



FOR BRANCH USE ONLY		
Branch Prefix		Account Number
RR	RR2	Agency
Are owners 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		

NFS, FAD: F

# 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

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)

**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.
- \*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 an IRA for a minor, the minor's information must be provided here. If this is a BDA for a non-individual, the authorized individual's information must be provided here. Section 4 must also be completed for IRAs for minors and for BDAs with multiple authorized individuals.

### Personal Information

Provide personal information for the IRA or BDA owner.

Full Legal Name <i>First, M.I., Last</i>		
Date of Birth <i>MM DD YYYY</i>	Email	
Daytime Phone	Evening Phone	

Check all that apply and provide information.  Single/Divorced/Widowed  Married

Country of Citizenship		Country of Tax Residency	
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	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

### 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

continued on next page



## 2. IRA Owner *continued*

### Employer Information and Affiliations

Check one.  Employed  Retired  Not Employed

Provide Income Source if retired or 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, or an immediate family/household member is, a senior foreign political figure.
- You are, or an immediate family/household member is, a control person or affiliate of a publicly traded company under SEC Rule 144. *This would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors.*

Company Name	CUSIP or Symbol
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- You are affiliated with, or employed by, a stock exchange, or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer. *If yes, provide name of entity.*
- 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

## 3. IRA Beneficiary Distribution Account Information *Only required for IRA BDA and Roth IRA BDA accounts.*

### Original Depositor Information

Full Legal Name <i>First, M.I., Last</i>			
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth <i>MM DD YYYY</i>	Date of Death <i>MM DD YYYY</i>

**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

**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
--

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
- Roth IRA BDA

*continued on next page*

### 3. IRA Beneficiary Distribution Account Information *continued*

- 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.

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Spouse<br><input type="checkbox"/> Non-Spouse Individual<br><i>Complete Section 2.</i> | <input type="checkbox"/> Custodian<br><input type="checkbox"/> Guardian/Conservator<br><i>Provide owner's information in Section 2 and custodian/guardian/conservator information in Section 4.</i> <ul style="list-style-type: none"> <li>For a minor, 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 90 days) naming the guardian.</li> </ul> | <input type="checkbox"/> Estate<br><i>Provide estate representative's information in Section 2 and complete Estate/Entity/Trust section below.</i> <ul style="list-style-type: none"> <li>Include a court appointment (dated within 90 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><i>Provide authorized individual or trustee information in Section 2 and complete Estate/Entity/Trust section below.</i> <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> |
|---|---|---|---|

**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.

Estate/Entity/Trust Name		
Taxpayer ID Number	Trust Date <i>required for trusts</i>	State/Country



## 4. Custodian or Additional Authorized Individual/Trustee Information

Complete this section to provide information for the custodian of a minor 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.

### Personal Information

Provide personal information on the primary individual associated with this account.

Full Legal Name <i>First, M.I., Last</i>	
Date of Birth <i>MM/DD/YYYY</i>	Email
Daytime Phone	Evening Phone

Check all that apply:  Single/Divorced/Widowed  Married  Dependents

Country of Citizenship		Country of Tax Residency	
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	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

### 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

### Employer Information and Affiliations

Check one.  Employed  Retired  Not Employed

Provide Income Source if retired or 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, or an immediate family/household member is, a senior foreign political figure.  
 You are, or an immediate family/household member is, a control person or affiliate of a publicly traded company under SEC Rule 144. *This would include, but is not limited to, a director, 10% shareholder, policy-making officer, and members of the board of directors.*

Company Name	CUSIP or Symbol
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- You are affiliated with, or employed by, a stock exchange, or a member firm of an exchange or Financial Industry Regulatory Authority (FINRA), or a municipal securities dealer. *If yes, provide name of entity.*  
 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

# 5. Suitability

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

<b>Annual Income</b> <i>From all sources</i> <input type="checkbox"/> \$0-\$25,000 <input type="checkbox"/> \$25,000-\$50,000 <input type="checkbox"/> \$50,000-\$100,000 <input type="checkbox"/> Over \$100,000 \$ _____	<b>Estimated Net Worth</b> <i>Excluding primary residence</i> <input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,000-\$100,000 <input type="checkbox"/> \$100,000-\$500,000 <input type="checkbox"/> Over \$500,000 \$ _____	<b>Investable/Liquid Assets</b> <i>Including cash and securities</i> <input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,000-\$100,000 <input type="checkbox"/> \$100,000-\$500,000 <input type="checkbox"/> Over \$500,000 \$ _____	<b>Federal Tax Bracket</b> <input type="checkbox"/> 0%-15% <input type="checkbox"/> 25%-27½% <input type="checkbox"/> Over 27½%	<b>Account Funding Source</b> <input type="checkbox"/> Asset appreciation <input type="checkbox"/> Business revenue <input type="checkbox"/> Inheritance <input type="checkbox"/> Legal/insurance settlement <input type="checkbox"/> Sale of assets <input type="checkbox"/> Savings from earnings <input type="checkbox"/> Other: _____
<b>Annual Expenses</b> <i>Recurring</i> <input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,000-\$100,000 <input type="checkbox"/> \$100,000-\$250,000 <input type="checkbox"/> \$250,000-\$500,000 <input type="checkbox"/> Over \$500,000 \$ _____	<b>Special Expenses</b> <i>Future and non-recurring</i> <input type="checkbox"/> \$0-\$50,000 <input type="checkbox"/> \$50,000-\$100,000 <input type="checkbox"/> \$100,000-\$250,000 <input type="checkbox"/> Over \$250,000 \$ _____	<b>Timeframe</b> <i>Required for Special Expenses</i> <input type="checkbox"/> Within 2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 6-10 years		

## Investment Profile

<b>Investment Purpose</b> <input type="checkbox"/> Save for education <input type="checkbox"/> Save for retirement <input type="checkbox"/> Save for short-term goal(s) <input type="checkbox"/> Generate income <input type="checkbox"/> Accumulate wealth <input type="checkbox"/> Preserve wealth <input type="checkbox"/> Market speculation <input type="checkbox"/> Other: _____	<b>Investment Objectives</b> <i>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.</i> <input type="checkbox"/> Preservation of capital <input type="checkbox"/> Income <input type="checkbox"/> Capital appreciation <input type="checkbox"/> Speculation <input type="checkbox"/> Trading profits <input type="checkbox"/> Other: _____	<b>Risk Tolerance</b> <input type="checkbox"/> Conservative <input type="checkbox"/> Moderately Conservative <input type="checkbox"/> Moderate <input type="checkbox"/> Moderately Aggressive <input type="checkbox"/> Aggressive <input type="checkbox"/> Combination: _____	<b>General Investment Knowledge</b> <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> Extensive
		<b>Investment Time Horizon</b> <input type="checkbox"/> Near Term <input type="checkbox"/> Very Short <input type="checkbox"/> Short <input type="checkbox"/> Intermediate <input type="checkbox"/> Long <input type="checkbox"/> Combination: _____	

## 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	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	

continued on next page



## 5. 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 %
				Other %

## 6. 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. Indicating no choice will be considered your authorization for your Broker/Dealer to use its default option as the core account investment vehicle. 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 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

### 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 optional feature. A follow-up email will be sent to you with instructions on how to complete the enrollment process online.

## 7. 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

## 8. 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.

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# 8. 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	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				. %
<input type="checkbox"/> Entity	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				. %
<input type="checkbox"/> Entity	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				. %
<input type="checkbox"/> Entity	Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>	

Primary beneficiary percentages must total 100%.

## 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				. %
<input type="checkbox"/> Entity	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				. %
<input type="checkbox"/> Entity	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				. %
<input type="checkbox"/> Entity	Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>	

Contingent beneficiary percentages must total 100%.



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

USA PATRIOT Act Notice: To help the government fight the funding of terrorism and money laundering, federal law and contractual obligations between your Broker/Dealer and us require 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 or beneficial owners of certain entities. Additional documentation is required for certain entities, such as trusts, estates, corporations, partnerships and other organizations. Your account may be restricted 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 owner(s) indicated on the account form and any authorized individuals; "you" refers to all account owner(s), collectively and individually; "Broker/Dealer" refers to the correspondent managing 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, your Broker/Dealer may supply your name to issuers of securities held in your account so you can receive important information 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.
- Affirm that, if you have not checked the box for Affiliations, you represent and warrant that you are not affiliated with or employed by a stock exchange or a broker/dealer or you are not a control person or affiliate of a public company under SEC Rule 144 (such as a director, 10% shareholder, or a policy-making officer), or an immediate family or household member of such a person.
- Understand that all communications with your Broker/Dealer and NFS may be monitored or recorded, and you consent to such monitoring or recording.
- 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).
- 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*

## 9. Signatures and Dates *continued*

- 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 choose a bank sweep product for your core account investment vehicle, you represent that you are:
  - a natural person or
  - if you are a fiduciary, including trustee, custodian, agent, administrator or executor, each of the beneficial owners of the account is a natural person or
  - if this account is being established as an IRA BDA or Roth IRA BDA, any such beneficiary is a natural person.
- 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 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 there is more than one authorized individual, each must sign.** If the IRA/IRA BDA owner is a minor, this section must be signed by the custodian named in Section 4.

Print IRA/IRA BDA Owner Name <i>First, M.I., Last</i> <hr/> IRA/IRA BDA Owner Signature <span style="float: right;">Date <i>MM - DD - YYYY</i></span> <div style="border: 1px solid black; height: 30px; width: 100%; position: relative;"> <span style="position: absolute; left: -20px; top: 50%; transform: translateY(-50%); font-weight: bold;">SIGN</span> <span style="position: absolute; right: -20px; top: 50%; transform: translateY(-50%); font-size: 2em;">▶</span> </div>	OR	Print Authorized Signatory Name <i>First, M.I., Last</i> <hr/> Authorized Signatory Signature <span style="float: right;">Date <i>MM - DD - YYYY</i></span> <div style="border: 1px solid black; height: 30px; width: 100%; position: relative;"> <span style="position: absolute; left: -20px; top: 50%; transform: translateY(-50%); font-weight: bold;">SIGN</span> <span style="position: absolute; right: -20px; top: 50%; transform: translateY(-50%); font-size: 2em;">▶</span> </div>
Print Authorized Signatory Name <i>First, M.I., Last</i> <hr/> Authorized Signatory Signature <span style="float: right;">Date <i>MM - DD - YYYY</i></span> <div style="border: 1px solid black; height: 30px; width: 100%; position: relative;"> <span style="position: absolute; left: -20px; top: 50%; transform: translateY(-50%); font-weight: bold;">SIGN</span> <span style="position: absolute; right: -20px; top: 50%; transform: translateY(-50%); font-size: 2em;">▶</span> </div>		

**For Branch Use Only**  
Account accepted in accordance with firm policies.

Registered Rep. No./Name	Signature	Date <i>MM - DD - YYYY</i>
Office Manager/Principal Name	Signature	Date <i>MM - DD - YYYY</i>

NFS, FAD: F