

Note: If this is your first IRA account being opened with us, an IRA Simplifier Application is also required.

Please complete/sign this form and return to us, Attention: Operations, by:

- Mail - 2500 Westchester Avenue, Suite 411, Purchase, NY 10577; OR
- Fax - (914) 641-3730

Questions? Call us at (800) 874-5544, Monday through Friday, 8:30 a.m. to 7:00 p.m. ET.

Please clearly print all information on the application.

Account # _____

MEMBER (PRIMARY OWNER) INFORMATION				
LAST NAME	FIRST NAME	MI	SS# OR TAX ID #	DOB
HOME ADDRESS		CITY		STATE & ZIP
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		CITY		STATE & ZIP
EMAIL ADDRESS		DAYTIME PHONE #		HOME PHONE #

ACCOUNT SELECTIONS
<p>Please select the account(s) you would like to open:</p> <p><input type="checkbox"/> IRA Savings account with an initial deposit of \$ _____. Choose one: <input type="checkbox"/> Roth <input type="checkbox"/> Traditional</p> <p><input type="checkbox"/> IRA Term Savings account with an initial deposit of \$ _____. Choose one: <input type="checkbox"/> Roth <input type="checkbox"/> Traditional for a term of (circle one): 6 12 18 24 36 48 60 months.</p>

ACCOUNT FUNDING
<p><input type="checkbox"/> Transfer funds from the following Quorum account for my initial deposit:</p> <p style="padding-left: 40px;"> <input type="checkbox"/> Basic Savings: Suffix _____ <input type="checkbox"/> Name-Your-Own-Savings: Suffix _____ <input type="checkbox"/> Checking: Suffix _____ <input type="checkbox"/> Money Management: Suffix _____ </p> <p><input type="checkbox"/> Enclosed is a check for my initial deposit.</p>

Under penalties of perjury, I certify that the taxpayer identification number provided is correct. I further certify that I am not subject to backup withholding under the provisions of section 3406 (a) (I) (C) of the Internal Revenue Code. (Strike out if not applicable.)

MEMBER SIGNATURE _____

DATE _____