

Beneficiary IRA with Entity Supplemental Form



Used for beneficiary IRAs where one account holder is an entity, such as a trust, to provide required entity information. Do not use this form to make changes to existing accounts.

Account Number _____

Step 1. Entity Account Holder Information

A. Non-Individual Entity Account Information – Used for Accounts Owned by Entities Only. Do not enter an individual's name.

Provide the official or legal name of this business, trust, or other organization, exactly as it appears on the entity's legal documents.

EIN SSN TIN

Business/Entity/Trust Name _____ Industry _____ Date of Trust _____ Number: _____

B. Must Complete for the Entity Listed Above

1. Contact Information

Business Phone _____ Email Address _____

Legal Address (Required, no P.O. Boxes)

Address 1 _____ Address 2 _____

City _____ State _____ Zip Code _____

Country _____ Province _____ Foreign Postal Code _____

Mailing Address (If different from legal address)

Address 1 _____ Address 2 _____

City _____ State _____ Zip Code _____

Country _____ Province _____ Foreign Postal Code _____

Previous Legal Address (If legal address is less than 6 months old)

Address 1 _____ Address 2 _____

City _____ State _____ Zip Code _____

Country _____ Province _____ Foreign Postal Code _____

Step 2. Signatures

This Beneficiary IRA with Entity Supplemental form is an extension of and supplement to the Investment and Banking Multi-Account Application and Agreement, which shall remain in full force and effect.

By signing the this form, the entity identified herein acknowledges, understands, and agrees that all certifications, disclaimers, representations, obligations, commitments, agreements, and any other statements contained within the main Multi-Account Application and Agreement are adopted in full by and made binding in their entirety on the entity completing this form in the same manner and to same extent as if it signed the Multi-Account Application and Agreement. The entity identified herein further acknowledges, understands, and agrees that nothing in this Beneficiary IRA With Entity Supplemental shall void, waive, release, or otherwise render unenforceable any part of the main Multi-Account Application and Agreement.

By signing this form, the individual identified below confirms that he or she has read and understands the terms and conditions of this Beneficiary IRA With Entity Supplemental form and those of the main Multi-Account Application and Agreement and further represents and warrants that he or she is authorized and has the power to bind the entity identified herein to the terms and conditions of this Beneficiary IRA With Entity Supplemental form and those of the main Investment and Banking Multi-Account Application and Agreement.

Account Holder/Trustee/Corporate Officer Signature

x
Signature _____ Print Name _____ Date _____

