



Please return original to:

Regular Mail: P.O. Box 26903 San Francisco, CA 94126-6903
Overnight Delivery Only: 450 Sansome Street, Fl. 14 San Francisco, CA 94111-3306

IRA Application

Call 866-818-4IRA (4472) for help completing this form.

I. Depositor Information

Form fields for Depositor Information including First Name, Middle Last, Suffix, Date of Birth, Social Security #, Online Login Password, Primary Phone #, Secondary Phone #, Fax #, Physical Address, Mailing Address, and Email Address.

2. Type of Account

Form fields for Type of Account: IRA, SEP IRA, Roth IRA

3. Beneficiary Designation

Please Note: For primary beneficiaries that are Trusts, Wills, or Estates, please include a copy of the related legal documents (i.e. beneficiary and signature pages). Primary shares and secondary shares each must each add up to 100%. If you have more than two beneficiaries, please provide their information on our Additional Beneficiaries Form. You can download this form at www.PENSCOTrust.com.

Primary (required)

Form fields for Primary Beneficiary Designation including Primary Share Percentage, Name of Individual, Trust, Will, Institution, etc., Relationship to the Depositor, Social Security # / Tax ID, Date of Birth, and Address.

Additional Primary or Secondary (optional; if supplying, please check whether Primary or Secondary)

Form fields for Additional Primary or Secondary Beneficiary Designation including Primary Share Percentage, Secondary Share Percentage, Name of Individual, Trust, Will, Institution, etc., Relationship to the Depositor, Social Security # / Tax ID, Date of Birth, and Address.

4. Spousal Consent

Spousal signature required if the Primary Beneficiary is other than the spouse and the Depositor is subject to laws of a community property state. I consent to the above Beneficiary Designation:

Spousal Signature and Date fields

For Office Use Only

Form fields for Office Use Only including checkboxes for Book, Set Up, and Officer Review/Acceptance.

5. Credit Card Information (required)

Name of Cardholder (as it appears on card) _____
Card Type: Visa American Express MasterCard Express
Credit Card # _____ Expiration Date _____
Month Year

By signing here, I acknowledge that I have read and agree with Paragraph 16, c. of the IRA Owner Agreement and Disclosure Statement, Additional Provisions.

Cardholders's Signature _____ Date _____

6. Fees Please refer to the fee schedule in the IRA Owner Agreement and Disclosure Statement.

Set Up Fee Options: Credit Card - Please charge the \$50 Set-Up fee. OR Check - I have enclosed a check for \$50 made payable to PENSICO Trust.
Maintenance Fee Options: Credit Card - A maintenance fee so paid may be tax-deductible. Please consult your tax advisor. OR Debit IRA - Please deduct maintenance fee from my IRA's Cash Reserve Account (not tax-deductible). If you do not indicate a preference, PENSICO Trust will default to debiting your IRA.

7. Designated Representative Complete this section to authorize PENSICO Trust to release account information to and/or receive investment instructions from this third party. This person may be your spouse, financial advisor or anyone else you choose. They may not be a PENSICO Trust representative. This Designated Representative must sign the bottom of this application where indicated.

SELF - Check here if you do not wish to designate an additional account representative. You may always add one at a later date by completing a Designated Representative Update/Change Request form.
Designated Representative's First Name _____ Middle Last _____ Suffix _____
Company Name (optional) _____
Address _____
City _____ State _____ Zip Code _____
Primary Phone # _____ Secondary Phone # _____ Fax # _____
Email Address _____

8. Funding How will you be funding this account? Check each box that applies and write in your estimated dollar amount. You must provide an IRA Funding Form for any method other than a contribution. Please Note: PENSICO Trust requires that no less than \$100 remain 'uninvested' in the Cash Reserve portion of your IRA at all times. Make sure to consider this minimum cash balance requirement, as well as any fees that may occur, when funding your account.

Transferring/Rolling over qualified funds: You must complete an IRA Funding Form.
 Rollover of Distributed IRA Funds..... \$ _____
 Direct Rollover(s) from an employer-maintained plan..... \$ _____
(i.e., 401k, 403b, Profit Sharing Plan)
 Transfer(s) from other IRA(s)..... \$ _____
Contributing discretionary funds: You do not need to complete an IRA Funding Form. Simply send a check with your application made payable to 'PENSICO Trust Co. Custodian FBO, depositor's name, IRA' and indicate the contribution year in the Memo section.
 Contribution for last tax year: 20 _____ \$ _____
 Contribution for current tax year: 20 _____ \$ _____
(e.g., '06')

9. Referral Thank you for choosing PENSICO Trust Company! Fill out this section to let us know how you heard about us.

Direct Mail News Article Convention/Tradeshaw Internet Search Printed Advertisement Seminar/Webinar/Teleseminar Radio/TV Other _____
Referral Codes (optional):
Organization: _____ Preferred Professional ID: _____
Sales Person: _____ Preferred Professional's Last Name _____

10. Depositor's Representations

The Depositor acknowledges that:
1. He or she has received and read, and understands, the Custodial Agreement, Disclosure Statement and Fee Schedule found in the IRA Owner Agreement and Disclosure Statement for the PENSICO Trust Co. IRA that the Depositor is establishing; and
2. Such Custodial Agreement, Disclosure Statement and Fee Schedule set forth, among other things, the duties, limitations on duties, and rights of the Depositor, PENSICO Trust and PENSICO, Inc. By signing this application below, the Depositor accepts and agrees to all of the terms and provisions of the Custodial Agreement, Disclosure Statement and Fee Schedule, and warrants that all the information provided by Depositor in this application is true.

Depositor's Signature _____ Date _____
Designated Representative's Signature _____ Date _____

Leave blank unless you have indicated a Designated Representative in Section 7.

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Custodian's Signature (PENSICO Trust) _____ Date Accepted _____

What's Next? PENSICO Trust processes applications within 24 hours of receiving the original of this form. The Depositor will then automatically receive notification by email with the new account number. Shortly thereafter, the Depositor will receive a welcome package from PENSICO Trust via regular mail. Contact client services with questions about your new account at clients@pensico.com or by calling 800-969-4IRA (4472).