

# Trust Company of America Form Guide

## SIMPLE IRA Account Application

This form guide highlights the minimum required information to open an account. Blue highlights and gray text are required under certain circumstances. If optional sections are not completed properly, the account will be opened but the option will not be activated. We recommend filling out all information requested to help us better service the account. Refer to the detailed instructions at the beginning of the application for a complete guide to completing the form.

Trust Company of America  
Institutional Advisor Services  
**SIMPLE IRA APPLICATION**

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**SECTION 1: Account Type**

**A. ACCOUNT TYPE**

SIMPLE IRA

**B. SIMPLE IRA ESTABLISHMENT DATE**

Select one:  New account  Transferring account

*If Transferring Account, Date of First Contribution*

**IMPORTANT:** SIMPLE IRA funds may transfer to another SIMPLE IRA. During the first two years, distributions carry a 25% premature distribution penalty tax and funds may not transfer, convert, roll over, nor directly roll over to another plan type.

**C. ADDITIONAL DOCUMENTATION REQUIREMENTS**

**SIMPLE IRA.** You should verify your employer has a valid, signed SIMPLE IRA Plan document. Your employer is required to provide you with the Plan document. Do not provide a copy of the Plan document with this application.

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**SECTION 2: Account Owner**

**A. ACCOUNT OWNER**

John A Smith  
First Name MI Last Name

One Main Street  
Mailing Address

Anywhere ST 55555-5555  
City State Zip+4

999-99-9999 01/01/99  
Social Security Number Date of Birth

Work Phone Home Phone

Email Address

**B. STREET ADDRESS, if applicable**

My mailing address is my residential street address

Residential Street Address (no P.O. Boxes)


City State Zip+4

**C. EMPLOYER INFORMATION**

My Company, Inc.  
Employer Name

Employer Address

City State Zip+4




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Trust Company Account Number

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**SECTION 3: Identification**

Select one type of identification, and then enter the ID number in below:

Driver's license or ID card issued by a state or outlying possession of the United States  
 ID card issued by a federal, state, or local government agency or entity  
 U.S. Passport  
 Certificate of U.S. Citizenship (INS Form N-560 or N-561)  
 Unexpired foreign passport, with I-551 stamp or attached INS Form 1-94 indicating unexpired employment authorization  
 Permanent Resident Card or Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)

99-9-99999 ST  
Identification Number State (if applicable)

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**SECTION 4: Beneficiary(ies)**

I hereby designate the following person(s) as my beneficiary(ies). If I live in a state with community property statutes and do not designate my spouse as the sole Primary Beneficiary, I represent and warrant that my spouse has consented to such designation.

1. Primary Beneficiary

Jane Smith  
Beneficiary Name

999-99-9999 01/01/99  
Social Security Number Date of Birth

daughter 100%  
Relationship Percent of Account Balance

2. Select one:  Primary Beneficiary  Contingent Beneficiary

Beneficiary Name

Social Security Number Date of Birth

Relationship Percent of Account Balance

3. Select one:  Primary Beneficiary  Contingent Beneficiary

Beneficiary Name

Social Security Number Date of Birth

Relationship Percent of Account Balance

Additional beneficiary information provided

No beneficiaries designated with this application. *Note: If there is no valid beneficiary information designated, your estate is the beneficiary.*

1. Select new or transferring account.
  - For a transferring account, enter date of first contribution.
2. Complete (2a) account owner information and (2c) enter employer name.
  - If mailing address is not a residential street address, complete Section 2B.
3. Complete identification information.
4. Complete beneficiary information.
  - If beneficiary is a trust, list complete name of trust.
  - For more than three beneficiaries, check the Additional Information box and include an Additional Information Application Addendum.
  - If no beneficiaries, check the No Beneficiaries box.

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**SECTION 5: Account Funding**

Select all that apply:

**By check.** Enclose a check payable to Trust Company of America.  
Check Amount (\$) \_\_\_\_\_  Rollover or  Contribution

**IMPORTANT:** In the memo line on the front of the check, write your new Trust Company account number, if available. Write either 'Rollover' or 'Contribution' in the memo line on the front of the check. Checks from Employers must also include a breakdown of the Employer Contribution (ER) and the Employee Deferral (EE) amounts.

**By federal wire.** Notify your investment advisor in advance. Wires may only be sent on or after the account open date.

**Transferring from another custodian or other financial institution.** Complete, sign, and provide a Transfer Request form for each transferring account.

**SECTION 6: Interested Third Party (optional)**

Select all that apply:  Statements  Deposit confirmations  
 Tax forms

Interested Party Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Additional interested third party information provided

**SECTION 7: Account Management**

As account owner, I am granting the authority to the following investment advisor to direct the investment activities of this account.

**A. INVESTMENT ADVISOR**  
ABC Investments, Inc.  
Investment Advisor Firm Name

**B. CLIENT REPRESENTATIVE**

Client Representative Name \_\_\_\_\_


Client Representative Firm Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

**SECTION 8: Signature**

By signing below I understand the eligibility requirements for the type of individual retirement account deposit I am making and I state that I do qualify to make the deposit.



Trust Company of America

Trust Company Account Number

**SECTION 8: Signature Continued**

I have received, read, understood, and agree to the terms and conditions in Section 9: Account Agreement, Section 10: Customer Privacy, Section 11: Truth in Savings Disclosure, Section 12: Plan Agreement, Section 13: Disclosure Statement, and my Investment Advisor's Fee Disclosures.

I understand that the terms and conditions, which apply to the Individual Retirement Account, are contained in the Plan Agreement and Account Agreement. I agree to be bound by those terms and conditions and mutual promises and covenants. Within seven (7) days from the date I open this Individual Retirement Account, I may revoke it without penalty by mailing or delivering a written notice to Trust Company of America.

< Signature > \_\_\_\_\_ 01/01/99  
Account Holder Signature Date  
John A. Smith  
Print Name

**SECTION 9: Account Agreement**

I hereby request that Trust Company of America, ("Custodian"), a trust company organized under the laws of the State of Colorado and having its principal place of business in Centennial, Colorado, open a custodial account in the name(s) listed as account owner ("Owner") on this Trust Company of America account application ("Application"). The Owner has selected an investment advisor ("Investment Advisor") as indicated on the Application to manage the assets in the account. The Investment Advisor is an agent of the Owner and is not an agent of the Custodian. The Owner selects the Custodian to furnish system and account services to the Owner on the terms and conditions hereinafter set forth.

NOW THEREFORE, in consideration of the mutual promises and covenants contained herein and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, Owner and Custodian agree with each other as follows:

1. A. Account Record Keeping – Custodian shall maintain the account on its computerized system, which provides within each account cash postings, investment activity, account assets, account contributions and account distribution records.
- B. Preparation of Statements and Reports – Custodian shall provide Owner and Investment Advisor with periodic statements of account activity and fee billings. Custodian shall provide such further statements and reports as reasonably requested by the Investment Advisor. Custodian provides account statements to assist the Owner and Investment Advisor in the monitoring of the account but the Custodian has no duty to supervise or monitor the account or the actions of the Owner or the Investment Advisor.
- C. Confirmations – Confirmations for securities transactions will be provided upon written request by the Owner or the Investment Advisor. Trust Company will provide this information for no additional cost.
- D. Safekeeping of Property – Custodian shall be responsible for the safekeeping of the assets in the account. Custodian shall not have any responsibility for assets contributed to the account until such assets are actually received by Custodian. Legal title to assets in Owner's account shall be held on behalf of Owner in the name of Custodian as nominee. Owner shall continue to be the beneficial owner of such assets, and as such may withdraw such assets from the account, vote any such assets constituting securities or delegate the authority to vote such securities to any other person and proceed directly as a

5. Optional.
6. Optional.
7. Enter investment advisor firm name.
  - If applicable, complete client representative information.
8. Have the account holder sign, date, and print name.