



# Application for Traditional, Roth, Rollover, & SEP IRA

**See the instructions for Self-Directed Traditional Roth, Rollover & SEP IRA in Section 4 of the application package.**

Check One:

- New Contribution Year 20  Transfer from another IRA  
 Traditional  Roth  Rollover/Traditional  Rollover/Roth  SEP IRA  Inherited Traditional IRA  
 Inherited Roth

### For Roth Accounts Only

Type of Roth IRA: (check one)

- New IRA  
 Conversion IRA (complete the following)  
      Conversion of the entire IRA  
      Partial Conversion, Conversion Amount \$

Conversion from my existing Delaware Charter Guarantee Trust Company d/b/a Principal Trust Company (Principal Trust Company) IRA# \_\_\_\_\_ to a Roth IRA.

Conversion from my existing account at \_\_\_\_\_ to a Roth IRA.

### Please Complete the Following Information

Name \_\_\_\_\_

Street Address (Required)	City	State	ZIP Code
Mailing Address (if different may use P.O. Box)	City	State	ZIP Code
Phone No.	Date of Birth	Social Security No.	

Citizenship

U.S. Citizen  U.S. Citizen living abroad  
 U.S. Citizen with Dual Citizenship with another country - Other Country of Citizenship \_\_\_\_\_  
 Permanent U.S. Resident Alien

### Beneficiary(ies):

**(If more than one Primary beneficiary is listed, make sure percentage is noted and totals 100%)**

Primary Beneficiary(ies)	Percentage	Relationship	Date of Birth	Social Security No.
_____	_____ %	_____	_____	_____
_____	_____ %	_____	_____	_____
_____	_____ %	_____	_____	_____
_____	_____ %	_____	_____	_____

Contingent Beneficiary(ies): (Replaces Primary noted above if all Primary predecease the Contingent)

_____	_____ %	_____	_____	_____
_____	_____ %	_____	_____	_____
_____	_____ %	_____	_____	_____
_____	_____ %	_____	_____	_____

### NOTE:

- Please consult with your tax and/or legal advisor on the enforceability of your beneficiary designation under your particular state laws.
- If your designated beneficiary is your spouse and you divorce, your ex-spouse will remain as your designated beneficiary until you revise your beneficiary designation.
- If you name a trust as your beneficiary Principal Trust requires a copy of the full trust document.

**I appoint Equity Trust Company to serve as Trustee. By making this appointment, I agree to and acknowledge the following:**

1. I have read and understand the Self-Directed Individual Trust Agreement ("Trust Agreement"), Disclosure Statement, and Schedule of Trustee Fees and agree to abide by the terms of the plan documents listed above.
2. I have read and understand the information provided in the Instructions regarding float.
3. I agree to pay all applicable fees described in the Schedule of Trustee Fees, which may be changed from time to time. If I do not pay such Trustee fees directly, I authorize my investment representative as "custodian" to debit such Trustee fees from my retirement plan account in accordance with the Trust Agreement.
4. I understand Equity Trust Company is not an investment advisor and does not supervise or control my investment representative. Equity Trust Company does not endorse any particular investment. I agree to use independent judgment in making my investment decisions.
5. I understand that this is a self-directed account and that I am solely responsible for selecting and managing my investments. I understand that Equity Trust, or their agent, does not have a duty to question my direction (or the direction of any investment manager if one has been appointed for my account in accordance with the Trust Agreement) to purchase any investment in the self-directed brokerage account, to make suggestions regarding the investment, retention, or disposition of any assets held in the account, or to monitor any asset on an ongoing basis.
6. I understand that Equity Trust does not conduct, and has not conducted, a due diligence review of any investment, the issuer or sponsor of such investment, or any officer, director, person, or entity affiliated with such investment. I further understand that Equity Trust does not review, and has not reviewed, the merits of any investment or account transaction or whether it is acceptable under the Employee Retirement Income Security Act of 1974 (ERISA), the Internal Revenue Code (IRC) or any other applicable laws, including securities laws.
7. I represent that I will obtain and read all pertinent information relating to my investments, as applicable (i.e. prospectus, annual reports). I understand that Equity Trust is not responsible for obtaining, providing or retaining this information.
8. I agree to consult with an attorney, tax, and investment advisor to review the suitability of any investment I purchase in the self-directed account, if necessary.
9. I understand that the purchase of alternative investments held outside the self-directed brokerage account requires the brokerage firm of record to have a service agreement with Equity Trust permitting the purchase of such investments and that such purchase is limited to investment in limited liability companies, limited partnerships, private placement stock, unsecured debt instruments, or other investments identified by Equity Trust. In addition, I understand that such purchase requires the investment sponsor to complete the Certification from the Investment Sponsor Form prior to the purchase and I authorize Equity Trust to work with the investment sponsor or issuer as necessary to complete any transactions or obtain required reporting information. I agree that it is my responsibility, as a sophisticated investor, to read and understand all pertinent information related to the investment (i.e. subscription agreements, private placement/offering memorandum, partnership agreements, etc.).
10. I understand that the purchase of foreign investments is prohibited unless the brokerage firm of record has a service agreement with Equity Trust permitting such purchase. I understand that the purchase of a foreign investment may require Equity Trust, as trustee, to file a Report of Foreign Bank and Financial Accounts (FBAR) with the Internal Revenue Service (IRS) and that Equity Trust relies on the brokerage firm or investment sponsor to obtain the information for such a filing. I understand that the purchase of foreign investments may result in additional individual filing requirements and Equity Trust is not responsible and will not provide notice or advice on any individual filing requirements.
11. I understand that if the investment is a promissory note or privately offered debt instrument, I must enter into a note servicing agreement with a third party or myself as agent on a form acceptable to Equity Trust or our agent. I further understand that neither Equity Trust nor the borrower can or will act as the servicing agent. If the servicing agent I appoint becomes unable or unwilling to serve the duties outlined in the agreement, it is my responsibility to appoint another servicing agent and, until one is appointed, I will assume the responsibility of the servicing agent. I understand that Equity Trust will not monitor the payments on the note or the maturity date.
12. I understand that if the investment generates Unrelated Business Taxable Income (UBTI) in excess of the applicable limit for any year, I am responsible for preparing the IRS Form 990-T and paying the appropriate tax amount. I further understand that I must maintain enough cash in the account to pay such tax and that I must send IRS Form 990-T to Equity Trust with written direction to pay such tax. I understand that I am solely responsible for ensuring the tax is paid by the appropriate deadline and that I must provide authorization to Equity Trust to pay the tax at least 30 days before the tax is due to the IRS.

13. I understand that Equity Trust must receive the annual fair market value (FMV) of the each investment(s) as of December 31 by January 31st of the following calendar year in the form of a brokerage or investment statement. Equity Trust does not verify the FMV information provided on the brokerage or investment statement. If we do not receive the FMV, Equity Trust reserves the right to resign as trustee or take such other actions as allowed under the Trust Agreement. I agree to, and shall, pay any charges directly or indirectly associated with the valuation of the investment(s) or with Equity Trust's resignation.
14. I understand that certain transactions are prohibited under IRC §4975 and ERISA §406 and that I am responsible for ensuring that account investments or transactions do not constitute a prohibited transaction.
15. I understand that if an investment cannot be liquidated it is my responsibility to ensure that I can satisfy any mandatory distribution requirements with other IRA investments.
16. I understand that Equity Trust is a non-depository trust company and will not hold negotiable certificates. I also understand that I cannot hold the certificates. I agree that, if an investment issues certificates, I will have established an account with a brokerage firm to hold the certificates and that I have verified with the brokerage firm that it can hold the certificates for this investment. I further agree that if I change brokerage firms it will be my responsibility to ensure the new firm can also hold the certificates and notify Equity Trust of the change.
17. I agree to pay all fees that may be charged by the brokerage firm or investment sponsor to liquidate and/or reregister the account in the event the Equity Trust resigns for any reason.
18. I, hereby agree to indemnify and hold Equity Trust and its respective officers, directors, employees, agents, affiliates, successors, and assigns, harmless from, and against, any and all claims, liabilities, penalties, costs or expenses (including, without limitation, attorney fees and court and legal costs) of any nature whatsoever arising directly or indirectly by reason of, or resulting from, the purchase of the investment(s).
19. If this is an inherited IRA, I certify that the additional information provided below for inherited IRAs is accurate.
20. I certify that the above Social Security number is true and correct.

Applicant's Signature <b>X</b>	Date
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**To be Completed by Representative**

Representative's Name	Firm <b>Wilson-Davis &amp; Co</b>
Address	Individual's Account No.
Phone No.	Email Address

**Approval of Trustee**

The foregoing Application is hereby approved by the Trustee this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Attest \_\_\_\_\_ by \_\_\_\_\_

**Please retain a copy for your records.**

**Additional Information for Inherited IRA (Required for all inherited IRAs)**

**I am the Beneficiary of the following IRA (Completed Decedent Information)**

Name	Date of Birth
Date of Death	Social Security No.
	Account No.

If the decedent's IRA is held at another firm, an Inherited IRA must be established at the other firm before transferring to Equity Trust Company. Please forward a certified copy of the death certificate with the application.

**I am a**

- Spouse Beneficiary
- Non-Spouse Beneficiary \_\_\_\_\_ (example: brother/sister/niece)
- Entity Beneficiary \_\_\_\_\_ (example: charitable institution)
- Trust Beneficiary (Please supply a copy of trust document)

TO: WILSON-DAVIS & Co.

DATE: \_\_\_\_\_

LETTER OF AUTHORIZATION AND INDEMNITY TO OPEN AND MAINTAIN A  
SELF DIRECTED RETIREMENT ACCOUNT

NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

In consideration of your willingness to open a self-directed retirement account at my request, I acknowledge the following:

1. All investment decisions will be mine
2. Wilson-Davis has my permission to use Principal Trust Co. (or Other) as the Trustee for my self-directed retirement account.
3. I acknowledge that there are trustee fees in connection with the account, and that I have received the disclosure statement.

I hereby agree to indemnify and hold harmless for all investment decisions and at all times to defend, indemnify and save you and your principal, their successors and assigns, free and harmless from and against any and all claims, whether groundless or otherwise, and from and against any and all liabilities, losses, damages, charges and other expenses of nature and character by reason of your accepting my self-directed retirement account.

I hereby agree to pay all fees incurred in connection with my account.

\_\_\_\_\_  
SIGNATURE