



SELF-DIRECTED

IRA Custodial Account Application

Traditional ♦ Roth ♦ SEP

Client Services
866.928.9394
512.637.5739

www.StrataTrust.com

Send to: (Please submit using one method)
Email: NewAccounts@StrataTrust.com
Fax: 512.495.9554
US Mail: PO Box 23149, Waco, TX 76702
Overnight: 7901 Woodway Drive, Waco, TX 76712

For Internal
Use Only

IRA
Account # _____ BDID _____

Lead Source _____

Section 1 Account Owner Information

Title		Full Legal Name (first, middle, last)	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.			
Street Address (required)		City	State
Mailing Address (if different from Street Address)		City	State
Social Security Number		Date of Birth (MM-DD-YYYY)	Email Address
Home Phone		Work Phone	
Driver's License #	State Issued	Expiration Date (MM-DD-YYYY)	 If you do not have a valid state-issued driver's license, you must provide a legible photocopy of a valid government-issued photo ID.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to you: When you open an account, we will ask your name, address, date of birth, social security number or tax identification number and other information that will allow us to identify you. This information will be verified to ensure the identity of all persons opening an account. In certain instances, STRATA Trust Company ("STRATA") is required to collect documents to fulfill its legal obligation. Documents provided in connection with your application will be used solely to establish and verify a customer's identity, and STRATA shall have no obligation with respect to the terms of any such document.

How did you hear about us?

<input type="checkbox"/> Internet Search	<input type="checkbox"/> Friend or Financial Professional	<input type="checkbox"/> Conference/Trade Show
<input type="checkbox"/> News Article or Press Release	<input type="checkbox"/> Advertisement in	<input type="checkbox"/> Other

Section 2 IRA Type

Type of IRA: (Must select one) ☐ Traditional ☐ Roth ☐ SEP (IRS Form 5305-SEP is required)

Check if applicable and complete section here →

- ☐ Beneficiary IRA
☐ Minor IRA

Deceased Owner's Name (or Parent's/Guardian's Name if for Minor)

Deceased Owner's Social Security Number

Deceased Owner's Date of Birth (MM-DD-YYYY)

Deceased Owner's Date of Death (MM-DD-YYYY)

Section 3

Account Funding

Initial funding of this IRA will come from:

- ☐ Direct Transfer from another IRA
→ Complete the **IRA Transfer Request** form and attach copy of recent statement.
- ☐ Rollover from a previous employer's qualified retirement plan
→ Contact the plan administrator to obtain the necessary forms + Complete our **Deposit Certification** form to certify the rollover.
- ☐ Rollover from another IRA account: ☐ Traditional ☐ Roth ☐ SEP ☐ SIMPLE
→ Complete our **Deposit Certification** form to certify the rollover.
- ☐ Annual Contribution
→ Specify type: ☐ IRA Contribution for current tax year 20____: \$ _____
☐ IRA Contribution for prior tax year 20____: \$ _____ *(Made between January 1 and the April tax filing deadline.)*
☐ SEP Contribution of \$ _____ *(Reported for tax year in which received.)*
- ☐ Recaracterization or Roth Conversion
→ Complete the **Recharacterization Request** form or **Roth Conversion Request** form.

Section 4

Account Options

Online Account Access: Online access is automatically available for all accounts. When you receive your new account number, simply go to www.StrataTrust.com, select Account Access, and follow the easy steps to self-enroll.

- ☐ **Electronic Delivery of Communications:** By electing this option, you agree to receive communications from us electronically at no charge. Communications include account statements, invoices, tax forms, notices, and other correspondence. You must self-enroll and log in within 90 days of account establishment for electronic consent to be established. If you do not self-enroll and log in within 90 days, your account communications preference will be set to Paper Delivery of Communications, where a Paper Statement fee will apply.
- ☐ **Paper Delivery of Communications:** Check if you want to receive communications from us mailed to your address of record. Communications include account statements, invoices, tax forms, notices and other correspondence. (An annual Paper Statement fee will apply.)

(If no option is selected in this section, Electronic Delivery of Communications will apply.)

Section 5

Fees and Payment Options

- Select your Fee Tier:**
- Refer to the **IRA Fee Schedule** included with this Application.
 - Select the fee tier based on the type of investment(s) you plan to purchase, transfer or rollover.
 - If no selection is made, you will be charged at the Flex IRA fee schedule, at the highest account value.

- ☐ Precious Metals fee tier
- ☐ Basic fee tier: Publicly-registered investments
- ☐ Flex fee tier: Private investments or real estate

Select your Fee Payment Option:

- Any unpaid IRA fees will be deducted from the cash balance prior to processing any transaction, which may result in a lesser amount available for a transaction. To avoid this, include payment for all applicable fees with this Application or make sure sufficient cash will be transferred to cover all fees.

First Year IRA Fees: ☐ Deduct from initial account funds ☐ Bill my credit or debit card
(Must submit Credit Card Authorization form)

Annual IRA Fees: ☐ Invoice annually ☐ Deduct from my account annually
(Must have sufficient cash available)

☐ Bill my credit or debit card (Must submit Credit Card Authorization form)

By selecting this option, I am agreeing to allow my credit/debit card information to be stored for future use as outlined in the custodial agreement.

Section 6

Beneficiary Information

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). If the primary or contingent box is not checked, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and the distribution percentages are not indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. If more than one contingent beneficiary is designated and the distribution percentage is not indicated, the beneficiaries will be deemed to share equally.

If any primary or contingent beneficiary dies before I do, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my IRA. If no primary or contingent beneficiary(ies) survive me, the remaining balance in my account shall be payable to my legal spouse, or if none, my estate.

Beneficiary Name and Address	Date of Birth (mm/dd/yyyy)	Social Security Number	Relationship	Primary or Contingent	Share % Must total 100%
Name _____ Address _____ City _____ State _____ Zip _____ Country: ___ USA ___ Other ___ Check if address same as Accountholder				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
Name _____ Address _____ City _____ State _____ Zip _____ Country: ___ USA ___ Other ___ Check if address same as Accountholder				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
Name _____ Address _____ City _____ State _____ Zip _____ Country: ___ USA ___ Other ___ Check if address same as Accountholder				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
Name _____ Address _____ City _____ State _____ Zip _____ Country: ___ USA ___ Other ___ Check if address same as Accountholder				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	

Spousal Consent: Complete this section if (1) Accountholder is married and has designated a primary beneficiary other than his/her spouse; and (2) this IRA includes property in which his/her spouse possesses a community property interest. As of July 1, 2017, community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.

Current Marital Status: ☐ **I am not married.** I understand that if I become married in the future, I must complete a new Beneficiary Designation form.

☐ **I am married.** I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign the following consent.

I am the spouse of the above-named IRA Accountholder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional. I hereby give the IRA Accountholder any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by STRATA Trust Company.

Signature of Spouse

Date

Section 7 Designate a Representative (optional)

Complete this section if you wish to designate a Representative on your Account. By designating a Representative ("Representative" or "Rep"), you are appointing the Representative to act as your agent with regard to directives with respect to your Account. Your Representative is not in any way an agent, employee or representative of STRATA Trust Company ("STRATA").

I wish to designate the following person or company as my Representative on my Account according to Article 9.3 of the IRA Custodial Account Agreement.

Your Representative may be your financial professional, broker, or other person or firm you choose. However, it may not be: (1) STRATA or (2) the sponsor of or otherwise affiliated with an investment in your Account.

By designating a Representative on your Account, you give the Representative the power to:

- Authorize instructions and investment directions on your behalf to STRATA.
- Receive copies of any and all correspondence related to your STRATA account, including but not limited to, your account statements.
- Have unlimited access to information regarding your STRATA account.

I understand I may change or remove my Representative designation at any time by completing STRATA's Account Representative Designation form.

<input type="checkbox"/> I do not wish to designate a Representative at this time.			Internal Use Only: Contact ID: _____	
<input type="checkbox"/> I wish to designate the Representative shown below.				
Rep Name		Rep # (if applicable)		
Company Name				
Rep Address		City	State	Zip
Rep Phone	Rep Fax		Rep Email	

Section 8 Designate an Interested Party (optional)

Complete this section if you wish to authorize STRATA Trust Company ("STRATA") the ability to discuss and/or provide information about your account to an individual or company. This individual or company will be the Interested Party ("IP") on your Account, subject to the following terms.

- I understand that my IP may be any individual or company that I choose (except it may not be STRATA).
- By designating the following IP on my Account, I understand that I am granting permission for STRATA to discuss or provide information on my Account with the individual or company named herein.
- I understand that I may change or remove my IP designation at any time in writing by completing STRATA's Interested Party Designation Request form.

<input type="checkbox"/> I do not wish to designate an Interested Party at this time.			Internal Use Only: Contact ID: _____	
<input type="checkbox"/> I wish to designate the Interested Party shown below.				
IP Name				
Company Name				
Address		City	State	Zip
Phone	Fax		Email	

Important: Please read this entire section carefully before signing. We must have a signature to open the account. This Agreement contains important disclosures about your duties and responsibilities with regard to opening a Self-Directed Individual Retirement Account ("Account") with STRATA Trust Company ("STRATA") as your custodian. By signing below, you certify that you received, read, understand and agree to all terms and provisions shown in the Agreement below, including the terms of the attached IRA Custodial Account Agreement (the "Custodial Account Agreement"), Disclosure Statement, IRA Financial Disclosure, and IRA Fee Schedule. In directing this action, you make the following representations, certifications and agreements:

- Appointment of Custodian, Receipt of Custodial Account Agreement and Right to Revoke:** I appoint STRATA as custodian of my Account. I acknowledge that I have received and read the Custodial Account Agreement, Disclosure Statement, IRA Financial Disclosure, and IRA Fee Schedule on the date shown below, and I agree to be bound by the terms and conditions contained in these documents. I understand that within seven (7) days from the date that I open my Account, I may revoke this application and close my Account without a penalty by mailing or delivering a written notice to STRATA.
- Eligibility to Establish IRA:** I represent and certify that I meet the requirements set forth in Section 408 of the Internal Revenue Code (the "Code") and any regulation promulgated by the Internal Revenue Service and/or Department of Treasury to establish an individual retirement account ("IRA") and represent and certify that I am eligible to establish an IRA. Furthermore, I agree that it is not the responsibility of STRATA to advise me as to the legality, validity or the tax implications of any contribution or transaction in my Account.
- Sole Responsibility for Investments:** I understand and agree that my Account is self-directed, which means that I am solely responsible for the management of the assets placed within my Account, including the selection, monitoring, and retention of all investments held within my Account. I understand and agree that STRATA (i) is in no way responsible for providing investment advice or recommendations, as to my Account, (ii) is not a "fiduciary" for my Account as such term is defined in the Code, the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), by the Texas Department of Banking or under any other applicable federal, state or local laws. Furthermore, STRATA has no responsibility to question any investment direction given by me or my Designated Representative, if I have appointed one, regardless of the nature of the investment. I understand that STRATA is in no way responsible for the performance of any investment(s) held within my Account.
- No Due Diligence Review Conducted by Custodian:** I understand and agree that STRATA does not conduct any due diligence review of any investment, nor will STRATA make any investigation with regard to any investment, any issuer or sponsor of any investment, or any officer, director, or other person or entity involved or affiliated with any investment. I understand and agree that STRATA will not review or evaluate the prudence, viability, suitability, legality, or merits of any investment held in my Account. I understand that STRATA permits my Account to invest in a wide variety of investments based on administrative factors only. I acknowledge that STRATA does not sponsor or endorse any investment product other than the FDIC-insured NOW account where any uninvested funds are held.
- Investments Not Guaranteed or Insured and May Lose Value:** I understand and agree that investments held within my Account are not guaranteed by STRATA and that my investments are subject to investment risk, including the possible loss of the principal invested, and that my investments may lose value. I understand and agree that, except to the extent of the cash which is invested in the STRATA Trust Company Custodial Account (which are held at Horizon Bank and/or other Federally insured banks, and are FDIC insured), or directed into other FDIC insured bank products, the investments within my Account are not FDIC-insured, nor are any investments guaranteed by STRATA or Horizon Bank, and that such investments may lose value.
- IRA Fees and Payment Policy:** I acknowledge that I have received, reviewed, and approved the IRA Fee Schedule included with this IRA Application as well as Article XIV of the Custodial Account Agreement, and I agree and consent to timely pay all fees provided therein within 30 days of receiving notice of such fee. Certain custodial fees may be paid for a limited time under a special fee arrangement with an investment issuer or related service company if an Account purchases a qualifying investment. If at any time the investment issuer or related service company elects to discontinue the fee arrangement, I understand that I will become responsible for payment of all fees associated with my Account.
- Indemnification and Hold Harmless:** I agree to indemnify STRATA and their respective principals, officers, directors, shareholders, partners, members, employees, consultants, affiliates and agents, including any legal representatives or controlling persons of any such person (each, an "Indemnified Party"), and to hold each harmless from and against any losses, claims, settlement costs, injury, breach of laws, damages, liabilities, charges, taxes, penalties, or other expenses, including reasonable attorneys' fees, due to or arising out of (i) a breach of any representation, warranty, acknowledgement, certification or agreement contained in this Agreement or in any other document in connection with my establishment and management of my Account, (ii) the execution by STRATA of any direction provided by me with respect to my Account, (iii) any action or inaction by an Indemnified Party with respect to my Account that, although not pursuant to my specific direction, is otherwise contemplated under the terms of this Agreement or the Custodial Account Agreement (iv) any investment whatsoever made with respect to my Account, and (v) any tax consequences relating to my Account, including, without limitation, the tax and withholding requirements on any distributions from my Account.
- Dispute Resolution:** I agree to meet and confer in good faith with STRATA to resolve any problems or disputes that may arise under this Agreement, the Custodial Account Agreement, or any other dispute related to my Account with STRATA. Otherwise, I acknowledge and consent to the dispute resolution provisions outlined in Article 17.5 of the Custodial Account Agreement.

All sections of this Application should be completed to avoid processing delays.

Agreed and accepted by Applicant,



Accountholder Signature

Date

This section to be signed by IRA Custodian.

Accepted by STRATA Trust Company as IRA Custodian:

Authorized Signature of STRATA Trust Company

Date

What's next? STRATA processes applications within 24 hours (Monday-Friday) of receiving a signed application in good order. Shortly afterward, you will receive a welcome package by US Mail. Your welcome package will confirm your account number, and you may then self enroll for online account access at StrataTrust.com. Contact STRATA's Client Service Team with any questions about your new account by calling 1-866-928-9394, Monday-Friday, 8:00 am - 5:30 pm Central Time.

Account Statements: Account statements are issued at the end of each calendar quarter in the months of April, July, October and January. Statements will be delivered to you according to the delivery option you elected in Section 4. You may change how communications are delivered to you at any time by completing our Communications Preference Request form available at StrataTrust.com.

Internal Use Only: New Account Review Initials _____