





# IRA APPLICATION

Please return original to: 10220 SW Greenburg Rd., Suite 111  
Portland, OR 97223  
503.619.0223 Fax: 503.206.7641

## APPLICANT INFORMATION

**\*\*Please include photo ID when returning application**

First Name  MI  Last Name   
Street Address   
City, State, Zip  County   
Email Address

Phone   
Social Security #   
Date of Birth (mm/dd/yyyy)   
Married? Y  N

## Type & number of Accounts

Account types and how many you will be moving (e.g. "two 401K's")

## Beneficiary Designation

Percentages should total 100%

1. Full Name   
Address, City, State & Zip   
Social Security #  Date of Birth (mm/dd/yyyy)

Percentage   
Relationship   
Phone

2. Full Name   
Address, City, State & Zip   
Social Security #  Date of Birth (mm/dd/yyyy)

Percentage   
Relationship

Spousal Consent

Spousal signature required if the Primary Beneficiary is other than the spouse and the Depositor is subject to laws of a community property state. I consent to the above Beneficiary Designation:



Spouse signature

Date

Additional Contingency Beneficiaries may be added at a later date

\*Oregon LLC unless specified otherwise

Name your LLC: \_\_\_\_\_

State: \_\_\_\_\_

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Business purpose of LLC: \_\_\_\_\_

- Real Estate & Real Estate Related Assets
- Lending (startups, existing businesses, etc.)
- Securities, stocks, bonds, mutual funds, etc.
- Other: \_\_\_\_\_

Funding

**How will you be funding this account?** Check each box that applies and write in your estimated dollar amount. Note: Custodians typically require a balance of \$500 remain "uninvested" in the Cash Reserve portion of your IRA at all times. Make sure to consider this minimum cash balance requirement, as well as any fees that may occur, when funding your account.

- Transferring/Rolling over qualified funds:
- Rollover of Distributed IRA Funds.....\$ \_\_\_\_\_
  - Direct Rollover from employer-maintained plan..\$ \_\_\_\_\_  
(i.e., 401k, 403b, Profit Sharing Plan)
  - Transfer(s) from other IRA(s).....\$ \_\_\_\_\_

- Contributing discretionary funds:
- Contribution for last tax year: \$ \_\_\_\_\_
  - Contribution for this tax year: \$ \_\_\_\_\_

**\*\* Please note: If you are going to be transferring IRA funds please include a copy of our most recent IRA statement.**

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signatures

**\*\* Please note: If electronically submitting this application other than fax, DO NOT include SSN or photo ID.**

→ \_\_\_\_\_  
Depositor's signature Date

→ \_\_\_\_\_  
Designated Representative's signature Date