Print

ROTH IRA Simplifier®

ROTH INDIVIDUAL RETIREMENT ACCOUNT APPLICATION

PART 1. ROTH IRA OWNER

Name *(First/MI/Last)* _____

Address Line 1 _____

Address Line 2 _____

City/State/ZIP _____

Social Security Number _____

Date of Birth _____ Phone _____

Email Address _____

Account Number _____

PART 2. ROTH IRA CUSTODIAN

To be completed by the Roth IRA custodian

Name _____

Address Line 1 _____

Address Line 2 _____

City/State/ZIP _____

Phone _____ Organization Number _____

☐ *This is an amendment to an existing Roth IRA.*

PART 3. CONTRIBUTION INFORMATION

Contribution Amount _____ Contribution Date _____

CONTRIBUTION TYPE *(Select one)*

☐ **1. Regular** *(Includes catch-up contributions)*

Contribution for Tax Year _____

☐ **2. Rollover** *(Distribution from a Roth IRA or eligible employer-sponsored retirement plan that is being deposited into this Roth IRA)*

By selecting this transaction, I irrevocably designate this contribution as a rollover.

☐ **3. Transfer** *(Direct movement of assets from a Roth IRA into this Roth IRA)*

☐ **4. Recharacterization** *(A nontaxable movement of a Traditional IRA contribution into this Roth IRA)*

By selecting this transaction, I irrevocably designate this contribution as a recharacterization.

☐ **5. Conversion** *(A taxable movement from a Traditional IRA or SIMPLE IRA into this Roth IRA)*

By selecting this transaction, I irrevocably designate this contribution as a conversion.

PART 4. INVESTMENT AND DEPOSIT INFORMATION

INVESTMENT INFORMATION *(Complete this section as applicable.)*

Investment Description	Quantity or Amount	Investment Number	Term or Maturity Date	Interest Rate

DEPOSIT METHOD

☐ **Cash or Check** *(If the contribution type is transfer, the check must be from a financial organization made payable to the custodian for this Roth IRA.)*

☐ **Internal Account**

Account Number _____ Type *(e.g., checking, savings, IRA)* _____

☐ **External Account** *(e.g., EFT, ACH, wire) (Additional documentation may be required and fees may apply.)*

Name of Organization Sending the Assets _____ Routing Number *(Optional)* _____

Account Number _____ Type *(e.g., checking, savings, IRA)* _____

Deposit Taken by _____

6098 / 2400R-C (Rev. 7/2013)

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PART 5. BENEFICIARY DESIGNATION

I designate that upon my death, the assets in this account be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, my estate will be my beneficiary.

☐ I elect not to designate beneficiaries at this time and understand that I may designate beneficiaries at a later date.

PRIMARY BENEFICIARIES *(The total percentage designated must equal 100%.)*

Name _____
Address_____
City/State/ZIP_____
Date of Birth _____ Relationship _____
Tax ID *(SSN/TIN)* _____ Percent Designated _____

Name _____
Address_____
City/State/ZIP_____
Date of Birth _____ Relationship _____
Tax ID *(SSN/TIN)* _____ Percent Designated _____

Name _____
Address_____
City/State/ZIP_____
Date of Birth _____ Relationship _____
Tax ID *(SSN/TIN)* _____ Percent Designated _____

Name _____
Address_____
City/State/ZIP_____
Date of Birth _____ Relationship _____
Tax ID *(SSN/TIN)* _____ Percent Designated _____

CONTINGENT BENEFICIARIES *(The total percentage designated must equal 100%.) (The balance in the account will be payable to these beneficiaries if all primary beneficiaries have predeceased the Roth IRA owner.)*

Name _____
Address_____
City/State/ZIP_____
Date of Birth _____ Relationship _____
Tax ID *(SSN/TIN)* _____ Percent Designated _____

Name _____
Address_____
City/State/ZIP_____
Date of Birth _____ Relationship _____
Tax ID *(SSN/TIN)* _____ Percent Designated _____

Name _____
Address_____
City/State/ZIP_____
Date of Birth _____ Relationship _____
Tax ID *(SSN/TIN)* _____ Percent Designated _____

Name _____
Address_____
City/State/ZIP_____
Date of Birth _____ Relationship _____
Tax ID *(SSN/TIN)* _____ Percent Designated _____

☐ *Check here if additional beneficiaries are listed on an attached addendum.* Total number of addendums attached to this Roth IRA _____

PART 6. SPOUSAL CONSENT

Spousal consent should be considered if either the trust or the residence of the Roth IRA owner is located in a community or marital property state.

CURRENT MARITAL STATUS

☐ **I Am Not Married –** I understand that if I become married in the future, I should review the requirements for spousal consent.

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

CONSENT OF SPOUSE

I am the spouse of the above-named Roth IRA owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Because of the important tax consequences of giving up my interest in this Roth IRA, I have been advised to see a tax professional.

I hereby give the Roth IRA owner my interest in the assets or property deposited in this Roth IRA and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result.

X_____ _____
Signature of Spouse Date *(mm/dd/yyyy)*

X_____ _____
Signature of Witness Date *(mm/dd/yyyy)*

PART 7. SIGNATURES

Important: *Please read before signing.*

I understand the eligibility requirements for the type of Roth IRA deposit I am making, and I state that I do qualify to make the deposit. I have received a copy of the Roth IRA Application, 5305-RA Custodial Account Agreement, the Financial Disclosure, and the Disclosure Statement. I understand that the terms and conditions that apply to this Roth IRA are contained in this Application and the Custodial Account Agreement. I agree to be bound by those terms and conditions. Within seven days from the date I open this Roth IRA I may revoke it without penalty by mailing or delivering a written notice to the custodian.

I assume complete responsibility for

- determining that I am eligible for a Roth IRA each year I make a contribution,
- ensuring that all contributions I make are within the limits set forth by the tax laws, and
- the tax consequences of any contributions (including rollover contributions and conversions) and distributions.

X_____ _____
Signature of Roth IRA Owner Date *(mm/dd/yyyy)*

X_____ _____
Signature of Witness Date *(mm/dd/yyyy)*

X_____ _____
Signature of Custodian Date *(mm/dd/yyyy)*

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