Trust Company of America Form Guide

Traditional, Rollover, SEP, Custodian, and SARSEP IRA Account Application

This form guide highlights the minimum required information to open an account. Blue highlights and gray text are required under certain circumstances. If optional sections are not completed properly, the account will be opened but the option will not be activated. We recommend filling out all the information requested to help us better service the account. Refer to the detailed instructions at the beginning of the application for a complete guide to completing the form.

Trust Company of America
Institutional Advisor Services
TRADITIONAL, ROLLOVER, SEP, CUSTODIAL, or SARSEP IRA APPLICATION

Trust
Trust Company of America

SECTION 1: Account Type

A. ACCOUNT TYPE

Select one:
☐ Traditional IRA ☐ Beneficiary IRA
☐ Custodial IRA ☐ Rollover IRA
☐ SEP IRA ☐ SARSEP IRA

B. ADDITIONAL REQUIREMENTS

Refer to Section 1B in "General Instructions" for additional documentation requirements.

SECTION 2: Account Owner

A. ACCOUNT OWNER

First Name MI Last Name

Mailing Address

City State Zip+4

Social Security Number Date of Birth

Work Phone Home Phone

Email Address

B. STREET ADDRESS, if applicable

☐ My mailing address is my residential street address

Residential Street Address (no P.O. Boxes)

City State Zip+4

C. CUSTODIAN OR GUARDIAN, if applicable

In consideration of the Custodian's agreement to open such account as I have directed, I hereby agree to indemnify the Custodian, as well as their agents, employees, successors and assigns, from every claim, demand, or suit brought against them and from every liability arising out of their establishment and maintenance of the said account in the name of the child (specifically including, but not limited to, any suit brought by the child or liability to the child which arises out of their actions taken in accordance with my instructions).

First Name MI Last Name

Social Security Number Date of Birth

Trust Company Account Number

SECTION 2: Account Owner Continued

☐ My residential street address is the same as minor's street address

Residential Street Address (no P.O. Boxes)

City State Zip+4

Email Address

SECTION 3: Identification

Select one type of identification and then enter the ID number below.

IMPORTANT: Provide identification information for the parent or guardian, if a Custodial IRA. ***Note: Residents of Nevada must provide a visible copy of an unexpired driver's license or ID card.***

Select one:
☐ Driver's license or ID card issued by a state or outlying possession of the United States
☐ ID card issued by a federal, state, or local government agency or entity
☐ U.S. Passport
☐ Certificate of U.S. Citizenship (INS Form N-560 or N-561)
☐ Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization
☐ Permanent Resident Card or Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)

Identification Number State, if applicable

SECTION 4: Employer, if applicable

Employer Name

Employer Address

City State Zip+4

SECTION 5: Decedent, if applicable

First Name MI Last Name

Social Security Number Date of Birth

Date of Death

Trust Company Account Number, if applicable

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1. Select account type.

2. Complete account owner information.

- If mailing address is not a residential street address, complete Section 2B.
- For Custodial IRA, complete Section 2C.

3. Complete identification information.

4. For SEP or SAR-SEP, enter employer name in Section 4.

5. Optional

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SECTION 6: Beneficiary(ies)

I hereby designate the following person(s) as my beneficiary(ies). If I live in a state with community property statutes and do not designate my spouse as the sole Primary Beneficiary, I represent and warrant that my spouse has consented to such designation.

Note: The beneficiary must be named on this form: 'spouse', 'children', or 'per stirpes' is not an acceptable designation. Refer to Section 6 in "General Instructions" for additional requirements.

1. Primary Beneficiary

Beneficiary Name

Social Security Number (if available) | Date of Birth

Relationship | Percent of Account Balance

2. Select one: ☐ Primary Beneficiary ☐ Contingent Beneficiary

Beneficiary Name

Social Security Number (if available) | Date of Birth

Relationship | Percent of Account Balance

3. Select one: ☐ Primary Beneficiary ☐ Contingent Beneficiary

Beneficiary Name

Social Security Number (if available) | Date of Birth

Relationship | Percent of Account Balance

☐ Additional beneficiary information provided. *Note: Complete the "Additional Information Application Addendum" form.*

☐ No beneficiaries designated with this application. *Note: If there is no valid beneficiary information designated, your estate is the beneficiary.*

SECTION 7: Account Funding

Select all that apply:
☐ **By check.** Make the check payable to Trust Company of America.

$ ____ Check Amount ☐ Rollover or ☐ Contribution for ____ Year

IMPORTANT: In the memo line on the front of the check, write your new Trust Company account number, if available. Also write either 'Rollover' or 'Contribution for <year>'. For checks from employers for SEP and SARSEP accounts, write a breakdown of the Employer Contribution (ER) and the Employee Contribution (EE) amounts.

☐ **By federal wire.** Notify your investment advisor in advance. Wires may only be sent on or after the account open date.
☐ **By systematic ACH contributions.** Provide systematic ACH contribution and bank information in Section 8.

SECTION 7: Account Funding Continued

☐ **Transferring from another custodian or other financial institution.** Complete, sign, and provide a "Transfer Request" form for each transferring account.

SECTION 8: Systematic Contribution (optional)

A. SYSTEMATIC ACH CONTRIBUTION

IMPORTANT: IRA contributions made through a systematic contribution will be credited as contributions for the year in which they are received. It takes approximately 7 days from receipt of this form for the systematic contribution to be activated.

IMPORTANT: Systematic contributions are not allowed on a SARSEP or Beneficiary IRA.

Amount of Contribution ($)

Month to Begin Contribution (see note above)

Frequency of Contribution:
Select one: ☐ Monthly ☐ Quarterly ☐ Semi-annually ☐ Annually

Day of Month to Withdraw Contribution:
Select one: ☐ 5th ☐ 25th

B. BANK INFORMATION

Select one:
☐ Voided check provided in lieu of bank information
☐ Checking account with the bank information below
☐ Savings account with the bank information below

Bank Name | ABA (Routing) Number

Name on Bank Account

Account Number

SECTION 9: Interested Third Party (optional)

Select all that apply: ☐ Statements ☐ Deposit confirmations
☐ Tax forms

Interested Party Name

Mailing Address

City | State | Zip+4

☐ Additional interested third party information provided. *Note: Complete the "Additional Information Application Addendum" form.*

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6. Complete beneficiary information.

- If beneficiary is a trust, list complete name of trust.
- For more than three beneficiaries, check the Additional Information box and include an Additional Information Application Addendum.
- If no beneficiaries, check the No Beneficiaries box.

7. Select how account will be funded.

8. Optional

9. Optional

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SECTION 10: Electronic Delivery and Statement Family (optional)

A. Electronic Delivery (e-delivery)

With your consent Trust Company can electronically deliver a growing number of account documents including your account statements, reports, and required notices. In order to elect e-delivery you must maintain a valid email address with Trust Company and have access to a computer to retrieve the documents through a secure account login. By consenting to e-delivery of documents you agree to receive any or all required notices through e-delivery as well as your statements. You may withdraw your consent at any time either online through your account or in writing.

☐ I consent to e-delivery of statements and other account documents.

B. Statement Family

Note: If creating a new or adding to a current Statement Family, provide the account information below.

Select one:
☐ Create a new Statement Family
☐ Add to current Statement Family

Trust Company Account Number of Primary Account Holder

Account Title

Last 4 digits of Social Security or Tax Identification Number

Investment Advisor

As account owner of the primary account, I hereby acknowledge the request to add accounts to my statements. I further attest I will hold Trust Company of America harmless from any loss, claim, expense or other liability for this action.

Primary Account Holder Authorization

SECTION 11: Account Management

As account owner, I am granting the authority to the following investment advisor to direct the investment activities of this account.

A. INVESTMENT ADVISOR

Investment Advisor Firm Name

B. CLIENT REPRESENTATIVE

Client Representative Name

Client Representative Firm Name | Work Phone

Mailing Address

City | State | Zip+4

Trust Company Account Number

SECTION 12: Signature

By signing below I understand the eligibility requirements for the type of individual retirement account deposit I am making and I state that I do qualify to make the deposit.

I understand that the amount of any systematic instruction, if applicable, will remain the same until I submit a request to change the existing program in place. I certify that I have full authority to make the systematic request involving the bank account provided. In the event an ACH entry is incorrect, Trust Company of America reserves the right to submit correcting entries. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. Law.

I have received, read, understood, and agree to the terms and conditions in Section 13: Account Agreement, Section 14: Trust Company of America Client Privacy, Section 15: Truth in Savings Disclosure – Institutional Client, Section 16: Plan Agreement, Section 17: Disclosure Statement, and my Investment Advisor's Fee Disclosures.

I understand that the terms and conditions, which apply to the Individual Retirement Account, are contained in the Plan Agreement and Account Agreement. I agree to be bound by those terms and conditions and mutual promises and covenants. Within seven (7) days from the date I open this Individual Retirement Account, I may revoke it without penalty by mailing or delivering a written notice to Trust Company of America.

STATEMENT FAMILY AUTHORIZATION

I authorize Trust Company of America to affiliate my account statement to the party listed as primary account in Section 10B. I understand I will no longer receive a statement as a result of this action.

I understand that the primary account of the family is electing the method of delivery and that the primary account can designate a new primary account without further authorization from the other family members.

I further attest I will hold Trust Company of America harmless from any loss, claim, expense or other liability for this action. If at some later time I wish to discontinue having my statement sent to the primary account, I must send new written instructions to Trust Company of America to make this change.

Account Holder Signature | Date
For a custodial account only, the custodian or guardian must sign.

Print Name

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10. Optional

11. Enter investment advisor firm name.

• If applicable, complete client representative information.

12. Have the account holder sign, date, and print name.

• Custodial IRA, have the custodian or guardian sign, date, and print name.