

IBC TRUST SERVICE

A division of International Bank of Chicago

5069 N. Broadway, Chicago, IL 60640 Tel: (773) 769-2899 Fax: (773) 769-2686



IMPORTANT INFORMATION AND PROCEDURES FOR OPENING A NEW ACCOUNT

The trust account is not insured by FDIC; and is not a deposit or other obligation of, or guaranteed by, the International Bank of Chicago, and investments under this trust are subject to investment risks, including possible loss of the principal amount invested.

IBC Trust Service is a division of International Bank of Chicago, we do not sell investment nor provide investment advice, and all transactions are at the direction of the accountholder and/or their designated financial representative.

We recommend you seek advise from a tax attorney or other tax professional regarding the applicable laws and regulations of your self-directed IRA and investments.

To comply with the USA PATRIOT ACT, we have adopted a Customer Identification Program. All new accounts must provide a copy of an unexpired, photo-bearing, government-issued identification (e.g., driver license or passport) as the primary verification form. The copy must be readable so we can verify the client's name, driver's license number or state issued ID number. A variety of the secondary verification forms will be accepted including non-government issued ID, social security card, major credit card, utility bills, etc. Customer will certify the social security number by providing the signed IRS form W-9.

Consumer Privacy Policy

You have chosen to do business with the custodian and administrator named on your account application. As our client, the privacy of your personal nonpublic information is very important. We value our customer relationships and we want you to understand the protections we provide in regard to your accounts with us.

Information We May Collect

We collect nonpublic personal information about you from the following sources to conduct business with you:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, or others;
- Information from a consumer-reporting agency;

Nonpublic personal information is nonpublic information about you that we may obtain in connection with providing financial products or services to you. This could include information you give us from account applications, account balances, and account history.

Information We May Share

We do not sell or disclose any nonpublic information about you to anyone, except as permitted by law or as specifically authorized by you. We do not share nonpublic personal information with our affiliates or other providers without prior approval by you. Information we are allowed to share by federal law includes providers that process and service your accounts. All providers of services in connection with the custodian and administrator have agreed to the custodian and administrator's confidentiality and security policies.

If you decide to close your account(s) or become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

Confidentiality and Security

We restrict access to nonpublic personal information to those employees who need to know that information to provide products and services to you. We maintain physical, electronic, and procedural guidelines that comply with federal standards to guard your nonpublic personal information.

The custodian reserves the right to revise this notice and will notify you of any changes in advance.

If you have any questions regarding this policy, please contact us at the address and or telephone number listed below.

IBC TRUST SERVICE

5069 N. Broadway
Chicago, Illinois 60640
(773) 769-2899

Individual Retirement Account (IRA) Application

Administrator

The name of your administrator is shown in your IRA trust and disclosure statement, IRS form 5305 for the type of IRA you have that this applies to.

IBC Trust Service

Administrator

5069 North Broadway, Chicago
Illinois 60640

Phone: (773) 769-2899

Fax: (773) 769-2686

Account Number:

If not pre-assigned by the administrator, please leave blank. An account number will be assigned by the administrator and will be mailed to you.

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1. ACCOUNT HOLDER INFORMATION

Your Name

Your name, as you use it to transact business. Because joint accounts are not permitted, please use another Application if your spouse or other individual wishes to open an account.

Your Name (please print)

Home Address

Where you live or where you wish to receive overnight mail.

Home Address (P.O. Box not allowed)

City, State, Zip

Mailing Address

(If different from above.)

Mailing Address (if different)

City, State, Zip

Daytime Phone Number

Daytime Phone Number (please include area code)

Evening Phone Number

Evening Phone Number (please include area code)

Cell Phone Number

Cell Phone Number (please include area code)

Fax Number

Where we may fax you information regarding your account or transactions.

FAX Number (please include area code)

Social Security Number

Social Security Number

Date of Birth:

Month Day Year

Email Address:

No monetary transactions may be processed through email.

Email Address (Optional)

Statements Online:

If you wish to receive statements online, check Yes.

Yes No

2. TYPE OF IRA (check the box which describes the type of IRA you would like to establish) **Traditional IRA**

This type of IRA is a pre-tax or post tax IRA, which will contain assets to be taxed on distribution to you. It may contain funds transferred from other IRAs of the same type, as well as transfers from SEP IRAs, SIMPLE IRAs or other traditional IRAs. Rollovers from other tax deferred plans such as Qualified Plans consisting of Defined Benefit, Defined Contribution (Profit Sharing, 401(k), Money Purchase Pension,) 403(b) and government Section 457 Plans are also permitted.

 SEP IRA (Simplified Employee Pension)

Simplified Employee Pension Plans are traditional IRAs in which the employer as an employee and other qualified employees may receive contributions made by the employer. The employer must complete a separate SEP application to make such contributions to employees, including him or herself. SEP IRAs must be established in accordance with SEP IRA rules. Employer must complete SEP application and all eligible employees (including the employer) must complete an IRA application.

Employer Name: _____

 SIMPLE IRA (Savings Incentive Match Plan for Employees)

Savings Incentive Match Plan for Employees are traditional IRAs in which the employer may make contributions, and the employee make deferrals as permitted by the SIMPLE IRA document. The SIMPLE IRA document must be completed in addition to this application. SIMPLE IRAs must be established in accordance with SIMPLE IRA rules. Employer must complete SIMPLE application and all eligible employees (including the employer) must complete an IRA application.

Employer Name: _____

 Roth IRA

3. TYPE OF CONTRIBUTION OR ROLLOVER TO THIS IRA

NOTE: Use this Section Only if you are making a cash contribution to your IRA

DO NOT USE THIS SECTION IF YOU ARE TRANSFERRING ASSETS FROM ANOTHER CUSTODIAN.

Use an IRA Transfer or Direct Rollover Form instead

If you are rolling over funds and have the assets, such as checks, stock certificates, notes, deeds, etc. in your personal physical possession, please complete this section and enclose the assets with this application. If you have deposited a check from your previous IRA or qualified plan, please make a check payable to your IRA as follows, for the amount rolled over: IBC TRUST SERVICE FBO the name as shown on this application.

(Check the box that describes the type of IRA contribution you are making.)

- Traditional IRA contribution**, pre or post tax, but not Roth IRA for the year _____, in the amount of \$ _____. Prior year contributions must be received by April 15.
- Traditional IRA rollover contribution**, pre or post tax, but not Roth IRAs. Assets attached.
- Roth IRA contribution** (post tax) for the year _____, in the amount of \$ _____. These contributions must be received by April 15.
- Roth IRA rollover contribution**, assets attached.
- SEP IRA contribution**, made by the employer for the employee, but not Roth IRA, for the year _____, in the amount of \$ _____. These contributions must be made by the employers tax deadline including extensions.
- SIMPLE IRA contribution**, made by the employer for the employee, but not Roth IRA, for the year _____, in the amount of \$ _____. These contributions must be made by the employer's tax deadline including extensions.

NOTE: If you are transferring or rolling over funds not included with this application, please complete the IRA Transfer/Rollover form and attach a current statement.

NOTE: If you are converting assets in a traditional, SEP or SIMPLE IRA to a Roth IRA please complete the Roth Conversion form.

NOTE: Trust account holder required to maintain minimum cash position of \$500.00 in custodian account for income generating investment (ex. rental property) or \$1500.00 for non-income generating investment (ex. raw land, building lot).

4. BENEFICIARY DESIGNATION

Primary beneficiaries receive your IRA proceeds upon your death.
Contingent beneficiaries only will receive the IRA funds if there are no surviving primary beneficiaries when you die.

Indicate your beneficiaries below

Name:	Daytime Phone:	
Residential Address:	Home Phone	
City, State, Zip Code	Social Security Number	Date of Birth
Relationship:	Share %	Check one: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent

Name:	Daytime Phone:	
Residential Address:	Home Phone	
City, State, Zip Code	Social Security Number	Date of Birth
Relationship:	Share %	Check one: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent

Spousal Consent

Check appropriate box to indicate Marital Status:

- Single
- Married (see Consent of Spouse)
- Widowed or Divorced

Consent of Spouse:

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

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

I have reviewed the above beneficiary designations and, as the spouse of the IRA owner, I consent to this beneficiary and that all contributions of money or property to be used for the purchase of such accounts to be issued in my spouse's name, whether heretofore, now or hereafter, and I relinquish all my statutory or other rights thereto.

Spouse's Signature _____ Date _____

5. YOUR SIGNATURE

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:

Appointment. I appoint the institution as shown on the disclosure, provided separately, as the Custodian of my IRA ("Custodian"), and understand that the Individual Retirement Custodial Account Agreement and my IRA Application comprise my agreement with IBC TRUST SERVICE, as the Administrator, shown in the Individual Retirement Custodial Account Agreement ("Administrator"). The Administrator may change custodians to any institution permitted by law as provided under IRC Section 408.

Until such time as I change or revoke the following designation, I hereby instruct the Custodian to follow the investment directions which I provide to the Administrator in investing and reinvesting the principal and interest as confirmed by direction letters and other agreements with the Administrator, for the above referenced IRA or other account for which the Administrator serves as record keeper and administrator.

Adequate Information. I acknowledge that I have received a copy of the Plan Agreement (IRS Form 5305), Disclosure Statement (attached to the Plan Agreement) and Financial Disclosure contained in the Disclosure Statement). I understand that the terms and conditions, which apply to this IRA, are contained in these documents and I agree to be bound by those terms and conditions. Within seven (7) days from the date that I open this IRA, I may revoke it without penalty by mailing or delivering a written notice to the Custodian.

Responsibility for Tax Consequences I assume all responsibility for any tax consequences and penalties that may result from making contributions to, transactions with, and distributions from my IRA.

I am authorized and of legal age to establish this IRA and make investment purchases permitted under the Plan Agreement offered by the Custodian.

I assume complete responsibility for: 1) Determining that I am eligible for an IRA each year I make a contribution; 2) Insuring that all contributions I make are within the limits set forth by the tax laws; 3) The tax consequences of any contribution (including rollover contributions and distributions).

I certify under penalties of perjury:

- 1) that I have provided you with my correct Social Security or Tax I.D. Number; and
- 2) that 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 withholdings 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 2 if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

Except as described above, we will not release information about you to others unless you or a representative whom you have authorized in writing have consented or asked us to do so or we are required by law or other regulatory authority.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Until such time as I change or revoke the following designation, I hereby instruct the Custodian to follow the investment directions which I provide to Administrator in investing and reinvesting the principal and interest, as confirmed by direction letters to Administrator from the undersigned, for the above referenced IRA or other Custodial account for which Administrator serves as record keeper.

You are authorized to accept written direction and/or verbal direction which is subsequently confirmed in writing by the authorized party, Administrator, or by the undersigned. Written direction shall be construed so as to include facsimile signature.

The account is established for the exclusive benefit of the Accountholder or his/her beneficiaries. In taking action based on this authorization Custodian and Administrator may act solely on the written instruction, designation or representation of the Accountholder. I expressly certify that I take complete responsibility for the type of investment instrument(s) with which I choose to fund my IRA. I agree to release, indemnify, defend and hold the Administrator and/or Custodian harmless from any claims, including, but not limited to, actions, liabilities, losses, penalties, fines and/or third party claims, arising out of my account and/or in connection with any action taken in reliance upon my written instructions, designations and representations, or in the exercise of any right, power or duty of Custodian and/or Administrator, its agents or assigns. Custodian and/or Administrator may deduct from the account any amounts to which they are entitled to the reimbursement under the foregoing hold harmless provision. Custodian and/or Administrator have no responsibility or fiduciary role whatever related to or in connection with the account in taking any action related to any purchase, sale or exchange instructed by the undersigned or the undersigned's agents, including but not limited to suitability, compliance with any state or federal law or regulation, income or expense, or preservation of capital or income. For purposes of this paragraph, the terms Administrator and Custodian include The IBC, its agents, assigns, joint ventures, licensees, franchises, affiliates and/or business partners.

In the event of claims by others related to my account and/or investment wherein Administrator and/or Custodian is named as a party, Administrator and/or Custodian shall have the full and unequivocal right at their sole discretion to select their own attorneys to represent them in such litigation and deduct from my account any amounts to pay for any costs and expenses, including, but not limited to, all attorneys' fees, and costs and internal costs (collectively "Litigation Costs"), incurred by Administrator and/or Custodian in the defense of such claims and/or litigation. If there are insufficient funds in my account to cover the Litigation Costs incurred by Administrator and/or Custodian, on demand by Administrator and/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/or Custodian shall have the full and unequivocal right to freeze my assets, liquidate my assets, and/or initiate legal action in order to obtain full reimbursement of the Litigation Costs. I also understand and agree that the Administrator and/or Custodian will not be responsible to take any action should there be any default with regard to this investment. I understand that no one at the Administrator and/or Custodian has authority to agree to anything different than my foregoing understandings of the Administrator's and/or Custodian's policy. For purposes of this paragraph, the terms Administrator and Custodian include The IBC, its agents, assigns, joint ventures, licensees, franchises, affiliates and/or business partners.

In executing transfers, it is understood and agreed that I will not hold Custodian and/or Administrator liable or responsible for anything done or omitted in the administration, custody or investments of the account prior to the date they shall complete their respective acceptance as successor custodian and administrator and shall be in possession of all of the assets, nor shall they have any duty or responsibility to inquire into or take any action with respect to any acts performed by the prior Trustee, Custodian, or Administrator.

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

I acknowledge I have received and signed a Fee Disclosure and I have received the IRA Plan Agreement and Disclosure Statement and agree to abide by their terms as currently in effect or as they may be amended from time to time.

I acknowledge I have received and signed a Fee Disclosure and I have received the IRA trust and disclosure statement (IRS form 5305) and agree to abide by their terms as currently in effect or as they may be amended from time to time.

I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete.

IRA Owner's Signature: _____ **Date:** _____