



IRA ADVANTAGE

IRA APPLICATION

Please return to: 10300 SW Greenburg Rd., Suite 465
 Portland, OR 97223
 503.619.0223 Fax: 503.206.7641
 admin@iraadvantage.net

**Please include photo ID
 (Front and Back) when
 returning application.**

Applicant Information:

First Name MI Last Name

First Name	MI	Last Name
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Street Address

Street Address

City, State, Zip Code County

City, State, Zip Code	County
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Email Address

Email Address

Occupation & Industry/Source of Wealth

Occupation & Industry/Source of Wealth
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Phone

Phone

Social Security #

WE WILL CALL

Date of Birth (mm/dd/yyyy)

Date of Birth (mm/dd/yyyy)

Married?

Y N

Country of Citizenship

Country of Citizenship

Type & Number of Accounts:

Current account(s) you will be transferring & types (Traditional, Roth, SEP, SIMPLE, 401k, 403b) and the custodian(s)

Beneficiary Designation (Percentages should total 100%):

1. Full Name

Full Name

Percentage

Percentage

Social Security #

Date of Birth (mm/dd/yyyy)

Relationship

Relationship

WE WILL CALL

Date of Birth (mm/dd/yyyy)

2. Full Name

Full Name

Percentage

Percentage

Social Security #

Date of Birth (mm/dd/yyyy)

Relationship

Relationship

WE WILL CALL

Date of Birth (mm/dd/yyyy)

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

Name Choice for your IRA LLC:

State: _____

First Choice:

Second Choice:

1. **What is the primary purpose of the study?**

Business Purpose of LLC:

- Real Estate & Real Estate Related Assets
- Lending (startups, existing businesses, etc.)
- Securities, stocks, bonds, mutual funds, etc.
- Precious Metals
- 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 \$300-\$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:

Transfer(s) from other IRA(s).....\$ _____

Direct Rollover from employer-maintained plan..\$ _____
(i.e., 401k, 403b, Profit Sharing Plan)

Self Directed IRA Custodian You Are Choosing:

Please note: If you are transferring IRA funds, please include a copy of our most recent IRA statement. All funds must be turned to cash otherwise they will not be transferred.

How did you hear about us?

Signature:

Date: