TRADITIONAL IRA

# IRA Simplifier®

**Individual Retirement Account Application**

| IRA HOLDER'S NAME AND PHYSICAL ADDRESS (PO Box Not Permitted – Also Include Mailing Address if Different from Physical Address) | IRA CUSTODIAN'S NAME, ADDRESS AND PHONE |
|---|---|
| | **GOLDSTAR TRUST COMPANY**<br>**P.O. BOX 719**<br>**CANYON, TX 79015-0719**<br>**800-486-6888** |

| Social Security Number | Home Phone | Business Phone |
|---|---|---|
| | | |

| Date of Birth | E-mail Address |
|---|---|
| | |

**IRA Account Identification**

☐ Check here if this is an amendment to an existing IRA.

**CONTRIBUTION INFORMATION**

| Contribution Date | Contribution Amount | Contribution For Tax Year* |
|---|---|---|
| | | |

**Only applicable for regular contributions (including spousal and catch-up contributions).*

**Traditional IRA Contribution Type**

☐ Regular ☐ SEP IRA
☐ Transfer ☐ Recharacterization
☐ Rollover *(including a direct rollover from an employer's plan)*

**DESIGNATION OF BENEFICIARY(ies)**

The following individual(s) or entity(ies) shall be my primary and/or contingent beneficiary(ies). **If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary.** If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. Multiple contingent beneficiaries with no share percentage indicated will also 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.

| No. | Beneficiary's Name and Address | Date of Birth | Social Security Number | Relationship | Primary or Contingent | Share % |
|---|---|---|---|---|---|---|
| 1. | | | | | ☐ Primary ☐ Contingent | % |
| 2. | | | | | ☐ Primary ☐ Contingent | % |
| 3. | | | | | ☐ Primary ☐ Contingent | % |
| 4. | | | | | ☐ Primary ☐ Contingent | % |
| 5. | | | | | ☐ Primary ☐ Contingent | % |

**SPOUSAL CONSENT**

*This section should be reviewed if either the trust or the residence of the IRA holder is located in a community or marital property state and the IRA holder is married. 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 IRA Designation Of Beneficiary form.

☐ **I Am Married** – I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.

**CONSENT OF SPOUSE**

I am the spouse of the above-named IRA holder. 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 holder 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 the Custodian.

(Signature of Spouse) (Date)

(Signature of Witness) (Date)

**SIGNATURES**

*Important: Please read before signing.*
I understand the eligibility requirements for the type of IRA deposit I am making and I state that I do qualify to make the deposit. I have received a copy of the Application, the 5305-A Plan Agreement, the Financial Disclosure and the Disclosure Statement. I understand that the terms and conditions which apply to this IRA are contained in this Application and the Plan Agreement. I agree to be bound by those terms and conditions. Within seven (7) days from the date I open this IRA I may revoke it without penalty by mailing or delivering a written notice to the Custodian.

I assume complete responsibility for:
1. Determining that I am eligible for an IRA each year I make a contribution.
2. Ensuring that all contributions I make are within the limits set forth by the tax laws.
3. The tax consequences of any contribution (including rollover contributions) and distributions.

I expressly certify that I take complete responsibility for the type of investment instrument(s) I choose to fund my IRA, and that the Custodian is released of any liability regarding the performance of any investment choice I make.

(IRA Holder) (Date)

(Broker Representative) (Date)

(Authorized Signature of Custodian) (Date)


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