's information; provide the initial owner's information here.

#### Funding Instructions Required

**Note:** Upon transfer of assets to multiple beneficiaries, all residual income paid to the decedent's IRA and any fractional shares that cannot be divided equally among the beneficiaries will be systematically allocated to the beneficiary receiving the largest share proportion of the IRA assets. If the IRA is transferred evenly, or at different intervals, the income and/or fractional shares will be systematically allocated to the last beneficiary paid.

- Check one.  Transfer from an existing Premiere Select IRA or Premiere Select IRA BDA. Include a copy of the decedent's death certificate.

Decedent's Premiere Select IRA or IRA BDA Account Number

Do NOT enter an account number if transferring for a non-death related reason.

- Transfer from an IRA BDA currently held at another institution. A Transfer of Assets form must also be completed.

#### Type of Inherited IRA

- IRA BDA    OR    Roth IRA BDA  
 Direct rollover from a death claim annuity  
 Direct rollover from an inherited employer-sponsored retirement plan held at another institution  
 Direct rollover from an inherited Premiere Select Retirement Plan ("PSRP") account:

PSRP BDA Account Number

#### Type of IRA BDA Account Check one.

A Certification of Beneficial Ownership form may be required for some of the IRA BDA, Custodian, Guardian/Conservator, or Entity types. Consult with your investment representative.

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Spouse<br><input type="checkbox"/> Non-Spouse Individual<br>Complete Section 2. | <input type="checkbox"/> Custodian<br><input type="checkbox"/> Guardian/Conservator<br>Provide owner's information in Section 2 and custodian/guardian/conservator information in Section 4 and/or 5. <ul style="list-style-type: none"> <li>For a minor's IRA that is being funded from an existing Premiere Select IRA/IRA BDA, include a copy of the birth certificate naming the parent (custodian) or a court order naming the guardian.</li> <li>For a guardian/conservator, include a court appointment (dated within 180 days) naming the guardian.</li> </ul> | <input type="checkbox"/> Estate<br>Provide estate representative's information in Section 2 and complete Estate/Entity/Trust section below. <ul style="list-style-type: none"> <li>Include a court appointment (dated within 180 days) naming the representative of the estate.</li> <li>For multiple representatives of an estate, each will be authorized to act severally or individually and NFS will follow instructions of one estate representative independent of all others including the delivery of assets to an estate representative personally unless the court appointment indicates otherwise.</li> </ul> | <input type="checkbox"/> Entity<br><input type="checkbox"/> Trust<br>Provide authorized individual or trustee information in Section 2 and complete Estate/Entity/Trust section below, in Section 4. <ul style="list-style-type: none"> <li>For entities, include a Corporate Resolution or a notarized Resolution of Unincorporated Business, as applicable.</li> <li>For trusts, include a completed Trustee Certification of Investment Powers form.</li> </ul> |
|--|--|---|--|

## 4. Estate/Entity/Trust Information

Complete this section **ONLY** if you have checked either the Estate, Entity or Trust check box in "Type of IRA BDA Account" above or if the Custodian or Guardian/Conservator is an entity. A Certification of Beneficial Ownership form may be required. Consult with your investment representative.

Enter full entity name as evidenced by the relevant formation document (e.g., trust document, partnership agreement, corporate resolution).

\* For foreign entities ONLY. If providing a SSN, ensure that the person who is associated with the SSN is listed on this application or supporting documents.

Entity/Trust Name		Date of Trust
Taxpayer ID Number	Required <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> EIN/TIN	Country of Organization
Type of Government-Issued ID*	ID Number*	
Country of ID Issuance*	ID Issuance Date*	ID Expiration Date*

Check any that apply. ► **Entity is a:**  Accredited Investor     U.S. Registered Broker-Dealer     U.S. Registered Investment Advisor     U.S. Registered Investment Company

If there are any persons who qualify as an entity owner or control person, their information can be captured in the Account Stakeholder section.

## 5. Custodian/Guardian/Conservator or Additional Authorized Individual/Trustee Information

Complete this section to provide information for the custodian of a minor or the guardian or conservator of the IRA owner named in Section 2 OR to provide authorized individual/trustee information for an IRA BDA that is in addition to an authorized individual/trustee named in Section 2. If there are more than two authorized individuals/trustees, attach a separate piece of paper with their names and required information along with a signature for each.

Enter full name as evidenced by a government-issued unexpired document (e.g., driver's license, passport, permanent resident card).

Refer to the eDelivery section for more information about how your email or phone number may be used.

### Personal Information

First Name	Middle Name	Last Name
Date of Birth MM DD YYYY	Email	
Primary Phone <input type="checkbox"/> Mobile	Alternate Phone	<input type="checkbox"/> Single/Divorced/Widowed <input type="checkbox"/> Married
Business Title <i>complete if applicable</i>		
Taxpayer ID Number	Required <input type="checkbox"/> SSN/ITIN <input type="checkbox"/> EIN/TIN	Country of Citizenship
Type of Government-Issued ID	ID Number	
State/Country of ID Issuance	ID Issuance Date	ID Expiration Date

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# 5. Custodian/Guardian/Conservator or Additional Authorized Individual/Trustee Information *continued*

Cannot be a P.O. Box or Mail Drop.

**Legal Address**

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

**Mailing Address**

Same as Legal Address

Complete only if different from Legal Address above.

Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

**Income Source, Affiliations, and Associations** *Industry regulations require us to ask for this information.*

Check one. Provide Income Source if retired or not employed.

Employed       Retired       Not Employed

Occupation	Income Source	Employer Name	
Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

Check all that apply and provide information.

- You are an accredited investor, as defined in Rule 501(a) of the Securities Act of 1933.
- You are associated with a U.S. registered Broker-Dealer that is different than the Broker-Dealer that will hold this account.
- You are a member of the board of directors, a 10% shareholder, a policy-making officer, or someone who can direct the management policies of a publicly traded company.
- You are employed by or associated with the Broker-Dealer that will hold this account, as defined in Section 3(a)(18) of the Securities Exchange Act of 1934.
- You are associated with a U.S. Registered Investment Advisor.
- You are, or an immediate family/household member is, a senior foreign political figure.
- You are, your spouse, or any of your relatives (including parents, in-laws and/or dependents, etc.), living in your home (at the same address), is a member of the board of directors, is a 10% shareholder, or is a policy-making officer or can direct corporate management of policies of a publicly traded company (an "Affiliate"). You must provide the information below:

Company Name	CUSIP or Symbol
--------------	-----------------

- Check this box if any of these scenarios apply to you. You are registered with or employed by a Financial Industry Regulatory Authority ("FINRA") member firm ("associated person"), you are the spouse of an associated person, you are a child who resides in the same household or is financially dependent on the associated person, you are related to an associated person who has control over your account or an associated person materially contributes financial support to you and has control over your account, or you are affiliated with or employed by FINRA, any other self-regulatory organization ("SRO") or a municipal securities dealer.
- Same as employer above. *If different, provide the information below.*

Company Name			
Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

*continued on next page*





# 5. Custodian/Guardian/Conservator or Additional Authorized Individual/Trustee Information *continued*

If your Broker-Dealer has questions or concerns about your health or welfare due to potential diminished capacity, financial exploitation or abuse, endangerment and/or neglect, your Broker-Dealer may contact the person(s) you name as trusted contact. They will have no ability to transact on the account.

### Primary Trusted Contact *Optional*

First Name		Middle Name	Last Name	
Email			Relationship to Account Owner	
Primary Phone <input type="checkbox"/> Mobile			Alternate Phone <input type="checkbox"/> Mobile	
Attention				
Address Line 1			Address Line 2	
City	State/Province	Zip/Postal Code	Country	

### Alternate Trusted Contact *Optional*

First Name		Middle Name	Last Name	
Email			Relationship to Account Owner	
Primary Phone <input type="checkbox"/> Mobile			Alternate Phone <input type="checkbox"/> Mobile	
Attention				
Address Line 1			Address Line 2	
City	State/Province	Zip/Postal Code	Country	



# 6. Suitability

**Financial Position** Choose the range that best describes your situation or provide the dollar amount.

**Annual Income**

From all sources

- \$0-\$25,000
- \$25,000-\$50,000
- \$50,000-\$100,000
- Over \$100,000

\$ \_\_\_\_\_

**Estimated Net Worth**

Excluding primary residence

- \$0-\$50,000
- \$50,000-\$100,000
- \$100,000-\$500,000
- Over \$500,000

\$ \_\_\_\_\_

**Investable/Liquid Assets**

Including cash and securities

- \$0-\$50,000
- \$50,000-\$100,000
- \$100,000-\$500,000
- Over \$500,000

\$ \_\_\_\_\_

**Federal Tax Bracket**

- 0%-15%
- 21%-27½%
- Over 27½%

**Account Funding Source**

Check all that apply.

- Asset appreciation
- Business revenue
- Inheritance
- Legal/insurance settlement
- Sale of assets
- Savings from earnings
- Other

**Annual Expenses**

Recurring

- \$0-\$50,000
- \$50,000-\$100,000
- \$100,000-\$250,000
- \$250,000-\$500,000
- Over \$500,000

\$ \_\_\_\_\_

**Special Expenses**

Future and non-recurring

- \$0-\$50,000
- \$50,000-\$100,000
- \$100,000-\$250,000
- Over \$250,000

\$ \_\_\_\_\_

**Timeframe**

Required for Special Expenses

- Within 2 years
- 3-5 years
- 6-10 years

Other

**Investment Profile**

**Investment Purpose**

- Save for education
- Save for retirement
- Save for short-term goal(s)
- Generate income
- Accumulate wealth
- Preserve wealth
- Market speculation
- Other

Other

**Investment Objectives**

Rank your investment objectives for this account in order of importance (1 being the highest). Review the attached Customer Agreement for important information on investment objectives. Select only the applicable objectives (consult with your investment professional for more information).

- \_\_\_ Preservation of capital
- \_\_\_ Income
- \_\_\_ Capital appreciation
- \_\_\_ Speculation
- \_\_\_ Trading profits
- \_\_\_ Growth and Income
- \_\_\_ Other

Other

**Risk Tolerance**

- Conservative
- Moderately Conservative
- Moderate
- Moderately Aggressive
- Aggressive
- Combination: \_\_\_\_\_

**Investment Time Horizon**

- Near Term
- Very Short
- Short
- Intermediate
- Long
- Combination: \_\_\_\_\_

**General Investment Knowledge**

- Limited
- Good
- Extensive

**Product Knowledge**

**Investment Product Knowledge**

Check either None, Limited, Good, or Extensive based on your knowledge of the following, **OR** provide your number of years of experience:

	None	Limited	Good	Extensive	<b>OR</b>	Number of Years	Transactions per Year		
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Short Term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Limited Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Variable Contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Futures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Alternative Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Margin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Foreign Currency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Foreign Securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15

continued on next page





## 6. Suitability *continued*

### Additional Suitability Information

#### Decision-Making Experience

Check all that apply:

- I consult with my broker.  Yes  No  
 I make my own decisions.  Yes  No  
 I consult with my family/friends.  Yes  No

Additional Information

**Assets Held Away – Provide total value of assets held away and percentages for each type of asset. Total of all percentages must equal 100%.**

Total value of assets held away:	Stocks	Mutual Funds	Variable Contracts	Alternative Investments
\$	%	%	%	%
	Bonds	Options	Security Futures	Foreign Currency
	%	%	%	%
	Short Term	Limited Partnerships	Annuities	Foreign Security
	%	%	%	%
		Life Insurance	Other	Other explain
		%	%	

## 7. Account Characteristics

### Dividend, Interest, Capital Gains Instructions *Check one.*

- Reinvest all mutual fund dividends and capital gains; pay dividends and interest from all eligible securities in cash and credit the core account investment vehicle.
- Reinvest all mutual fund dividends and capital gains; reinvest dividends and interest from all eligible securities.
- Pay all mutual fund dividends and capital gains in cash and credit the core account investment vehicle; reinvest dividends and interest from all eligible securities.
- Pay all mutual fund dividends and capital gains in cash; pay dividends and interest from all eligible securities in cash; credit the core account investment vehicle.

### Core Account Investment Vehicle

Consult your Broker-Dealer for a list of available core account investment vehicles. If you are or become a non-U.S. customer, your options may become limited. Indicating no choice will be considered your authorization for your Broker-Dealer to use its default option as the core account investment vehicle. Unless you are a non-U.S. customer, this will either be a specific money market mutual fund, in which event your Broker-Dealer will have provided the prospectus for that fund, or a bank sweep product, in which event your Broker-Dealer will have provided a disclosure document describing that product in detail. You authorize your Broker-Dealer and/or NFS to change the investment vehicle for your core account at its discretion. Ensure that you have read the money market mutual fund prospectus or bank sweep disclosure document, as applicable, before making a decision on the appropriate core account investment vehicle selection.

Investment Vehicle Name	Investment Vehicle Symbol

### Duplicate Information

Completing this section will be considered your request to your Broker-Dealer to instruct NFS to send the type(s) of duplicate documents you have selected, to the party or parties indicated below. If you designated an authorized individual in Section 5, you may complete this section in order to send duplicate documents to them. Attach an additional sheet if necessary.

Check all that apply:  Trade Confirmations  Statements

Name			
Address			
City	State/Province	Zip/Postal Code	Country

*continued on next page*



## 7. Account Characteristics *continued*

IRAAMA

**Options Agreement** *You must qualify to add this feature to your account.*

- Check the box to indicate your interest in trading options for your Premiere Select IRA. Note that Premiere Select IRAs are only eligible for certain types of options trading. *Consult your Broker-Dealer for availability and eligibility and to obtain the appropriate application to apply for this feature.*

### eDelivery

- Paper delivery of account statements, trade confirmations and/or eligible letters can be suppressed and a reminder delivered to you electronically when they are ready to be viewed online. Selecting this option indicates your interest in this feature. A follow-up email will be sent to you with instructions on how to complete the enrollment process.

**IMPORTANT:** By signing this account application and executing the Electronic Delivery Agreement that will be emailed to you by NFS, you are consenting to receive all eligible account-related communications from your Broker-Dealer and NFS electronically. You agree that your Broker-Dealer and NFS may use your email and/or mobile number to message, call, or text you for this purpose. Message and data rates apply; frequency may vary. Consult your Broker-Dealer for more details.

### Annual Maintenance Fee Payment Instructions

Complete this section to establish instructions for paying the annual maintenance fee for your Premiere Select IRA. Payments made from your bank account via Electronic Funds Transfer ("EFT") or Intra-Bank Payment ("IBP"), described below, must be from a 1st Party account, meaning the name on the bank account and this IRA are the same. Payments made via a journal transaction from your nonretirement account must be from an account registered to you either individually or as a joint owner.

**Choose one payment method below and provide the requested information. If no payment method is selected, the fee will be deducted from your core account investment vehicle.**

- Account number must be provided. ▶  Core Account Deduction *Deduct the annual fee from your IRA core account*  
 Journal *Transfer cash from your nonretirement account.*

Account Number
----------------

- Premiere Select Standing Payment Instructions form required. ▶  Electronic Funds Transfer *Transfer funds via EFT from your bank account to your IRA to pay the annual fee.*  
▶  Intra-Bank Payment *Transfer funds via IBP from your bank account to your IRA to pay the annual fee. Available to Bank/Broker-Dealer clients ONLY.*

### Asset Movement Authorization

As the owner of the IRA identified above, you hereby constitute and appoint your Broker-Dealer and its representatives, agents, successors and assigns as your agent for the purpose of instructing NFS, as the agent of Fidelity Management Trust Company ("FMTC"), your IRA custodian, with respect to distributions and transfers from your IRA. The authorization includes making any federal and state income tax withholding elections. You specifically confer upon your Broker-Dealer, acting as your agent, the powers listed below.

**Direct NFS to pay distributions from your IRA based on the following election. If you do not choose an option, the account will not be coded with Asset Movement Authorization and your signature will be required for money movement transactions.**

- Check one. ▶  Asset Movement Authorization Level 1  
*See complete definition in the Premiere Select Retirement Customer Agreement*  
 Asset Movement Authorization Level 2  
*See complete definition in the Premiere Select Retirement Customer Agreement*

This includes the authority to direct NFS with respect to the following:

- Timing and amount of any distribution(s).
- Type of distribution(s).

#### Duration of Authorization

You understand and acknowledge that you are creating a continuing authorization to your Broker-Dealer, acting as your agent. This authorization can be terminated by you at any time by written notification to NFS and to your Broker-Dealer. You also understand that NFS and/or your Broker-Dealer may terminate any and all of the powers granted to your Broker-Dealer, acting as your agent, upon notice. The powers granted to your Broker-Dealer, acting as your agent, may be terminated if NFS is notified of your disability, incapacity, or death.

## 8. IRA Contribution Information

This section does not apply to IRA BDA accounts.

Choose one type of Contribution. ▶

Annual

Annual Contribution	Tax Year YYYY
\$	

- SEP Employer Contribution
- Rollover
- Transfer of Assets *Transfer of Assets form required.*
- Roth Conversion *Indicate converting account number. Premiere Select Roth IRA Conversion form required.*

Account Number

## 9. Account Stakeholder

A **control person** is an individual with significant responsibility for managing the legal entity (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

An **entity owner** is each individual, if any, who, directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity opening the account. If there are no entity owners that are disclosed in this application, you are certifying that there are no individuals that own, directly or indirectly, 25% or more of the equity interests of the legal entity customer. You will notify your Broker-Dealer if or when beneficial ownership of the legal entity customer changes.

Check all that apply.

- Individual with Appoint/Remove Authority
- Authorized Agent
- Authorized Agent/Beneficial Owner
- Beneficial Owner
- Control Person
- Deceased Grantor
- Entity Owner
- Grantor
- Individual with Revoke/Amend Authority

### Personal Information

Enter full name as evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card).  
If the account stakeholder is an entity, enter full entity name as evidenced by the relevant formation document (e.g., trust document, partnership agreement, corporate resolution).

First Name		Middle Name	Last Name		
Business Title					
Country of Citizenship			Citizenship Status		
<input type="checkbox"/> SSN/ITIN	Social Security/Taxpayer ID Number		Date of Birth MM DD YYYY		% of Ownership
<input type="checkbox"/> EIN/TIN					
Type of Government-Issued ID	ID Number	State/Country of ID Issuance	ID Issuance Date	ID Expiration Date	

### Legal Address

Cannot be a P.O. Box or Mail Drop.

Address Line 1		Address Line 2			
City	State/Province	Zip/Postal Code	Country		



## 10. IRA Beneficiary/Successor Beneficiary Designation

NOT Applicable to IRAs for minors.

- If your account contains community property and you do not designate your spouse as your primary beneficiary for at least 50% of the value of your account, you may want to consult with your attorney or tax advisor to determine the impact of community property laws on your beneficiary designations.
- If more than one beneficiary is named and no share percentages are indicated, payment shall be made to your primary beneficiary(ies) who survives you in equal shares. If a percentage is indicated and a primary beneficiary(ies) does not survive you, unless you have checked the per stirpes box, the percentage of that beneficiary's(ies) designated shares shall be divided equally among the surviving primary beneficiary(ies). If there is no primary beneficiary living at the time of your death, payment shall be made to your contingent beneficiary(ies). Payment to your contingent beneficiaries will be made according to the rules of succession described for primary beneficiary(ies).
- If you have elected to convert a Traditional, Rollover, SEP or SIMPLE IRA, other than a Premiere Select IRA, to a Premiere Select Roth IRA, your beneficiary designation applies to both the Premiere Select IRA established to facilitate the conversion and

the Premiere Select Roth IRA. Payment to any beneficiary(ies) of the Premiere Select IRA established to facilitate a conversion will be made according to the rules of succession as described above.

- Upon transfer of assets to multiple beneficiaries, all residual income paid to your IRA and any fractional shares that cannot be divided equally among the beneficiaries will be systematically allocated to the beneficiary receiving the largest share proportion of the IRA assets. If the IRA is transferred evenly, or at different intervals, the income and/or fractional shares will be systematically allocated to the last beneficiary paid.
- To change your beneficiary designation in the future, you must complete a Premiere Select IRA Beneficiary Designation form, which can be obtained from your investment representative.
- If you are establishing this Premiere Select IRA for your Managed Account, any beneficiary designation you make below will apply to all IRAs indicated on the Premiere Select IRA Addendum for Managed Accounts.
- Before making a per stirpes designation, consult with an estate-planning attorney. By checking the per stirpes box, you are agreeing that if the specified beneficiary(ies) predeceases you, his or her share of the

account will pass through to his or her descendants. Per stirpes will be construed and defined according to the laws of the Commonwealth of Massachusetts in force at the time of death of the depositor.

For custom/complex beneficiary designations:

- Acknowledge and agree that my Broker-Dealer, NFS, FMTC and their affiliates their officers, directors, employees, agents, affiliates, shareholders, successors, assigns, and representatives have no responsibility for determining or monitoring any further use designated for any organization named as a beneficiary and no liability with respect to any future use.
- Understand that if you request and receive approval for a customized beneficiary designation, you are responsible for calculating your RMD each year if the RMD calculation is based on joint life expectancy.
- Indemnify and hold harmless my Broker-Dealer, NFS, FMTC, thier affiliates, shareholders, successors, assigns, and representatives from any liability in connection with any action or inaction taken in connection with any beneficiary designation instructions received on this form or separate custom designation you provide.

*Enter Beneficiaries on next page*

# 10. IRA Beneficiary/Successor Beneficiary Designation *continued*

## Primary Beneficiaries

For each beneficiary, check one and provide information. Social Security/Taxpayer ID Number or Date of Birth/Trust is required for each beneficiary. Use percentages only, not dollar amounts.

If beneficiary is a trust, provide trust name and date trust was established. To designate additional beneficiaries, attach instructions with the necessary beneficiary information.

<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust	Beneficiary Name		<input type="checkbox"/> Per Stirpes
	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY
	Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>
			Share Percentage %

<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust	Beneficiary Name		<input type="checkbox"/> Per Stirpes
	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY
	Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>
			Share Percentage %

<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust	Beneficiary Name		<input type="checkbox"/> Per Stirpes
	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY
	Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>
			Share Percentage %

<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust	Beneficiary Name		<input type="checkbox"/> Per Stirpes
	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY
	Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>
			Share Percentage %

<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust	Beneficiary Name		<input type="checkbox"/> Per Stirpes
	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY
	Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>
			Share Percentage %

<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust	Beneficiary Name		<input type="checkbox"/> Per Stirpes
	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY
	Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>
			Share Percentage %

*continued on next page*



# 10. IRA Beneficiary/Successor Beneficiary Designation *continued*

## Contingent Beneficiaries

For each beneficiary, check one and provide information. Social Security/Taxpayer ID Number or Date of Birth/Trust is required for each beneficiary. Use percentages only, not dollar amounts.

**If beneficiary is a trust, provide trust name and date trust was established.**  
To designate additional beneficiaries, attach instructions with the necessary beneficiary information.

<input type="checkbox"/> Spouse	Beneficiary Name			<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> Non-Spouse	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage
<input type="checkbox"/> Trust				%
Country of Citizenship/Organization			Name of Trustees <i>if applicable</i>	

<input type="checkbox"/> Spouse	Beneficiary Name			<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> Non-Spouse	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage
<input type="checkbox"/> Trust				%
Country of Citizenship/Organization			Name of Trustees <i>if applicable</i>	

<input type="checkbox"/> Spouse	Beneficiary Name			<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> Non-Spouse	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage
<input type="checkbox"/> Trust				%
Country of Citizenship/Organization			Name of Trustees <i>if applicable</i>	

<input type="checkbox"/> Spouse	Beneficiary Name			<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> Non-Spouse	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage
<input type="checkbox"/> Trust				%
Country of Citizenship/Organization			Name of Trustees <i>if applicable</i>	

<input type="checkbox"/> Spouse	Beneficiary Name			<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> Non-Spouse	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage
<input type="checkbox"/> Trust				%
Country of Citizenship/Organization			Name of Trustees <i>if applicable</i>	

<input type="checkbox"/> Spouse	Beneficiary Name			<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> Non-Spouse	<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage
<input type="checkbox"/> Trust				%
Country of Citizenship/Organization			Name of Trustees <i>if applicable</i>	



## 11. Signatures and Dates *Form cannot be processed without signatures and dates.*

IRAAMA

**Customer Identification Program Notice:** To help the government fight financial crimes, Federal regulation requires your Broker-Dealer and us to obtain your name, date of birth, address, and a government-issued ID number before opening your account, and to verify the information. In certain circumstances, we may obtain and verify comparable information for any person authorized to make transactions in an account. Also, Federal regulation requires us to obtain and verify the beneficial owners, i.e., entity owners and control persons, of legal entity customers, as applicable. Requiring the disclosure of key individuals who own or control a legal entity helps law enforcement investigate and prosecute crimes. Your account may be restricted or closed if we or your Broker-Dealer cannot obtain and verify this information. We or your Broker-Dealer will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if your account is restricted or closed.

In the section below, "NFS," "us," and "we" refer to National Financial Services LLC and its officers, directors, employees, agents, affiliates, shareholders, successors, assigns, and representatives as the context may require; "you" refers to the account holder(s) indicated on the account form and any authorized individuals; "Broker-Dealer" refers to the financial institution with which you opened your account.

By signing below, you:

- Hereby adopt the Premiere Select Traditional IRA, Rollover IRA, SEP-IRA, Roth IRA, IRA Beneficiary Distribution Account or Roth IRA Beneficiary Distribution Account ("Premiere Select IRA") as indicated above, appointing Fidelity Management Trust Company ("FMTC"), or any successor thereof, as custodian, and NFS as the carrying Broker-Dealer to perform certain administrative services and act as an agent of FMTC. Notwithstanding Article 8, Section 28 of the Premiere Select IRA Custodial Agreement and Article 9, Section 27 of the Premiere Select Roth IRA Custodial Agreement, FMTC's acceptance of its appointment as custodian is effective upon proper completion and signature of the Application, and contingent upon timely delivery of this Application, as signed and properly completed, to the custodian. Acceptance will be evidenced by a Letter of Acceptance sent by or on behalf of FMTC.
- Understand that the beneficiary of your Premiere Select IRA (except if this establishes an IRA BDA or Roth IRA BDA or an IRA for a minor) established with this Application will be your surviving spouse or, if none exists, your estate, unless you have completed the IRA Beneficiary/Successor IRA Beneficiary Designation section above or until a completed Beneficiary Designation form is received and accepted by NFS. You understand that the beneficiary of your Premiere Select IRA BDA or Roth IRA BDA will be your estate unless you have completed the IRA Beneficiary/Successor IRA Beneficiary Designation section above or until a completed Beneficiary Designation form is received and accepted by NFS. If the account is for a minor, you understand that the beneficiary will be the minor's estate or as otherwise determined in accordance with the applicable state Uniform Gifts to Minors Act or Uniform Transfers to Minors Act, as indicated in Article 8, Section 8(b)(2) of the Premiere Select IRA Custodial Agreement. You understand that any designation of a beneficiary on your Premiere Select IRA BDA or Roth IRA BDA has no impact on the required distributions from the original IRA as required under Sections 401(a)(9) and 408(a)(6) of the Internal Revenue Code and related regulations.
- Understand the Premiere Select SEP-IRA can only be used in conjunction with a validly established SEP-IRA plan.
- Acknowledge that payment to beneficiaries will be made according to the rules of succession described in the Premiere Select IRA Custodial Agreement and Disclosure Statement and as otherwise described herein.
- Understand and acknowledge that there are fees associated with your Premiere Select IRA. The fees are more fully described in the Premiere Select Retirement Account Customer Agreement ("Customer Agreement") and Premiere Select IRA Custodial Agreement and Disclosure Statement or Premiere Select Roth IRA Custodial Agreement and Disclosure Statement, as applicable.
- Affirm you have reviewed the fees with your Broker-Dealer and/or investment professional, and you have determined the fees are reasonable for the services provided to you in connection with your Premiere Select IRA.
- Understand that unless you provide written notice to the contrary, NFS and your Broker-Dealer may supply your name and other information (including your Social Security/ tax identification number) to issuers of securities held in your account so you can receive important information and participate in corporate actions regarding such securities.
- Affirm that you are at least 18 years old and legally authorized to enter into this Agreement in the state in which you reside.
- Represent and warrant that you have disclosed to your Broker-Dealer your employer information and affiliation status.
- Understand that all communications with your Broker-Dealer and NFS may be monitored or recorded, and you consent to such monitoring or recording.
- Agree that if an entity is opening the account, you will notify your Broker-Dealer if or when beneficial ownership information of the entity changes.
- Indemnify and hold harmless your Broker-Dealer, NFS, FMTC, their officers, directors, employees, agents, affiliates, shareholders, successors, assigns, and representatives from any claims or losses that may occur in the event that you fail to meet any IRS requirements concerning your Premiere Select IRA(s).
- Certify that all information provided in this application is true, accurate, and complete.
- Understand that if you are establishing your Premiere Select IRA BDA or Roth IRA BDA by transferring assets which you have inherited from an IRA BDA at another financial institution, you certify that the transfer is in compliance with the terms and conditions of the IRA Custodial Agreement and Disclosure Statement governing the IRA BDA or Roth IRA BDA, as applicable. You accept full responsibility for all IRA BDA and Roth IRA BDA transfer requirements.
- Agree that, to the extent that inherited employer-sponsored plan assets are being directly rolled to an IRA BDA, you understand that it is your responsibility to ensure that only eligible assets are rolled and that all required minimum distribution requirements are satisfied. If the IRA BDA is registered in the name of a trust, on behalf of the trust, you hereby request NFS to open an IRA BDA in the name of the trust listed as the account holder on this application. The trustees hereby certify the representations in the Customer Agreement is accurate.
- Represent that if you are establishing a Premiere Select IRA BDA or Roth IRA BDA in the name of multiple representatives of an estate, that each is authorized to act severally or individually and that NFS may follow instructions of one estate representative independent of all others including the delivery of assets to an estate representative personally unless the court appointment indicates otherwise.
- Represent that you have received and read the Customer Agreement, the appropriate Premiere Select IRA Custodial Agreement and Disclosure Statement, of which this Application is a part, governing this account and agree to be bound by such Agreements as are currently in effect and as may be amended from time to time. These Agreements shall be construed, administered, and enforced according to the laws of the Commonwealth of Massachusetts, except as superseded by federal law or statute.

*continued on next page*

# 11. Signatures and Dates *Form cannot be processed without signatures and dates. continued* IRAAMA

- Affirm that you have also read, understand, and agree to the terms of the applicable prospectus or disclosure document for any mutual fund that you purchase or exchange or Bank Deposit Sweep Program into which you have funds transferred or invest, including any mutual fund or Bank Deposit Sweep Program that you choose for your core account investment vehicle and that you agree to future amendments to these terms.
- Agree that if you do not choose a core account investment vehicle for your account, you authorize your Broker-Dealer to select a default core account investment vehicle for you, and you shall hold your Broker-Dealer and us harmless for such default selection and any resulting consequences.
- Understand that different core account investment vehicles may have different rates of return and terms and conditions, such as FDIC insurance or SIPC protection, and your Broker-Dealer may not have considered these differences when selecting a core account investment vehicle for you.
- If you are not a U.S. person, state that you are submitting IRS Form W-8BEN with this application to certify your foreign status and, if applicable, to claim tax treaty benefits.
- Understand and agree that NFS cannot confirm the account registration on your bank account.
- Agree to pay any transaction fees your bank may charge in connection with the EFT or IBP payment transaction.

**For Annual IRA Maintenance Fees:**

- Have authorized your bank to establish Electronic Funds Transfers ("EFT") or Intra-Bank Payments ("IBP") in order to allow electronic payments from the account(s) identified on the standing payment instructions.

**Understand this account is governed by a Pre-Dispute Arbitration Agreement, which appears on the last page of the Customer Agreement. You acknowledge receipt of the pre-dispute arbitration clause.**

**Signature and Date is required.** If the IRA/IRA BDA owner is a minor, this section must be signed by the custodian named in Section 5.

Print IRA/IRA BDA Owner Name <i>Full First, Middle, Last Name</i>	
IRA/IRA BDA Owner Signature	Date <i>MM - DD - YYYY</i>
<b>SIGN</b> <b>X</b>	

**If there is more than one authorized individual, each must sign.**

Print Name <i>Full First, Middle, Last Name</i>		Print Name <i>Full First, Middle, Last Name</i>	
Signature	Date <i>MM - DD - YYYY</i>	Signature	Date <i>MM - DD - YYYY</i>
<b>SIGN</b> <b>X</b>		<b>SIGN</b> <b>X</b>	

**For Branch Use Only**

Account accepted in accordance with firm policies.

Registered Rep. Name	Signature	Date <i>MM - DD - YYYY</i>
Office Manager/Principal Name	Signature	Date <i>MM - DD - YYYY</i>