## TRADITIONAL IRA ADOPTION AGREEMENT

I.	ACCOUNT INFORMATION	N (This Adoption Agreeme	nt may only be	used in conju	nction with	the Traditio	nal IRA plan	document stipulate	ed by the (	Custodian.)
	I hereby designateas the financial organization.			ACCOUN NUMBER:				ACCOUNT	-1-	RR
II.	PARTICIPANT INFORMAT	ION								
	NAME:	GE	NDER: \_\nabla	Л <u></u> F	DA	TE OF BIR	гн:	/ /		
	MAILING ADDRESS:	CI	TY:		STA	ATE:	ZIP:			
	TELEPHONE:		soc	CIAL SECUR	ITY NUME	BER:				
III.	CUSTODIAL ACCOUNT (P	articipant hereby establish	nes the followin	ng Custodial /	Account)					
	_	□ ROLLOVER IRA □ INHERITED/BENEFICI		attach a	(MUTUAL	ur employ		available for SEI 305-SEP or Proto		JNTS;
	FOR SEP IRA ONLY, PLEASE PRO	OVIDE YOUR EMPLOYER'S	TAX IDENTIF	ICATION NU	MBER:	_				
IV.	MUTUAL FUND ONLY (To e	stablish a MUTUAL FUND	ONLY Tradition	onal IRA, be s	ure to checl	k the MUTL	IAL FUND O	NLY box)		
	☐ MUTUAL FUND ONLY									
	Note: Mutual fund only accarded account, you cannot comm						IRA. If you	select a mutual	l fund oi	nly
٧.	UNINVESTED CASH									
	The Participant understands that any idle cash in the IRA will be invested in a money market fund, deposit account, or other investment made available through your financial organization, unless the Participant elects otherwise by checking the box below. Any such investment of idle cash is made pursua a prospectus or other offering document, which the Participant should obtain from his or her financial organization.   DO NOT INVEST IDLE CASH. (The Participant understands that the Custodian has no responsibility to credit interest on uninvested cash in any IR									
	<sup>1</sup> For more complete information carefully before you invest.	n about the money market f	und, including	charges and	expenses, rec	quest a pros	pectus from y	our financial organ	nization. I	Read it
VI.	BENEFICIARY DESIGNATION	ONS								
	MARITAL STATUS: Single The following shall be my Be the percentages to which such I per stirpes.  Note: For specific beneficiary p	neficiary or Beneficiaries Beneficiary or Beneficiarie	s of this IRA. s are entitled,	If I designate payment will	e more than be made to	one prima the surviv	ing Beneficia	ary or Beneficiarie	out do no s in equal	t specify shares
	PRIMARY BENEFICIARIES									
	NAME	GENDER M/F RELA	TIONSHIP DA	TE OF BIRTH	SOCIAL SECU	RITY NUMBE	R 	ADDRESS		PERCENTAGE



	GENDER MYT	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	ADDRESS	PERCE
SPOUSAL CONSENT (If prima				ou annotat announce, status in	-ll:	4 TV \A/A
If you are married, reside in a cor Beneficiary, your spouse must sig the spouse of the above-named ac obligations. Due to the importan account holder any interest I hav responsibility for any adverse con	mmunity property gn this form below. ccount holder. I ac nt tax consequences te in the funds or p	or marital prop In addition, it knowledge tha of giving up re roperty deposi	perty state, and f required in you t I have received ny interest in th ted in this IRA a	designate someone other that ir state, the form must be sign a fair and reasonable disclo- is IRA, I have been advised and consent to the Beneficia	in your spouse as your sole, prigned in the presence of a Nota sure of my spouse's property a to see a tax professional. I here ry designation(s) indicated abo	mary ry Public. nd financi by give the
SIGNATURE OF SPOUSE: (Requi	ired in community or m	arital property sta	ates)		DATE:	
PRINT NAME:						
REQUIRED NOTARIZATION O	E SDOLISE'S SIGNI	ATI IDE				
•						
State of						
			ss:			
County of						
personally known to me or proved	d to me on the basis	of satisfactory	evidence to be t	he individual whose name is	subscribed to the within instru	ment and
personally known to me or proved acknowledged to me that he/she e of which the individual acted, exec	executed the same ir	ı his/her capaci	evidence to be t ity, and that by l	efore me, the undersigned, p he individual whose name is iis/her signature on the instr	subscribed to the within instru ument, the individual or the pe	ment and rson upon
acknowledged to me that he/she e of which the individual acted, exec	executed the same ir cuted the instrumer	ı his/her capaci	ity, and that by l	nis/her signature on the instr	subscribed to the within instru ument, the individual or the pe	rson upon
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CERTIFICATION  I understand the eligibility requir Pershing LLC Individual Retiren IRA are contained in this Pershir conditions. If I elect to make a rot to this IRA and I have met the re advised to consult with a tax prof responsibility for establishing this I hereby irrevocably designate the Custodial Plan. I AGREE THAT PAGE 9 IN THIS AGREEMENT.	rement for the type nent Custodial Accage LLC Individual ollover contribution requirements for ma fessional. All informs IRA and for rollo er rollover of funds of THIS AGREEMEN	of IRA deposition of IRA depos	its I make and I Disclosure Stat istodial Accountr, I hereby cert : Due to the im id by me is true is and will not h rty as rollover co	state that I qualify to make ement. I understand that the Plan and Disclosure Staten fify that I understand the rol portant tax consequences of and correct and may be relicold the Custodian liable for contributions. I hereby adopt	the deposit. I have received a ce e terms and conditions which a nent. I agree to be bound by the lover rules and conditions as the rolling over funds or property and upon by the Custodian. I as any adverse consequences that the Pershing LLC Individual	opy of the upply to the cose terms hey pertain I have bed sume full may resu Retiremen
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Operations Manager Signature

Date

Date

Investment Professional Signature (If applicable)