

ROTH IRA ADOPTION AGREEMENT

I. ACCOUNT INFORMATION (This Adoption Agreement may only be used in conjunction with the Roth IRA plan document stipulated by the Custodian.)

I hereby designate _____ ACCOUNT NUMBER: — -1-
 as the financial organization. OFFICE ACCOUNT RR

PLAN TYPE: ROTH IRA ROTH CONVERSION IRA (see below)

ACCOUNT TYPE: PARTICIPANT IRA SPOUSAL IRA GUARDIAN IRA BENEFICIARY IRA (MUTUAL FUND ONLY ROTH IRA)

II. MUTUAL FUND ONLY (To establish a MUTUAL FUND ONLY Roth IRA, be sure to check the MUTUAL FUND ONLY box)

MUTUAL FUND ONLY

Note: If you select a mutual fund only account, you cannot commingle other investments within your mutual fund only account.

III. PARTICIPANT INFORMATION

NAME: _____ GENDER: M F DATE OF BIRTH:

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ SOCIAL SECURITY NUMBER:

IV. CONVERSION INFORMATION (Please attach a completed Roth Conversion Form found in your Roth IRA kit, or available from your investment professional)

NEW CONVERSION: If you are converting from your Traditional IRA held with us to this new Roth IRA, please provide your Traditional IRA Account Number:

PRIOR CONVERSION: If any of the assets intended for this account were converted from a Traditional IRA at another custodian, please indicate the date of conversion:

PRIOR CONVERSION DATE (MM/DD/YYYY): _____

V. UNINVESTED CASH

The Participant understands that any idle cash in the IRA will be invested in a money market fund, deposit account, or other investment made available through your financial organization, unless the Participant elects otherwise by checking the box below. Any such investment of idle cash is made pursuant to a prospectus or other offering document, which the Participant should obtain from his or her financial organization.¹

DO NOT INVEST IDLE CASH. (The Participant understands that the Custodian has no responsibility to credit interest on uninvested cash in any IRA.)

¹ For more complete information about the money market fund, including charges and expenses, request a prospectus from your financial organization. Read it carefully before you invest.

VI. BENEFICIARY DESIGNATIONS

MARITAL STATUS: SINGLE MARRIED (NOTE: Spousal consent may be required. See below.)

The following shall be my Beneficiary or Beneficiaries of this Roth IRA. If I designate more than one primary or contingent Beneficiary, but do not specify the percentages to which such Beneficiary or Beneficiaries are entitled, payment will be made to the surviving Beneficiary or Beneficiaries in equal shares per stirpes.

Note: For specific beneficiary provisions, please refer to the applicable sections of the Plan and the Disclosure Statement.

PRIMARY BENEFICIARIES

NAME	GENDER M F	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	ADDRESS	PERCENTAGE

CONTINGENT BENEFICIARIES (Secondary Beneficiaries will be paid only if all primary Beneficiaries do not survive the Participant.)

NAME	GENDER M F	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	ADDRESS	PERCENTAGE



RIRA-104 ADOP

VII. SPOUSAL CONSENT (For use in community or marital property states including: AZ, CA, ID, LA, NV, NM, TX, WA, WI)

If you are married, reside in a community property or marital property state, and designate someone other than, or in addition to, your spouse as your primary Beneficiary, your spouse must sign this form below. In addition, if required in your state, the form must be signed in the presence of a Notary Public. I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this Roth IRA, I have been advised to see a tax professional. I hereby give the account holder any interest I have in the funds or property deposited in this Roth IRA and consent to the Beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

SIGNATURE OF SPOUSE: (Required in community or marital property states) _____ DATE: _____

PRINT NAME: _____

VIII. CERTIFICATION

I understand the eligibility requirements for the type of deposits I make and I do state that I do qualify to establish a Roth IRA and make the deposit. I understand that the Custodian assumes no responsibility for determining my eligibility for contributions made to this Roth IRA nor does the Custodian bear any responsibility for any tax consequences relating to such contributions or distributions from this Roth IRA. I have received a copy of the Roth Individual Retirement Custodial Account Plan and Disclosure Statement. I understand that the terms and conditions which apply to this Roth IRA are contained in this Roth Individual Retirement Custodial Account Plan and Disclosure Statement. I agree to be bound by those terms and conditions. If I elect to make a rollover or conversion contribution to this account, I hereby certify that I understand the rollover or conversion rules and conditions as they pertain to this Roth IRA and I have met the requirements for making a rollover or conversion from a Traditional IRA. Due to the important tax consequences of rolling over funds or property or converting from a Traditional IRA, I have been advised to consult with a tax professional. All information provided by me is true and correct and may be relied upon by the Custodian. I assume full responsibility for establishing this Roth IRA and for rollover and conversion transactions and will not hold the Custodian liable for any adverse consequences that may result. I hereby irrevocably designate the rollover or conversion of funds or other property as rollover or conversion contributions. I HEREBY ADOPT THE PERSHING LLC ROTH INDIVIDUAL RETIREMENT CUSTODIAL PLAN. I AGREE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, WHICH IS LOCATED AT ARTICLE X ON PAGE 9 IN THIS AGREEMENT.

PARTICIPANT OR GUARDIAN SIGNATURE: _____ DATE: _____

PRINT NAME: _____

REQUIRED APPROVALS OF THE FINANCIAL ORGANIZATION (Please forward to your financial organization for approval)			
Investment Professional Signature (If applicable)	Date	Operations Manager Signature	Date