



# Account Application

Date Stamp  
(Office use only)

This is a fillable PDF form. To complete the form, click in an area and type.

## Personal Information (All information in this section is required)

☐ Mr. ☐ Ms. ☐ Mrs. ☐ Dr. **Legal Name:** \_\_\_\_\_  
First, Middle, Last

**Legal Address:** \_\_\_\_\_  
(P.O. Box not allowable. Must be legal residence.)

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(If different than above)

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** ●● / ●● / ●●●● **Social Security Number:** ●●● - ●●● - ●●●●●●

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Occupation** (If retired, must state former occupation): \_\_\_\_\_ **Industry:** \_\_\_\_\_

**County of Residence:** \_\_\_\_\_ **Marital Status:** ☐ Single ☐ Married ☐ Widowed or Divorced

**Would You Like Online Access?** ☐ Yes ☐ No **Would You Like Quarterly Statements?** ☐ Yes ☐ No

**Email Address:** \_\_\_\_\_

## Account Type (Please select one)

- ☐ **Traditional IRA**  
(IRS Form 5305)
- ☐ **ROTH IRA**  
(IRS Form 5305 RA)
- ☐ **SEP IRA**  
(IRS Form 5305-SEP needed to open account)
- ☐ **SIMPLE IRA**  
(IRS Form 5305-Simple needed to open account)
- ☐ **Health Savings Account** - Please select one of the following: ☐ Self Coverage ☐ Family Coverage  
(IRS Form 5305-C)
- ☐ **Beneficiary IRA** - This option applies to beneficiaries of deceased parties only - Please select one of the following:  
☐ Traditional IRA ☐ ROTH IRA ☐ SEP IRA ☐ SIMPLE IRA

## Application Fee

☐ **Check** (Made payable to Vantage) ☐ **Visa** ☐ **MC** ☐ **Discover** ☐ **AMEX** ☐ **Keep Credit Card On File**

**Name On Card:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_ **Exp.:** \_\_\_\_\_ **CVC:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Workshop Code** (If Applicable): \_\_\_\_\_ **Date Of Workshop Attended:** \_\_\_\_\_

## Beneficiary Designation

*If designating a Trust as the beneficiary, please include a copy of the Trust Abstract.*

Legal Name: \_\_\_\_\_ ☐ Primary ☐ Contingent

Date Of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Share: \_\_\_\_\_

Legal Name: \_\_\_\_\_ ☐ Primary ☐ Contingent

Date Of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Share: \_\_\_\_\_

Legal Name: \_\_\_\_\_ ☐ Primary ☐ Contingent

Date Of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Share: \_\_\_\_\_

Legal Name: \_\_\_\_\_ ☐ Primary ☐ Contingent

Date Of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_ Share: \_\_\_\_\_

## Spousal Consent *(Only required if your spouse is not the primary beneficiary - see note below).*

The consent of spouse must be signed only if all of the following conditions are present:

- a. Your spouse is living;
- b. Your spouse is not the sole primary beneficiary named; and
- c. You and your spouse are residents of a community property state (such as AZ, CA, ID, NV, MN, TX, WA, or WI).

I am the spouse of the account holder listed above. I hereby certify that I have reviewed the Beneficiary Designation and I understand that I have a property interest in the account. I hereby acknowledge and consent to the above Beneficiary Designation other than, or in addition to, myself as primary beneficiary. I further acknowledge that I am waiving part or all of my rights to receive benefits under this plan when my spouse dies.

I, \_\_\_\_\_ hereby consent to the above Beneficiary Designation.  
*(Please type or print name)*

Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Interested Party Authorization

I hereby authorize Administrator to provide the individual named below access to information contained in my Account. I understand that this authorization relates only to information and that the named individual may not conduct transactions on my behalf. I understand that I may revoke this authorization by providing written notice to Administrator at any time.

Interested Party Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

## How Did You Hear About Us?

☐ Internet ☐ Advertisement ☐ TV ☐ Radio ☐ Other Referred By: \_\_\_\_\_

# Appointment of Custodian, Investment Direction and Important Disclosures. (Continued)

## Your signature is required. Please read before signing.

The account holder shown on the front of this application must read this agreement carefully and sign and date this part. By signing this application, you acknowledge the following:

### Administrator Role:

I, the undersigned Account Owner, understand that Vantage Retirement Plans, L.L.C. ("Administrator") provides certain record keeping and administrative services in connection with self-directed retirement accounts on the behalf of the appointed custodian of the account ("Custodian"). I am making this application (my "Account Application") for Custodian to become the custodian of my self-directed retirement account (my "Account") and for Administrator to provide services to Custodian and me in connection with my Account. Custodian is identified in the applicable IRS Form 5305 made available to me separately. I understand that Custodian has delegated certain responsibilities and duties in connection with my Account to Administrator pursuant to the terms of a Custodial Account Agreement. I understand that this Account Application, including the terms and conditions of the Documents (defined below), sets forth the terms of my relationship with Administrator and Custodian. I understand and agree that Administrator provides services as a record keeper and administrator, and that no communication between me and Administrator, whether by e-mail, U.S. Mail, facsimile, direction/authorization letter, or otherwise, creates a contractual relationship. For purposes of this Account Application, the terms Administrator and Custodian include their agents, assigns, joint ventures, licensees, franchisees, affiliates, and/or business partners.

### Appointment:

I hereby appoint Custodian as the custodian of my Account and Administrator as the administrator of my Account. Administrator may change custodians at any time to any institution permitted by law. I understand that the appointment set forth herein does not create a fiduciary relationship between me or my Account and Administrator or Custodian. Administrator and Custodian may communicate with me by e-mail, and I will regularly check the e-mail address(es) that I provide to Administrator. I will provide written notice to Administrator within ten (10) days of any change in the contact information provided to Administrator. Administrator may cease providing services and resign as administrator if I do not respond to written correspondence from Administrator or fail to pay Administrator's fees.

### Adequate Information:

I acknowledge that I have received a copy of the Fee Schedule and have had an opportunity to review the appropriate IRS Form 5305 for my type of account, and that from time to time Administrator will provide further documents and forms for my information and use in connection with my Account (all documents provided or made available to me by Administrator relating to my Account are hereafter collectively referred to as "Documents"). I understand that the Documents contain terms and conditions which apply to my Account, and I agree to be bound by those terms and conditions, as they may be amended from time to time. The failure to immediately notify Administrator in writing of my objection to a term or condition of a Document is deemed a waiver of such an objection. If this Application relates to an individual retirement account (an "IRA"), I understand that I may revoke the Application without penalty by delivering written notice to Custodian within seven (7) days from the date that I submit this Application to Administrator. I have received sufficient information from Administrator to make this Account Application. I have had the opportunity to request further information, and I am satisfied with the information that I have been provided. I understand that failure to submit a signed Fee Schedule with this Account Application may result in fees based on value of assets as set forth in the Fee Schedule.

### Responsibility for Tax Consequences:

I assume all responsibility for any tax consequences or penalties that may result from making contributions to, transactions with, or distributions from my Account. I am authorized and of legal age to establish this Account and make investment purchases permitted under the Plan Agreement offered by Custodian. I assume complete responsibility for: (i) determining that I am eligible for an Account transaction that I direct Custodian or Administrator to make on my behalf; (ii) insuring that all contributions I make are within the limits set forth by tax laws; and (iii) the tax consequences of any contribution (including rollover contributions and distributions). I acknowledge that no tax advice has been or will be provided to me by Custodian or Administrator.

I certify under penalty of perjury that: (i) I have provided you with my correct Social Security or Tax I.D. Number; and (ii) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service ("IRS") that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (c) the IRS has notified me that I am no longer subject to backup withholding. You must cross out item (ii) if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return. I am aware that the IRS does not require my consent to any provision of this document other than the certification required to avoid backup withholding.

### Investment Instructions:

Until such time as I change or revoke the designation, I hereby instruct Custodian to follow the investment directions which I provide to Administrator relating to my Account. Investment directions must be in the form of an executed Administrator approved direction letter. Administrator will not accept verbal investment directions. Administrator may accept and act in accordance with electronic copies of signed direction letters or other Documents. Administrator does not verify any signatures and I am responsible for any damages associated with falsified or forged information or signatures. In taking any action related to my Account, Custodian and Administrator may act solely on my instruction, designation, or representation. I understand that I am responsible for providing true, correct, and complete information in any instruction to Custodian or Administrator and that Custodian and Administrator are not responsible for any damages caused by or related to incomplete or incorrect information, misleading or impossible instructions, or falsified or forged information or signatures contained in a direction to Custodian or Administrator.

### Account Responsibility:

The Account is established for the exclusive benefit of me or my beneficiaries. I take complete responsibility for the type of investment instrument(s) with which I choose to fund my Account. I further understand that my Account is self-directed and that Administrator and Custodian will not conduct any investigation or due diligence or review the merits, legitimacy, appropriateness, security, and/or suitability of any investment. I understand that I am solely responsible for conducting all due diligence and all other investigation or research that a reasonably prudent investor would undertake prior to making any investment, including, but not limited to, title and lien searches. I understand that it is my responsibility to review any investments for all investment risks and to ensure compliance with these requirements. I also understand and agree that Administrator and Custodian are not required to take any action should there be any default with regard to any investment in connection with my Account.

### Release; Indemnification; Litigation Costs:

I understand and agree that Administrator does not offer and will not provide, through its website, workshops, or otherwise, any

Under penalty of perjury, I certify that I have examined this Application, including all accompanying documents, and to the best of my knowledge and belief, the Application is true, correct, and complete. I have carefully read this document and I understand its contents. I understand that upon signing below, this document becomes a legally enforceable agreement under which I will be giving up rights and potential claims. I have been encouraged to have legal counsel review this agreement before signing it. I understand that no person associated with Administrator or Custodian has authority to agree to anything different than as set forth in this Application. I hereby agree to participate in the Individual Retirement Custodial Account offered by Custodian. I direct that all benefits upon my death be paid as indicated above. In the event that the Account is a rollover contribution, I hereby irrevocably elect, pursuant to the requirements of Section 1.402(a)(5)-11 of the IRS regulations, to treat this contribution as a rollover contribution. If I named a beneficiary which is a Trust, I understand I must provide certain information concerning such Trust to Custodian and Administrator. I authorize Custodian to deduct the annual fees and other charges from my Account. I acknowledge that I am responsible for determining my eligibility to participate in this Account, the amount and deductibility of any contributions made in connection with the Account, and the taxation of any distribution from my Account. **PLEASE PRINT, SIGN, AND MAIL THIS FORM TO ADMINISTRATOR. DO NOT EMAIL THIS FORM AS IT CONTAINS SENSITIVE FINANCIAL INFORMATION.**

investment advice, structure, guidance, or strategies, or any tax advice, legal advice, due diligence, research, recording or title services, or endorsement of professional relationships ("Advisory Activities"). I understand and agree that Administrator has not made, through its website, workshops, or otherwise, and I am not relying upon, any representations, warranties, promises, or guarantees regarding any investment, including, but not limited to, the quality of an investment, investment performance, preservation of capital, return on capital, feasibility of an investment strategy, security lien positions, placement of security interests, the credibility of business practices, ethics of any kind, or an investment's compliance with the Employee Retirement Income Securities Act ("ERISA"), the Internal Revenue Code ("IRC"), or any applicable federal, state, or local law, including securities laws ("Investment Representations"). If I desire any Advisory Activities or Investment Representations, I will not look to or rely on Administrator, in the broadest sense, but will consult with an appropriate legal, accounting, or financial professional.

I am aware of the transactions prohibited by Internal Revenue Code Section 4975 ("Prohibited Transactions") and I will not participate in or request Administrator to participate in any Prohibited Transaction.

Understanding that Administrator will not provide Advisory Activities, make Investment Representations, or participate in Prohibited Transactions, I release Administrator from any claims regarding Advisory Activities, Investment Representations, and Prohibited Transactions, in the broadest sense. Specifically, I release and forever discharge Administrator, and covenant not to directly or indirectly sue for or otherwise assert against Administrator, in any forum, and all claims of any nature whatsoever, which I had, now have, or may claim to have against Administrator, arising out of or related to Advisory Activities, Investment Representations, or Prohibited Transactions. This release extends to all claims, whether known or unknown, present or future. It is my intention to fully, finally, and forever release any claims regarding Advisory Activities, Investment Representations, or Prohibited Transactions, and in furtherance of this intention, this release remains in effect as a full and complete release notwithstanding the discovery of any additional claims or facts.

In the event I am transferring my Account from another custodian and/or administrator, I will not hold Custodian or Administrator liable or responsible for anything done or omitted in connection with my Account prior to the date Custodian is in possession of all of the assets in connection with my Account. Neither Custodian nor Administrator has any duty or responsibility to inquire into or take any action with respect to any acts performed by a prior custodian or administrator.

I hereby indemnify and hold harmless Administrator and Custodian from and against any and all damages, liabilities, obligations, penalties, fines, judgments, claims, deficiencies, losses, costs, expenses, assessments (including without limitation, interest, penalties, and reasonable attorneys' fees) arising out of or resulting from: (i) any action taken by Administrator or Custodian in reliance upon my instructions, designations, or representations; (ii) any action taken by Administrator or Custodian in the exercise of any right, power, or duty of Custodian or Administrator; (iii) any Prohibited Transaction; (iv) any claim made by a third-party related to my Account whereby Administrator or Custodian is named as a party; and (v) any act or omission by a prior custodian or administrator.

In the event of any claim or damage subject to the foregoing indemnification, Administrator and Custodian may: (i) at their sole discretion, select their own attorneys to represent them; and deduct from my Account amounts sufficient to pay for any damages, costs, and expenses associated with such claim, including, but not limited to, all in internal costs and attorneys' fees and costs incurred by Administrator or Custodian in connection with such claim (collectively, "Litigation Costs"). If there are insufficient funds in my Account to fully reimburse Administrator and Custodian for all Litigation Costs, upon demand by Administrator or Custodian, I will promptly reimburse Administrator and/or Custodian the outstanding balance of the Litigation Costs. If I fail to promptly reimburse the Litigation Costs, Administrator and Custodian may seize and/or liquidate any of my assets under their control, and/or initiate legal action in order to obtain full reimbursement of the Litigation Costs.

If any provision of this Application is found to be illegal, invalid, void, or unenforceable, such provision is severed and such illegality or invalidity does not affect the remaining provisions, which remain in full force and effect.

### Important Information for Opening a New Account:

To comply with the USA PATRIOT ACT, Administrator has adopted a Customer Identification Program which requires that all accounts include a copy of an unexpired, photo-bearing, government-issued identification (e.g., driver license or passport) of the Account holder. The copy must be readable so we can verify the client's name and driver's license number or state issued ID number.

### Electronic Communications, Signatures, and Records:

Subject to any limitations contained in Treasury Regulation section 1.401(a)-21 and any other applicable federal or state law or regulation, Depositor acknowledges and agrees that the Custodial Account shall be subject to the provisions of the Uniform Electronic Transactions Act, as passed in the state where the Custodian is organized (Kansas Statutes Annotated (KSA) Sections 16-601 et seq.), and the federal Electronic Signature in Global and National Commerce Act (ESIGN Act, as contained in 15 U.S.C. 7001), as those laws pertain to electronic communication, electronic signatures, and electronic storage of Custodial Account records. Pursuant to KSA section 9-1130(f), in lieu of the retention of the original records, Custodian may cause any, or all, of its records, and records at any time in its custody, to be photographed or otherwise reproduced to permanent form, and any such photograph or reproduction shall have the same force and effect as the original thereof and may be admitted in evidence equally with the original.

I understand that if the services of Administrator or Custodian were marketed, suggested, or otherwise recommended by any person or entity, such as a financial representative or investment promoter, such persons or entities are not in any way agents, employees, representatives, affiliates, partners, consultants, or subsidiaries of Administrator or Custodian. I acknowledge that neither Administrator nor Custodian is responsible for or bound by any statements, representations, warranties, or agreements, made by any such person or entity.

### Privacy:

I understand that Administrator will not release information about me to others unless I or a representative whom I have authorized in writing have consented or asked Administrator to do so, or Administrator is required by law or other regulatory authority. I understand that I can view Administrator's complete privacy policy on Administrator's website at [www.vantageiras.com](http://www.vantageiras.com).

## ORIGINAL DOCUMENTS ARE REQUIRED TO PROCESS NEW ACCOUNT APPLICATIONS

Account Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

An incomplete application will be discarded if not completed within 30 days of submitting. A new application will be required to open an account.

Vantage, as agent for Custodian: \_\_\_\_\_

Date: \_\_\_\_\_