

TRADITIONAL**IRA**
Simplifier®**INDIVIDUAL RETIREMENT ACCOUNT APPLICATION****PART 1. IRA OWNER**

Name (First/M/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 only 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 _____