TRADITIONAL
IRA
Simplifier

INDIVIDUAL RETIREMENT ACCOUNT APPLICATION

PART 1. 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. IRA TRUSTEE

To be completed by the IRA trustee

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

☐ This is an amendment to an existing IRA.
☐ This IRA contains managed investments as described in the Trustee Management of Investment section of the agreement.
☐ This IRA contains using simplified employee pension (SEP) plan assets.

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 an IRA or eligible employer-sponsored retirement plan that is being deposited into this IRA)
By selecting this transaction, I irrevocably designate this contribution as a rollover.
☐ 3. **Transfer** (Direct movement of assets from a Traditional IRA into this IRA)
☐ 4. **Recharacterization** (A nontaxable movement of a Roth IRA contribution, conversion, or retirement plan rollover to a Roth IRA into this IRA)
By selecting this transaction, I irrevocably designate this contribution as a recharacterization.
☐ 5. **SEP Contribution** (Contribution made under a SEP plan)

IF YOU ARE 70½ OR OLDER THIS YEAR, COMPLETE THE FOLLOWING, IF APPLICABLE
(Checking any of the following will adjust your required minimum distribution.)

☐ This is a rollover or transfer of assets removed last year. Date of Removal ______________
☐ This is a transfer from my deceased spouse's Traditional IRA and the assets were removed from the IRA in any year after death.
The value of my portion of my deceased spouse's IRA on December 31 of last year ______________
☐ This is a recharacterization of a conversion or taxable retirement plan rollover to a Roth IRA made last year.

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 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 ______________