

# ROTH IRA APPLICATION



**SYMONS**  
CAPITAL MANAGEMENT

*Use this ROTH IRA Application to open a ROTH IRA.*

**IMPORTANT:** In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account.

**WHAT THIS MEANS FOR YOU:** When you open an account, we will ask for your name, Social Security Number (SSN) or Tax Identification Number (TIN), a physical address (a Post Office box is not acceptable), date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. If any of this information is missing we will not be able to process your investment request. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-877-6SYMONS (877-679-6667).

## **PART I-A: ROTH IRA OWNER INFORMATION (\*DENOTES REQUIRED INFORMATION)**

*(Note: If this Roth IRA is established as an Inherited Roth IRA, the Roth IRA Owner is the deceased IRA Owner or plan participant)*

Owner's Name\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

Street Address (Physical Address)\* \_\_\_\_\_ Apartment # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Death (if applicable) \_\_\_\_\_ Daytime Phone\* \_\_\_\_\_ Evening Phone \_\_\_\_\_

U.S. Citizen  Resident Alien (Country)

*For mailing outside of U.S., provide:*

Country of Residence \_\_\_\_\_ Province \_\_\_\_\_ Foreign Routing/Postal Code \_\_\_\_\_

Check to indicate the IRA is established after the death of the individual named above, with either a direct rollover or transfer. If checked, complete Part I-B of the *Roth IRA Application*.

**PART I-B: INHERITED ROTH IRA OWNER INFORMATION (COMPLETE THIS SECTION FOR INHERITED ROTH IRAS ONLY)**

Note: Inherited Roth IRAs may only be established with assets acquired by a nonspouse beneficiary due to the death of the individual named above.

Owner's Name\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

Street Address (Physical Address)\* \_\_\_\_\_ Apartment # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone\* \_\_\_\_\_ Evening Phone \_\_\_\_\_

U.S. Citizen  Resident Alien (Country)  
For mailing outside of U.S., provide:

Country of Residence \_\_\_\_\_ Province \_\_\_\_\_ Foreign Routing/Postal Code \_\_\_\_\_

**PART II: CONTRIBUTION INFORMATION**

Source of Funds (Select One):

- Regular/Spousal Contribution Amount: \_\_\_\_\_ Tax Year: \_\_\_\_\_
- 
- Conversion Current Account/Plan Number: \_\_\_\_\_ Amount: \_\_\_\_\_  
Current Account Type:  Traditional IRA  SEP IRA  SIMPLE IRA\*
- 
- Recharacterization Amount: \_\_\_\_\_ Tax Year: \_\_\_\_\_
- 
- Direct Transfer (Note: Select this option only if you are transferring assets directly from another Roth IRA)
- 
- Rollover Source:  Roth IRA  Employer-Sponsored Plan (e.g., 401(a), 401(k), 403(b), governmental 457(b))
- 
- Other Explain \_\_\_\_\_

\*You may not convert SIMPLE IRA assets to a Roth IRA until at least two years have elapsed from the time of your initial participation in your employer's SIMPLE IRA plan. **Important: Contributions made to your Roth IRA will be for the current tax year unless you specify prior year.**

**Note:** The Fund's initial investment minimum in each Fund is \$2,500.

**PART III: INVESTMENT SELECTION**

Name of Investment	Allocation
1. Symons Capital Appreciation Institutional Fund	\$ _____ or _____ %
2. Symons Value Institutional Fund	\$ _____ or _____ %
3. Symons Small Cap Institutional Fund	\$ _____ or _____ %
TOTAL:	\$ _____ or _____ %

**PART IV: ACCOUNT SERVICE OPTIONS FOR YOUR IRA (DO NOT COMPLETE THIS SECTION FOR INHERITED ROTH IRAS)**

The completion of this section is *OPTIONAL*.

**Systematic Investment Program (SIP)** – This option provides an automatic investment into your mutual fund(s) by transferring money directly from your bank account via ACH (Automated Clearing House) on a scheduled basis. Automatic investment plan must be established with a \$250 minimum. Please refer to the fund prospectus for other account restrictions. Please provide all of your bank account information AND attach a voided check or deposit slip. **Important: Contributions made to your Roth IRA using SIP will be for the current tax year.** Keep this in mind for investments made from January 1 through April 15.

I authorize Symons Institutional Funds to initiate investments into my mutual fund account according to the following frequency:

Annually  Semi-Annually  Quarterly  Twice Each Month  Monthly  Other (Check months below)

January  February  March  April  May  June  
 July  August  September  October  November  December

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day of Month (1<sup>st</sup>, 15<sup>th</sup>, etc.) \_\_\_\_\_

**Bank Account Information**

Provide information about your checking or savings account to establish a Systematic Investment Program by ACH. Please select one of the following:

- Attach a voided check or deposit slip for your bank account. **Please use tape; do not staple.**
- Provide information about your bank account below.

**Enter your checking or savings account information:**

Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Bank's Phone Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_ ABA Routing Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name(s) on Bank Account: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Account Type:  Checking  Savings

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted deposit slip here. Please do <u>not</u> use staples.	\$ _____ DOLLARS
BANK NAME BANK ADDRESS		
MEMO _____		

**PART V: BENEFICIARY DESIGNATION**

Roth IRA Owner (or Inherited Roth IRA Owner) designate beneficiaries below. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. After your death, the Roth IRA assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive you. If no primary beneficiaries are living when you die, the Roth IRA assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. You may revoke or change the beneficiary designation at any time by completing a new *IRA Change of Beneficiary Form* and providing it to the Custodian.

Type:  Primary  Contingent Share Percentage: \_\_\_\_\_% Relationship to IRA Owner:  spouse  non-spouse  
Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Residence Address: \_\_\_\_\_

Type:  Primary  Contingent Share Percentage: \_\_\_\_\_% Relationship to IRA Owner:  spouse  non-spouse  
Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Residence Address: \_\_\_\_\_

Type:  Primary  Contingent Share Percentage: \_\_\_\_\_% Relationship to IRA Owner:  spouse  non-spouse  
Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Residence Address: \_\_\_\_\_

Type:  Primary  Contingent Share Percentage: \_\_\_\_\_% Relationship to IRA Owner:  spouse  non-spouse  
Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Residence Address: \_\_\_\_\_

Addendum attached for additional beneficiaries. If you need additional space to name beneficiaries, attach a separate sheet that includes all information requested above. Sign and date the sheet.

To name a trust as your beneficiary, attach to this form either a copy of the trust agreement or a certification, in writing, acceptable to the Roth IRA Custodian.

**PART VI: ELECTRONIC COMMUNICATION**

*The completion of this section is OPTIONAL.*

You can enjoy the convenience of receiving annual reports, transaction confirmations, and account statements online rather than having them mailed to you. You'll get your information faster while receiving fewer bulky mailings to fill your mailbox. Plus you'll help the environment and reduce the fund's expenses. To opt-in, simply check the box below and provide your email address.

When documents are available, you will receive an email message informing you of their availability online. For investment confirmations and account statements, the email will provide a link to our secure site where you will be prompted to sign in. You may then view your confirmation or account statement by clicking on 'Statements' at the top of the page. To review new prospectuses, annual and semi-annual reports, you will be sent an email with an attached document in PDF format for download.

The Symons Institutional Funds may change this notification without prior notice at any time. You may at any time request a paper copy of the Fund's prospectus, annual and semi-annual reports, or statements by calling us Monday through Friday, 9:00AM to 5:00PM Eastern Time, at 1-877-679-6667, or writing us at Symons Institutional Funds, PO Box 6110, Indianapolis IN 46206.

**Authorization to discontinue mailing of paper statements** - By checking this box, I authorize Symons Institutional Funds to send my shareholder communications electronically to the email address I am providing, rather than mailing me paper copies of these communications. I understand that I may discontinue electronic services and start receiving paper statements at my discretion.

Email Address: \_\_\_\_\_

**PART VII: DUPLICATE ACCOUNT STATEMENT**

Yes, please send a duplicate statement to:

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PART VIII: PAYMENT METHOD**

You can open your account by either of these methods. Please check your choice:

- By Check**                      Enclose a check payable to Symons Institutional Funds for the total amount.
- By Wire**                        For wire instructions call Shareholder Services at 1-877-679-6667.
- Other**                              \_\_\_\_\_

*(Third party checks, counter checks, starter checks, money orders, traveler's checks, checks drawn on non-U.S. financial institutions, credit card checks, and cash are not acceptable.) Note: Cashier's checks and bank official checks may be accepted in amounts greater than \$10,000.*

**PART IX: SPOUSAL CONSENT**

Complete this section only if you, the Roth IRA Owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences to you and your spouse so please consult with a competent advisor prior to completing. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions. If this is an Inherited Roth IRA, seek competent legal/tax advice to see if spousal consent is required.

**CONSENT OF SPOUSE**

By signing below, I acknowledge that I am the spouse of the Roth IRA Owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse:

X \_\_\_\_\_ Date: \_\_\_\_\_

Witness:

X \_\_\_\_\_ Date: \_\_\_\_\_

**PART X: ACKNOWLEDGEMENT** *(Note: This Application will not be processed unless signed below by the Roth IRA Owner or Inherited Roth IRA Owner.)*

By signing this *Roth IRA Application*, I certify that the information I have provided is true, correct, and complete, and the Custodian may rely on what I have provided. In addition, I have read and received copies of the *Roth IRA Application, IRS Form 5305-RA, Disclosure Statement* and *Financial Disclosure*, including the applicable fee schedule. I agree to be bound to their terms and conditions. I understand that I am responsible for the Roth IRA transactions I conduct, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. If I have indicated any amounts as "carryback" contributions, I understand the contributions will be credited for the prior tax year. I understand that if the deposit establishing the Roth IRA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. If I am an Inherited Roth IRA Owner, I understand the distribution requirements and the contribution limitations applicable to Inherited Roth IRA Owners. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Signature of Roth IRA Owner (or Inherited Roth IRA Owner):

X \_\_\_\_\_ Date: \_\_\_\_\_

**PART XI: FOR DEALER USE ONLY**

Financial Institution Name \_\_\_\_\_

Representative's Full Name \_\_\_\_\_

Address \_\_\_\_\_

Representative's Branch Office Telephone Number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Dealer Number \_\_\_\_\_ Branch Number \_\_\_\_\_

Representative Number \_\_\_\_\_

**X** \_\_\_\_\_  
Representative's Signature

**X** \_\_\_\_\_  
Supervisor's Signature

**PART XII: MAILING INSTRUCTIONS**

Please send completed application to:

**Regular Mail Delivery**  
Symons Institutional Funds  
P.O. Box 6110  
Indianapolis, IN 46206-6110

**Overnight Delivery**  
Symons Institutional Funds  
2960 N. Meridian Street Suite 300  
Indianapolis, IN 46208