ROTH IRA Simplifier®

ROTH INDIVIDUAL RETIREMENT ACCOUNT APPLICATION

PART 1. ROTH IRA OWNER

Name *(First/MI/Last)* _____
Address Line 1 _____
Address Line 2 _____
City/State/ZIP _____
Social Security Number _____
Date of Birth _____ Phone _____
Email Address _____
Account Number _____

PART 2. ROTH IRA TRUSTEE

To be completed by the Roth IRA trustee

Name _____
Address Line 1 _____
Address Line 2 _____
City/State/ZIP _____
Phone _____ Organization Number _____

☐ This is an amendment to an existing Roth IRA.

☐ This Roth IRA contains managed investments as described in the Trustee Management of Investment section of the agreement.

PART 3. CONTRIBUTION INFORMATION

Contribution Amount _____ Contribution Date _____

CONTRIBUTION TYPE *(Select one)*

☐ **1. Regular** *(Includes catch-up contributions)*

Contribution for Tax Year _____

☐ **2. Rollover** *(Distribution from a Roth IRA or eligible employer-sponsored retirement plan that is being deposited into this Roth IRA)*

By selecting this transaction, I irrevocably designate this contribution as a rollover.

☐ **3. Transfer** *(Direct movement of assets from a Roth IRA into this Roth IRA)*

☐ **4. Recharacterization** *(A nontaxable movement of a Traditional IRA contribution into this Roth IRA)*

By selecting this transaction, I irrevocably designate this contribution as a recharacterization.

☐ **5. Conversion** *(A taxable movement from a Traditional IRA or SIMPLE IRA into this Roth IRA)*

By selecting this transaction, I irrevocably designate this contribution as a conversion.

PART 4. INVESTMENT AND DEPOSIT INFORMATION

INVESTMENT INFORMATION *(Complete this section as applicable.)*

Investment Description	Quantity or Amount	Investment Number	Term or Maturity Date	Interest Rate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DEPOSIT METHOD

☐ **Cash or Check** *(If the contribution type is transfer, the check must be from a financial organization made payable to the trustee for this Roth IRA.)*

☐ **Internal Account**

Account Number _____ Type *(e.g., checking, savings, IRA)* _____

☐ **External Account** *(e.g., EFT, ACH, wire)*

Name of Organization Sending the Assets _____ Routing Number *(optional)* _____

Account Number _____ Type *(e.g., checking, savings, IRA)* _____

Deposit Taken by _____