Print Reset

For Branch Use Only

BRANCH PREFIX ACCOUNT NO.

RR RR2 AGENCY

Is Holder an Employee of your B/D? ☐ No ☐ Yes

Premiere Select® SIMPLE IRA Plan Account Application

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.

▶ All items marked with this symbol are required. Applications that are missing required information will not be processed.

Note: The Premiere Select SIMPLE IRA is not available for minors.

1. GENERAL INFORMATION: ACCOUNT HOLDER

Personal Information

▶ FULL LEGAL NAME ▶ DATE OF BIRTH

DAY PHONE EVENING PHONE

E-MAIL

☐ Single/Divorced/Widowed ☐ Married No. of Dependents: _____

▶ **Legal Address** *No P.O. boxes*

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE/PROVINCE ZIP/POSTAL CODE

COUNTRY

▶ COUNTRY OF CITIZENSHIP

▶ ☐ SOCIAL SECURITY NO. ☐ TAXPAYER ID NO. ▶ COUNTRY OF TAX RESIDENCE

▶ TYPE OF GOVERNMENT-ISSUED ID ▶ ID NUMBER

▶ STATE/COUNTRY OF ID ISSUANCE ID ISSUANCE DATE ▶ ID EXPIRATION DATE

▶ **Mailing Address** ☐ *Same as Legal Address*

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE/PROVINCE ZIP/POSTAL CODE

COUNTRY

2. EMPLOYER INFORMATION

See the Summary Description provided by your employer for the following information.

EMPLOYER NAME

CONTACT PERSON'S NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE/PROVINCE ZIP

COUNTRY

EMPLOYER TAX IDENTIFICATION NO.

☐ My employer maintains their SIMPLE IRA Plan at another Financial Institution, but I am establishing a Premiere Select SIMPLE IRA.

Please complete the following only if you are transferring your existing SIMPLE IRA to the Premiere Select SIMPLE IRA Plan.

SIMPLE FUNDING DATE *mm/dd/yyyy*

If no date provided, date of first contribution will be used.

3. AFFILIATION INFORMATION

▶ ☐ **I am** ☐ **I am not** a senior foreign political figure, or a family member or close relative of a senior foreign political figure.

▶ ☐ Check this box if you are a control person or affiliate or an immediate family/household member of 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 COMPANY SYMBOL/CUSIP

▶ ☐ Check this box if 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 My Employer.*

AFFILIATED ENTITY NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE/PROVINCE ZIP COUNTRY

SIMPLE-IRA ACCOUNT NUMBER

4. SUITABILITY

Financial Position

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

► Annual Income
From all sources
- ☐ $0 - $25,000
- ☐ $25,000 - $50,000
- ☐ $50,001 - $100,000
- ☐ Over $100,000

$_____

► Estimated Net Worth
Excluding primary residence
- ☐ $0 - $50,000
- ☐ $50,000 - $100,000
- ☐ $100,001 - $500,000
- ☐ Over $500,000

$_____

► Investable/Liquid Assets
Including cash and securities
- ☐ $0 - $50,000
- ☐ $50,000 - $100,000
- ☐ $100,001 - $500,000
- ☐ Over $500,000

$_____

► Federal Tax Bracket
- ☐ 0% - 15%
- ☐ 25% to 27½%
- ☐ Over 27½%

Account Funding Source
- ☐ Asset appreciation
- ☐ Business revenue
- ☐ Inheritance
- ☐ Legal/insurance settlement
- ☐ Sale of assets
- ☐ Savings from earnings
- ☐ Other: _____

► Annual Expenses
Recurring
- ☐ $0 - $50,000
- ☐ $50,000 - $100,000
- ☐ $100,001 - $250,000
- ☐ $250,001 - $500,000
- ☐ Over $500,000

$_____

► Special Expenses
Future and non-recurring
- ☐ $0 - $50,000
- ☐ $50,000 - $100,000
- ☐ $100,001 - $250,000
- ☐ Over $250,000

$_____

► Timeframe
Required for Special Expenses
- ☐ Within 2 years
- ☐ 3 - 5 years
- ☐ 6 - 10 years

Investment Profile

► Investment Purpose
- ☐ Save for education
- ☐ Save for retirement
- ☐ Save for short-term goal(s)
- ☐ Generate income
- ☐ Accumulate wealth
- ☐ Preserve wealth
- ☐ Market speculation
- ☐ Other: _____

► Investment Objectives 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.

- ___ Preservation of capital
- ___ Income
- ___ Capital appreciation
- ___ Speculation
- ___ Trading profits
- ___ Other: _____

► Risk Tolerance
- ☐ Conservative
- ☐ Moderately Conservative
- ☐ Moderate
- ☐ Moderately Aggressive
- ☐ Aggressive
- ☐ Combination: _____

► Investment Time Horizon
- ☐ Near Term
- ☐ Very Short
- ☐ Short
- ☐ Intermediate
- ☐ Long
- ☐ Combination: _____

► General Investment Knowledge
☐ Limited ☐ Good ☐ Extensive

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	☐	☐	☐	☐		☐ 0 – 5	☐ 6 – 15	☐ Over 15
Bonds	☐	☐	☐	☐		☐ 0 – 5	☐ 6 – 15	☐ Over 15
Short Term	☐	☐	☐	☐		☐ 0 – 5	☐ 6 – 15	☐ Over 15
Mutual Funds	☐	☐	☐	☐		☐ 0 – 5	☐ 6 – 15	☐ Over 15
Options	☐	☐	☐	☐		☐ 0 – 5	☐ 6 – 15	☐ Over 15
Limited Partnerships	☐	☐	☐	☐		☐ 0 – 5	☐ 6 – 15	☐ Over 15
Variable Contracts	☐	☐	☐	☐		☐ 0 – 5	☐ 6 – 15	☐ Over 15
Futures	☐	☐	☐	☐		☐ 0 – 5	☐ 6 – 15	☐ Over 15
Annuities	☐	☐	☐	☐		☐ 0 – 5	☐ 6 – 15	☐ Over 15
Alternative Investments	☐	☐	☐	☐		☐ 0 – 5	☐ 6 – 15	☐ Over 15
Margin	☐	☐	☐	☐		☐ 0 – 5	☐ 6 – 15	☐ Over 15
Foreign Currency	☐	☐	☐	☐		☐ 0 – 5	☐ 6 – 15	☐ Over 15
Foreign Securities	☐	☐	☐	☐		☐ 0 – 5	☐ 6 – 15	☐ Over 15

SIMPLE-IRA ACCOUNT NUMBER

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	_____%	Other	_____%
Bonds	_____%	Options	_____%	Security Futures	_____%	Foreign Currency	_____%		
Short-Term	_____%	Limited Partnerships	_____%	Annuities	_____%	Foreign Security	_____%		

5. ACCOUNT CHARACTERISTICS

Dividend, Interest, Capital Gains

Choose 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.

I agree to the terms and conditions of the Equity Dividend Reinvestment Service provided in the attached Customer Agreement.

Core Account Investment Vehicle *Consult your Broker/Dealer for a list of available 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. Please 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.

CORE ACCOUNT INVESTMENT VEHICLE NAME

CORE ACCOUNT INVESTMENT VEHICLE SYMBOL

Optional Features *You must qualify to add these features to your account.* ***Additional applications will be required.***

Indicate any features in this section that you would like to request. **Consult your Broker/Dealer for availability and eligibility, and to obtain the appropriate additional application(s) to apply for the features(s) you want.**

Account Features

☐ Options

☐ Fee-Based Account *(including Premiere Select IRA for Managed Accounts)*

Indicate type below.

ACCOUNT TYPE

SIMPLE-IRA ACCOUNT NUMBER

6. SIMPLE IRA BENEFICIARY DESIGNATION

Share percentages must total 100% for primary and 100% for contingent. Use percentages only, not dollar amounts.

- If you wish to designate your estate as your beneficiary, please indicate "Estate" in the Primary Beneficiaries section.
- If beneficiary is a trust, provide trust name, names of all trustees, and date trust was established.
- 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.
- 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.

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 descendents. 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. *If you make any Per Stirpes designation, provide name of executor or other contact.* If you do not provide a name or if the contact named is unavailable or unable to act, the contact will default to your executor. If you need to update the contact name in the future, you can do so by submitting either a Letter of Instruction or a Premiere Select IRA Beneficiary Designation Form completed in its entirety.

CONTACT/EXECUTOR NAME

Attach additional sheet if necessary, which must include your name, account number, your signature, and must be dated.

PRIMARY Beneficiaries

NAME OF BENEFICIARY ☐ Spouse ☐ Non-Spouse ☐ Trust ☐ Entity

☐ SOCIAL SECURITY NO. ☐ TAXPAYER ID NO. DATE OF BIRTH/TRUST *mm/dd/yyyy*

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAMES OF TRUSTEES *if applicable* ☐ Per Stirpes

NAME OF BENEFICIARY ☐ Spouse ☐ Non-Spouse ☐ Trust ☐ Entity

☐ SOCIAL SECURITY NO. ☐ TAXPAYER ID NO. DATE OF BIRTH/TRUST *mm/dd/yyyy*

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NAMES OF TRUSTEES *if applicable* ☐ Per Stirpes

NAME OF BENEFICIARY ☐ Spouse ☐ Non-Spouse ☐ Trust ☐ Entity

☐ SOCIAL SECURITY NO. ☐ TAXPAYER ID NO. DATE OF BIRTH/TRUST *mm/dd/yyyy*

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAMES OF TRUSTEES *if applicable* ☐ Per Stirpes

CONTINGENT Beneficiaries

NAME OF BENEFICIARY ☐ Spouse ☐ Non-Spouse ☐ Trust ☐ Entity

☐ SOCIAL SECURITY NO. ☐ TAXPAYER ID NO. DATE OF BIRTH/TRUST *mm/dd/yyyy*

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAMES OF TRUSTEES *if applicable* ☐ Per Stirpes

NAME OF BENEFICIARY ☐ Spouse ☐ Non-Spouse ☐ Trust ☐ Entity

☐ SOCIAL SECURITY NO. ☐ TAXPAYER ID NO. DATE OF BIRTH/TRUST *mm/dd/yyyy*

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAMES OF TRUSTEES *if applicable* ☐ Per Stirpes

NAME OF BENEFICIARY ☐ Spouse ☐ Non-Spouse ☐ Trust ☐ Entity

☐ SOCIAL SECURITY NO. ☐ TAXPAYER ID NO. DATE OF BIRTH/TRUST *mm/dd/yyyy*

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAMES OF TRUSTEES *if applicable* ☐ Per Stirpes

NAME OF BENEFICIARY ☐ Spouse ☐ Non-Spouse ☐ Trust ☐ Entity

☐ SOCIAL SECURITY NO. ☐ TAXPAYER ID NO. DATE OF BIRTH/TRUST *mm/dd/yyyy*

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAMES OF TRUSTEES *if applicable* ☐ Per Stirpes

NAME OF BENEFICIARY ☐ Spouse ☐ Non-Spouse ☐ Trust ☐ Entity

☐ SOCIAL SECURITY NO. ☐ TAXPAYER ID NO. DATE OF BIRTH/TRUST *mm/dd/yyyy*

COUNTRY OF CITIZENSHIP/ORGANIZATION % SHARE

NAMES OF TRUSTEES *if applicable* ☐ Per Stirpes

If more than one person is named and no share percentages are indicated, payment shall be made to my primary beneficiary(ies) who survive me in equal shares. Any fractional shares that cannot be divided equally among multiple beneficiaries are allocated to the first beneficiary listed. If a percentage is indicated and a primary beneficiary(ies) does not survive me, unless I have checked the Per Stirpes box, the percentage of that beneficiary's(ies') designated share shall be divided equally among the surviving primary beneficiary(ies). If there is no primary beneficiary living at the time of my death, I hereby specify that the balance is to be distributed to my contingent beneficiary(ies) listed above. I understand that payment to my contingent beneficiaries will be made according to the rules of succession described for primary beneficiary(ies).

SIMPLE-IRA ACCOUNT NUMBER

7. SIGNATURES

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 SIMPLE IRA indicated above, appointing Fidelity Management Trust Company ("FMTC"), or any successor thereof, as Custodian. You agree to the appointment of National Financial Services LLC ("NFS") as the sole carrying Broker/Dealer to perform administrative services, and you designate_____ as your Broker/Dealer. 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 SIMPLE IRA established with this Application will be your surviving spouse or, if none exists, your estate, until a completed Beneficiary Designation Form is received and accepted by NFS.
- Acknowledge that payment to beneficiaries will be made according to the rules of succession described in the Premiere Select SIMPLE IRA Custodial Agreement and Disclosure Statement.
- Understand that your Premiere Select SIMPLE IRA will be subject to the fees more fully described in the Premiere Select Retirement Account Customer Agreement ("Customer Agreement"). You have reviewed these fees, as provided by your Broker/Dealer, and represent that these fees are reasonable for the services provided.
- 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 or 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 may be monitored or recorded, and you consent to this 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 as a result of this transaction.
- Represent that you have received and read the Customer Agreement, the Premiere Select SIMPLE 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.
- 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: (1) a natural person or (2) if you are a fiduciary, including trustee, custodian, agent, administrator or executor, each of the beneficial owners of the account 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 a U.S. person, you:

- **Certify under penalties of perjury that you are a U.S. citizen or other U.S. person (including a resident alien individual) and that the tax identification number shown on this form is your correct tax identification number.**

If you are not a U.S. person, you:

- **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 are required. If there is more than one fiduciary, each fiduciary must sign.

X _____ SIGNATURE OF SIMPLE IRA OWNER DATE *mm/dd/yyyy*

OR

X _____ AUTHORIZED INDIVIDUAL SIGNATURE DATE *mm/dd/yyyy*

X _____ AUTHORIZED INDIVIDUAL SIGNATURE DATE *mm/dd/yyyy*

X _____ AUTHORIZED INDIVIDUAL SIGNATURE DATE *mm/dd/yyyy*

For Branch Use Only

Account accepted in accordance with firm policies.

REGISTERED REP. NO./NAME (Print) SIGNATURE DATE *mm/dd/yyyy*

OFFICE MANAGER/PRINCIPAL NAME & ID NO. (Print) SIGNATURE DATE *mm/dd/yyyy*

The above-named firm hereby accepts its appointment as agent of the Premiere Select SIMPLE IRA owner named above to execute investment directions and for such other purposes as more fully described in the Premiere Select SIMPLE IRA Custodial Agreement and Disclosure Statement upon the earlier of delivery of an instruction, direction, or inquiry or receipt of compensation with respect to the above-mentioned account or upon a firm signature.