



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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address		
<input type="text"/>		
City, State, Zip	County	
<input type="text"/>	<input type="text"/>	
Email Address		
<input type="text"/>		

Phone
<input type="text"/>
Social Security #
<input type="text"/>
Date of Birth (mm/dd/yyyy)
<input type="text"/>
Married?
Y <input type="checkbox"/> N <input type="checkbox"/>

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
<input type="text"/>
Relationship
<input type="text"/>
Phone
<input type="text"/>

2. Full Name

Address, City, State & Zip

Social Security # Date of Birth (mm/dd/yyyy)

Percentage
<input type="text"/>
Relationship
<input type="text"/>

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