

INDIVIDUAL RETIREMENT ACCOUNT

Rep#: _____ Account: _____

1. PERSONAL INFORMATION (Must Complete)

Full Name of Participant (First, Middle, Last)			Name of Correspondent Broker		
Residence Address (P.O. Box not sufficient)					
City	State	Zip	Marital Status		
Mailing Address (if different from Residence)			Date of Birth		
Attn:					
Address			Soc. Sec. #		
City	State	Zip	Citizenship		

BENEFICIAL OWNERSHIP DISCLOSURE ELECTION

In connection with securities positions held by us for your benefit, Rule 14b-1(c) of the Securities Exchange Act requires us to disclose to an issuer the name, address and securities position of each beneficial owner of such issuer's securities, unless the beneficial owner objects to such disclosure. If you object to the disclosure of such information, check the box below:

Yes, I do object to the disclosure of this information.

2. IRA ACCOUNT TYPE (Check One Only)

TRADITIONAL

ROTH

CONTRIBUTORY IRA ACCOUNT

SEP IRA ACCOUNT

Attach copy of Simplified Employee Pension "SEP" Agreement.

SAR-SEP IRA ACCOUNT

Attach copy of Salary Reduction Simplified Employee Pension "SAR-SEP" Agreement.

IRA ROLLOVER HOLDING ACCOUNT

INHERITED

Traditional or

Roth

Attach copy of death certificate and previous account statement.

ROTH IRA ACCOUNT

3. SOURCE OF INITIAL CONTRIBUTIONS (Check all applicable boxes)

NEW FUNDS

\$ _____ for Year _____ \$ _____ for Year _____

CONVERSION OF ASSETS (Attach copy of Previous Account Statement)

- Use for conversions of assets from a Traditional IRA to a Roth IRA.

TRANSFER OF ASSETS (Complete Account Transfer Form)

ROLLOVER OF IRA ASSETS (Attach copy of Previous Account Statement)

- Use for contributions of assets received from another IRA account within the past 60 days.

ROLLOVER OF QUALIFIED PLAN TRUST ASSETS (Attach copy of Previous Account Statement)

- Use for contributions of assets directly rolled over from a qualified employee retirement plan.

- Use for contributions of assets received from a qualified employee retirement plan within the past 60 days.

4. BENEFICIARY DESIGNATION (Must Complete)

I hereby designate the following person or persons as primary and contingent Beneficiaries:

A. Primary Beneficiary (ies)

Name	Soc. Sec. #	Date of Birth	Relationship	% Benefits
Name	Soc. Sec. #	Date of Birth	Relationship	% Benefits
Name	Soc. Sec. #	Date of Birth	Relationship	% Benefits

B. Contingent Beneficiary (ies)

Name	Soc. Sec. #	Date of Birth	Relationship	% Benefits
Name	Soc. Sec. #	Date of Birth	Relationship	% Benefits
Name	Soc. Sec. #	Date of Birth	Relationship	% Benefits

I elect that at my death the interest in my IRA account under the IRA Plan shall become the property of the primary Beneficiary(ies); if no primary Beneficiary survives, then of the contingent beneficiary(ies); and if no contingent Beneficiary(ies) survives, or if the Custodian cannot locate a designated Beneficiary, then the Custodian shall distribute the amounts payable to my estate. I reserve the right to revoke or change this Beneficiary designation. I understand that such change or revocation must be tendered in writing as specified in the IRA Plan. If no allocation of benefits is made, funds will be divided equally.

SPOUSAL CONSENT. If the Account Holder is married and the Account Holder’s spouse is not designated as the sole primary beneficiary, the written consent of the spouse is required.

I hereby consent to the beneficiary designation(s) indicated above and give the Account Holder any interest I have in the funds or property deposited in this IRA. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the custodian.

_____ (Full Signature of Spouse) _____ (Date)

Adopted by Participant: _____ (Signature)

Parent or Guardian: _____
(If participant is under 18 years of age, parent or guardian must also sign and date above)