



IRA APPLICATION

Please return original to: 10300 SW Greenburg Rd., Suite 465
Portland, OR 97223
503.635.1031 Fax: 503.206.7641

APPLICANT INFORMATION

Please include **COLOR COPY** of 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"/>	<input type="text"/>
Email Address		
<input type="text"/>		

Phone
<input type="text"/>
Social Security #
<input type="text"/>

LEAVE BLANK
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")

<input type="text"/>

Beneficiary Designation

Percentages should total 100%

1. Full Name

<input type="text"/>
Address, City, State & Zip
<input type="text"/>
Social Security #
<input type="text"/>
Date of Birth (mm/dd/yyyy)
<input type="text"/>

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

2. Full Name

<input type="text"/>
Address, City, State & Zip
<input type="text"/>
Social Security #
<input type="text"/>
Date of Birth (mm/dd/yyyy)
<input type="text"/>

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

Additional Contingency Beneficiaries may be added at a later date

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

*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 _____