



PENSCO TRUST COMPANY

Please return original to:

Regular Mail: P.O. Box 26903
San Francisco, CA 94126-6903

Overnight Delivery Only: 450 Sansome Street, Fl. 14
San Francisco, CA 94111-3306

IRA Application

To open a new Account, please complete:

- IRA Application** (this form, required)
- Primary Beneficiary Designation** (required)
- Secondary Beneficiary Designation** (optional)
- Account Access Authorization** (optional)

Have Questions?
Call 866-818-4IRA (4472) for help completing these forms.
All forms are available at www.penscotrust.com.

When funding your new Account, please complete one or more of the following:

- IRA Cash Transfer Request** - For transferring cash only from an IRA or SEP IRA.
- IRA In-Kind Transfer Request** - For requesting a transfer that includes non-cash assets from an IRA or SEP IRA.
- IRA 60-Day Cash Rollover Certification** - For depositing a rollover check resulting from an IRA or SEP IRA distribution.
- IRA Cash Direct Rollover Certification** - For certifying a rollover of cash only from a non-IRA qualified plan into an IRA. Qualified plans include but are not limited to a 401(k), Qualified Annuity IRA, 403(b), Profit Sharing Plan, Money Purchase Plan, Governmental Eligible Deferred Compensation, Defined Benefit Plan, Other Qualified Pension Plans, or Keogh.
- IRA In-Kind Direct Rollover Certification** - For certifying a direct rollover from a non-IRA qualified plan that includes non-cash assets to an IRA. Qualified plans include but are not limited to a 401(k), Qualified Annuity IRA, 403(b), Profit Sharing Plan, Money Purchase Plan, Governmental Eligible Deferred Compensation, Defined Benefit Plan, Other Qualified Pension Plans, or Keogh.

1. Type of Account

IRA Roth IRA SEP IRA - If establishing a SEP IRA, please submit IRS Form 5305-SEP with this application.

This Account is also an Inherited IRA. Please provide the name of the original Accountholder: _____

2. Accountholder Information

Accountholder's First Name _____ M.I. Last _____

Social Security #: _____ Date of Birth: _____
 M M D D Y Y Y Y

Mailing Address - If this is a P.O. Box or business address, you must provide a physical address of a residence below.

Address Type: Home Business **Address:** _____
City: _____ **State:** _____ **Zip Code:** _____

Physical Address - Your primary residence Check if same as mailing address

Address: _____
City: _____
State: _____ **Zip Code:** _____

Indicate the state in which you file taxes if different than your physical address. State Abbreviation: _____

Email Address (Important): _____
 (For sending you transaction confirmations and other information pertaining to your IRA.)

Online Quarterly Statement - Save time and the environment. View your statement instantly online rather than receiving a printed copy in the mail.

Primary Phone Type: Business Cell Home **Secondary Phone Type:** Business Cell Home

Primary Phone #: _____ Ext.: _____ **Secondary Phone #:** _____ Ext.: _____

Fax #: _____

For Office Use Only:

Book Set Up: _____ Officer Review: _____ Contact ID: _____
 Account Number: _____

3. Fees Please refer to the fee schedule in the *IRA Accountholder Agreement and Disclosure Statement*.


Establishment Fee Options: **Credit Card** - Please charge the \$50 Establishment Fee. **OR** **Check** - I have enclosed a check for \$50 made payable to PENSCO Trust.

Maintenance Fee Options: **Credit Card** - A Maintenance Fee so paid may be tax-deductible. Please consult your tax adviser. **OR** **Debit IRA** - Please deduct Maintenance Fee from my IRA's Cash Reserve Account (not tax-deductible). If you do not indicate a preference, PENSCO Trust will default to this option.

4. Credit Card Information (required)

Card Type: Visa **Credit Card #:** _____
 MasterCard **Expiration Date:** ____ - ____
 American Express M M Y Y Y Y

Name of Cardholder (as it appears on card) _____

 _____ **Cardholder Signature** _____ **Date** _____

By signing here, I acknowledge that I have read and agree with Paragraph 16, c. of the *IRA Accountholder Agreement and Disclosure Statement*, Additional Provisions.

5. Referral Thank you for choosing PENSCO Trust Company!

Please complete this section to let us know how you heard about us.

- Friend: _____
- PENSICO Client: _____
- Radio/TV
- News Article
- PENSICO Event/Convention/Tradeshow
- Printed Advertisement
- PENSICO Webinar
- Internet Search
- PENSICO P2 (enter ID on right)
- Other: _____

Referral Codes (optional):

Organization: _____
 Sales Person: _____
 Preferred Professional ID: _____
 Preferred Professional's Last Name _____

6. Accountholder's Representations

The Accountholder acknowledges that:

1. He or she has received and read, and understands, the *Custodial Agreement, Disclosure Statement* and *IRA Fee Schedule* found in the *IRA Accountholder Agreement and Disclosure Statement* for the PENSCO Trust Co. IRA that the Accountholder is establishing; and
2. Such *Custodial Agreement, Disclosure Statement* and *IRA Fee Schedule* set forth, among other things, the duties, limitations on duties, and rights of the Accountholder, PENSCO Trust and PENSCO, Inc. By signing this application below, the Accountholder accepts and agrees to all of the terms and provisions of the *Custodial Agreement, Disclosure Statement* and *IRA Fee Schedule*, and warrants that all the information provided by Accountholder in this *IRA Application* is true.

 _____ **Accountholder Signature** _____ **Date** _____

What's Next?

PENSCO Trust processes applications within 24 hours of receiving the original of this form. The Accountholder will then receive an automatic email notification confirming the Account has been open and including its new Account number. Shortly thereafter, the Accountholder will receive a welcome package from PENSCO Trust via regular mail. Please follow the guidelines at the top of Page 1 if you wish to fund this new Account.

Contact Client Services with questions about your new account at clients@pensco.com or by calling 800-969-4IRA (4472).

For Office Use Only

 Custodian Signature (PENSCO Trust) _____ Date Accepted _____