ROLLOVER IRA ADOPTION AGREEMENT

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

I hereby designate _____ as the financial organization.

ACCOUNT NUMBER: _____ (OFFICE) — _____ (ACCOUNT) -1- _____ (RR)

II. PARTICIPANT INFORMATION

NAME: _____ GENDER: ❑ M ❑ F DATE OF BIRTH: _____

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

TELEPHONE: _____ SOCIAL SECURITY NUMBER: _____

III. 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.

IV. BENEFICIARY DESIGNATIONS

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

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

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

PRIMARY BENEFICIARIES

NAME	GENDER	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	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	ADDRESS	PERCENTAGE

V. 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 your spouse as your sole, 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 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 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: _____

VI. CERTIFICATION

I understand the eligibility requirement for the type of IRA deposits I make and I state that I qualify to make the deposit. I have received a copy of the Pershing LLC Individual Retirement Custodial Account Plan and Disclosure Statement. I understand that the terms and conditions which apply to this Individual Retirement Account are contained in this Pershing LLC 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 contribution to this account, I hereby certify that I understand the rollover rules and conditions as they pertain to this IRA and I have met the requirements for making a rollover. Due to the important tax consequences of rolling over funds or property 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 IRA and for rollover transactions and will not hold the Custodian liable for any adverse consequences that may result. I hereby irrevocably designate the rollover of funds or other property as rollover contributions. I HEREBY ADOPT THE PERSHING LLC ROLLOVER INDIVIDUAL RETIREMENT CUSTODIAL PLAN. I AGREE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, WHICH IS LOCATED AT ARTICLE IX ON PAGE 7 IN THIS AGREEMENT.

PARTICIPANT OR GUARDIAN SIGNATURE: _____ DATE: _____

REQUIRED APPROVALS OF THE FINANCIAL ORGANIZATION (Please forward to your financial organization for approval)

Investment Professional Signature (If applicable)	Date	Operations Manager Signature	Date

ROLLIRA ADOP