



The IRA Club  
 333 North Michigan Ave  
 Suite 2220  
 Chicago, IL 60611

Phone: 312-795-0988  
 Fax: 888-600-6997  
 Web IRAclub.org

## Self Directed IRA ACCOUNT APPLICATION

For Custodial Use Only	: Agent	: Rep	: Est	: Acc	: Prep
IRA	:	:	:	:	:

### Application Instructions

- **Complete each section. If you have any questions please call**  
The IRA Club 312-795-0988
- **When returning the Application you must:**
  - **Include a copy of a legible Government issued Photo ID** (generally a Drivers License)
- **If you are transferring funds from another IRA:**
  - Complete and attach a Transfer Authorization form
  - Include a recent copy of your statement (we only need the first few pages of the former custodian statement)
- **You must provide this application with an ORIGINAL signature. Please mail (not fax or scan) this application with your signature to The IRA Club at the above listed address.**

### Section 1. ABOUT YOU:

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ Soc. Sec # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Day Phone \_\_\_\_\_

### Section 2. PHOTO IDENTIFICATION (Include a legible copy)

TYPE OF ID (i.e. Driver's License, Passport, etc.)	ID NUMBER	ISSUING JURISDICTION (Federal, State, etc.)	EXPIRATION DATE	ISSUE DATE (optional)

### Section 3 ESTABLISHING YOUR ACCOUNT

#### Account Type: (check only one)

- Traditional\*  Roth\*  SEP (see instructions)  SIMPLE

If this will be a ROTH conversion, please call the IRA Club office

\* If this is a beneficial account where you are the beneficiary, please complete a SUPPLEMENTAL ACCOUNT INFORMATION form and attach it to this application.

#### Fund Your Account: (check all that apply)

- I will **transfer** assets from another IRA and have attached a **TRANSFER AUTHORIZATION** form (Definition: A transfer is when the former trustee sends the funds directly to your new IRA account) (Recommended)
- I will **roll over** cash from an existing IRA or qualified retirement plan - This will be a Rollover of a distribution from a prior IRA or of a lump sum distribution or plan termination distribution paid to me within one taxable year from a qualified employee benefit plan or annuity, either of which is contributed to this IRA within 60 days of receipt of such funds. (Definition: A Rollover is when the former trustee sent the funds to you and you are writing a check to your new IRA)  
If you are going to do a Rollover (see definition) complete the following:  
Name of Prior Custodian: \_\_\_\_\_  
Amount of Rollover check \$ \_\_\_\_\_
- I have attached a **contribution** check as follows: (please also complete & attach a **DEPOSIT INFORMATION** form)
- IRA Cash Contribution for the Year: 20 \_\_\_\_ in the amount of: \$ \_\_\_\_\_
- IRA Cash Contribution for the Year: 20 \_\_\_\_ in the amount of: \$ \_\_\_\_\_
- Employer OR Employee (circle one) SEP/Simple Contribution for the year of \_\_\_\_:  
\$ \_\_\_\_\_
- I am not funding at this time. (Must Provide Credit card information in section 5-B)

## Section 4 Beneficiary Designation Section

*If you wish to name additional beneficiaries, please use additional forms and be sure to sign (including spouse, if community property state) and date each page. When received, we will update your file and mail you a confirmation. IF THIS IS A CHANGE TO A PRIOR DESIGNATION, ALL PRIOR PRIMARY AND SECONDARY BENEFICIARY DESIGNATIONS WILL BE REPLACED WITH THIS DESIGNATION.*

### PRIMARY BENEFICIARIES Please attach additional pages of this form if necessary.

1<sup>ST</sup> Primary Beneficiary:

BENEFICIARY NAME		RELATIONSHIP
BENEFICIARY ADDRESS		PERCENT SHARE (PRIMARY BENEFICIARIES MUST TOTAL 100%)
BENEFICIARY CITY BENEFICIARY ZIP		BENEFICIARY STATE
BENEFICIARY SOCIAL SECURITY NUMBER	BENEFICIARY BIRTH DATE	BENEFICIARY TELEPHONE NUMBER

### SECONDARY BENEFICIARIES Will be paid only if all the primary beneficiaries pre-decease the account holder.

1<sup>ST</sup> Secondary Beneficiary:

BENEFICIARY NAME		RELATIONSHIP
BENEFICIARY ADDRESS		PERCENT SHARE (SECONDARY BENEFICIARIES MUST TOTAL 100%)
BENEFICIARY CITY BENEFICIARY ZIP		BENEFICIARY STATE
BENEFICIARY SOCIAL SECURITY NUMBER	BENEFICIARY BIRTH DATE	BENEFICIARY TELEPHONE NUMBER

2<sup>ND</sup> Secondary Beneficiary:

BENEFICIARY NAME		RELATIONSHIP
BENEFICIARY ADDRESS		PERCENT SHARE (SECONDARY BENEFICIARIES MUST TOTAL 100%)
BENEFICIARY CITY BENEFICIARY ZIP		BENEFICIARY STATE
BENEFICIARY SOCIAL SECURITY NUMBER	BENEFICIARY BIRTH DATE	BENEFICIARY TELEPHONE NUMBER

### Section 4 SIGNATURE for Beneficiary Section

Participant Signature:

Date

**If the spouse is not the primary beneficiary, spouse MUST sign below and agree as follows:**

I acknowledge that I am the spouse of the above-named account holder and do hereby give them any interest that I have in the funds or property in this account and consent to the beneficiary designation(s) provided. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian, or its agents or representatives.

Spouse Signature:

(If required)

Date

**Section 5A Payment Terms**

I understand:

- 1) The IRA club fees are stated on a form titled *Fee Schedule* and that a current Fee Schedule is available on line at IRAclub.org
- 2) The IRA Club fees are limited to the fees listed on the Fee Schedule that relates to this account.
- 3) At my order the IRA Club can accept payment from a major credit card or as a withdrawal from my IRA account represented by this application.
- 4) The IRA Club is entitled to remedy nonpayment by a forced liquidation of assets in my IRA account represented by this application.
- 5) The IRA Club is under no obligation to force a liquidation of an account asset and may select other remedies.

**Section 5B Payment Instructions - I elect to pay my acct. fees as checked below:**

**Credit Card - I elect to pay by Credit Card Pay** (complete the box below)

Type of Credit Card     Visa     Master Card     American Express

Name as it appears on the card

Card Number     Exp Date     Security Code

Sign Here     Today's Date

**My Account - I elect to pay my IRA account by fees from my IRA Account**  
(Complete the box below)

I authorize the Custodian to pay invoices rendered by The IRA Club for fee payable to The IRA Club and hold the Custodian harmless from claims arising out of this authorization of invoices. I understand that fees are limited to the posted fee schedule.

Sign Here     Today's Date

**Section 6 Acknowledgments**

I hereby acknowledge the following as it relates to the IRA Club :

- May file administrative information regarding this account with the selected Custodian on my behalf.
- May have access to information regarding this account (both on-line and off)
- May discuss this account with the account Custodian.
- May consult with qualified legal and/or tax counsel regarding matters relating to this account
- May collect fees from this IRA account either from the liquid funds in the account or by liquidation of account assets. If adequate assets are not available in this account the account owner is responsible for fees and costs.
- May provide information regarding this account if requested by the U.S. Internal Revenue Service or other Federal or State Agency or a Federal or State Court of proper jurisdiction.

I hereby acknowledge the following as it relates to the facilitator, custodian and administrator

- That the retirement plan I am establishing is self-directed and that I am solely responsible for the success or failure of my investments.
- That IRA Club is the IRA account Facilitator and IRA Services Trust Company is the designated IRA Custodian and IRA Services Inc. is the Administrator.
- That I have read and understand the IRA Custodial Agreement and Fee Schedule. A current Fee Schedule is available on line at IRAclub.org.
- That with the exception of deposits in amounts under \$250,000 held at a depository institution and/or other similar banking institutions, my investments are: (a) not insured by the FDIC or any other federal or state deposit guaranteed fund; (b) not guaranteed by The IRA Club or IRA Services Trust Company, their subsidiaries, parent, and/or agents; and (c) are subject to investment risk, including the possible loss of the principal invested.
- That certain investments or classes of investments may pose administrative burdens and, therefore, the Facilitator, Custodian and/or Administrator reserve the right not to process or accept such investments. The decision not to act upon investment directions which the Facilitator, Custodian and/or Administrator determines to be unacceptable for administrative reasons should in no way be construed as a determination concerning the prudence or advisability of investing in the asset.
  - My account is subject to an Arbitration provision that appears in the IRA Agreement.
  - I hereby give my consent to the Facilitator, Custodian and/or Administrator to the following: (a) have my telephone conversations recorded, (b) accept e-mail as a form of written communication and (c) accept faxed investment authorizations.
  - I hold harmless, protect and indemnify the Facilitator, Custodian and Administrator from and against any and all liabilities, losses, damages, expenses and charges, including but not limited to attorney's fees and expenses of litigation, which the Facilitator, Custodian and Administrator may sustain or might sustain resulting directly or indirectly from my investment direction or those received from my authorized financial representative and/or agent.
  - By signing this Application I hereby (a) adopt and establish The IRA Club as my IRA account Facilitator and IRA Services Trust Company, or its successors, as Custodian, (b) understand that the IRA Custodial Account Agreement and this Application comprise my entire contractual agreement with The IRA Club and IRA Services Trust Company, (c) confirm that I have received, read and agree to the terms and conditions contained in the Individual Retirement Custodial Account Agreement for the type of account I selected in Part C of this Application, (d) confirm that I have received, read and agree to the terms and conditions of the appropriate financial disclosure statement and Publication 590, (e) acknowledge receipt of the fee schedule referenced in Part C of this Application, (f) confirm that I have received a copy of The IRA Club and IRA Services Trust Company's privacy notice, (g) acknowledge receipt of a current prospectus of the asset(s) named in the Investment Authorization Form which is a part of this Application and (h) understand that IRA Services will handle the daily administration of the account.
  - If this Application is to transfer to IRA Services Trust Company the assets of an existing IRA or other retirement account, I understand that the appointment of IRA Services Trust Company as successor Custodian will be effective upon receipt of all the Plan assets. Further, I understand that The IRA Club and IRA Services Trust Company, Custodian expressly does not assume or incur any liability by reason of or have a duty or responsibility to inquire into or take action with respect to any acts performed or omitted to be performed by the current Custodian/Trustee. I understand that this transfer may take six weeks or longer.
- In this and all IRA Club forms the letters "IRA" stand for Individual Retirement Arrangement as described in IRA Publication 590.
- That the retirement plan I am establishing is self-directed and that I am solely responsible for the success or failure of my investments.
- The IRA Club will, based on information provided by me, select a qualified Custodian for my IRA.
- That IRA Services Trust Company (The Custodian) is the designated IRA Custodian and IRA Services. Inc. is the Administrator.
- That I have read and understand the IRA Custodial Agreement and Fee Schedule.
- That certain investments or classes of investments may pose administrative burdens and, therefore, the

Custodian and/or Administrator reserve the right not to process or accept such investments. The decision not to act upon investment directions which the Custodian and/or Administrator determines to be unacceptable for administrative reasons should in no way be construed as a determination concerning the prudence or advisability of investing in the asset.

- I hereby give my consent to the IRA Club, the Custodian and/or Administrator to the following: (a) have my telephone conversations recorded, (b) accept e-mail as a form of written communication and (c) accept faxed investment authorizations.
- I hold harmless, protect and indemnify the IRA Club, the Custodian and Administrator from and against any and all liabilities, losses, damages, expenses and charges, including but not limited to attorney's fees and expenses of litigation, which the IRA Club the Custodian and Administrator may sustain or might sustain resulting directly or indirectly from my investment direction or those received from my authorized financial representative and/or agent.
- I understand that neither the IRA Club nor the Custodian is licensed to offer legal or tax advice and that I should consult qualified counsel for legal and tax matters as they may relate to this account.
- Transfer of funds: I understand that this account is not considered fully active until funds are received by the custodian, deposited and cleared. In the case of a transfer of funds from another Custodian, I understand that the IRA Club and the Custodian have no control as to the timing of the release of funds by the other Custodian.

## Section 7 Authorization

For Custodial Use Only

I hereby authorize the Custodian; IRA Services Trust Company and the Administrator; IRA Services and The IRA Club to share information pertinent to my Self Directed IRA Account, specifically:

- Be the first point of contact should any questions or concerns arise regarding my Self Directed IRA account
- Access my account information, including copies of statements, tax filings and online account information.
- Allow communication between the parties named above to discuss my account's holdings: Dennis Blitz, President, The IRA Club, 333 N. Michigan Ave, Suite 2220, Chicago, Illinois 60610, 312-795-0988 dblitz@iraclub.org

**Sign Here**

**Today's Date**

## Section 8 Application Signature

The retirement plan I am establishing is self-directed and I am solely responsible for the success or failure of the investments.

The Custodian is not affiliated with nor related to The IRA Club, the individual or company providing these forms to you. The Custodian is an independent entity providing only those services described in the Custodial Agreement. This is a "self-directed" account and as such, you are solely responsible for the success or failure of the investments within the account. By executing this agreement, you acknowledge that there is no relationship between The IRA Club and Custodian and, further, that any information, advice or direction given to you by The IRA Club is solely the responsibility of that firm and not the Custodian. *The IRA Club has advised Custodian that it will pay the fees for the account on your behalf and we will bill them directly. If The IRA Club will no longer pay those fees, they will notify you 30 days in advance and we will charge fees after that date directly to your account.*

Investments made by my IRA Account are not FDIC Insured. The results of any investment made by my IRA account are not the obligation of the Facilitator, the Custodian or the Account administrator. All investments have a possible risk of loss.

By my signature below I declare under penalty of perjury that I have read and understand this form and the information provided herein; that I have been provided a copy of the IRA Articles the correspond to the application (Traditional or ROTH IRA). And that all information I have provided is true and correct including my social security number.

**Sign Here**

**Today's Date**

- **A Spouse's Signature is only required in community or marital property states**, if anyone other than the spouse is the 100% primary beneficiary. (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin)

Spouse's signature (If Required)

Date

Form Delivery

Send the **Original** to:

**New Accounts**

**The IRA Club**

**333 N. Michigan Ave**

**Suite 2220**

**Chicago, IL 60611**

The application process may require

up to 28 days. Do not make IRA transactions until your account is open and funded.

If you have any questions regarding

Prohibited Transactions call The IRA Club