## Inherited Roth IRA Adoption Agreement

This Adoption Agreement may only be used by a beneficiary in conjunction with the inheritance of a Roth IRA plan. A New Account Application must accompany this form to establish a new IRA Account.

## **ACCOUNT INFORMATION - REQUIRED**

ACCOUNT INFO		• REQUIRED an for the IRA of:							
Account Title (						Α	ccount Number		
Original Owner	's Informat	ion: Name:							FOR SPECIFIC BENEFICIARY
SSN Date of Birth					Date of Death				PROVISIONS, PLEASE
_	_					<u> </u>			REFER TO THE APPLICABLE SECTIONS OF
DESIGNATION			in this account	nt ha naid ta tha	honoficiarios n	amod bolow T	he interest of any		THE PLAN AGREEMENT
beneficiary tha	t predeceas	es me terminate	s completely,		age share of ar		neficiaries will be i	ncrea sed	AND THE DISCLOSURE STATEMENT.
O Primary O Contingent	Share %	BENEFICIARY'S NAME					D DATE OF BIRTH		•THE TOTAL ALLOCATION OF ALL PRIMARY
		RELATIONSHIP ADDRESS							BENEFICIARIES MUST EQUAL 100%
O PER STIRPES									•THE TOTAL OF ALL
O Primary O Contingent	SHARE %	Beneficiary's Name			SOCIAL SECURITY NUMBER/TAX ID DATE OF BIRTH				CONTINGENT BENEFICIARIES MUST EQUAL 100%
		RELATIONSHIP ADDRESS						•TO DESIGNATE YOUR ESTATE AS YOUR	
O PER STIRPES									BENEFICIARY, WRITE IN
O Primary O Contingent	Share %	Beneficiary's Name		Social Security Number/Tax ID		D DATE OF BIRTH		"ESTATE". "PER WILL" DESIGNATIONS ARE NOT ACCEPTABLE	
O PER STIRPES		Relationship		Address					• IF NO BENEFICIARY IS NAMED, THE
O Primary O Contingent	Share %	Beneficiary's Name			SOCIAL SECURITY NUMBER/TAX ID DATE OF BIRTH			BENEFICIARY PROVISIONS OUTLINED IN THE PLAN	
		RELATIONSHIP		Address			1		AGREEMENT WILL APPLY.
O PER STIRPES									●IF YOU OUTLIVE A
O PRIMARY O CONTINGENT	Share %	Beneficiary's Name			SOCIAL SECURITY NUMBER/TAX ID DAT		D DATE OF BIRTH	IRTH BENEFICIARY AND YOU WANT THAT SHARE TO GO TO HIS/HER	
O PER STIRPES	RELATIONSHIP		Address						DESCENDANTS, CHECK PER STIRPES
SPOUSAL CON	SENT								
CURRENT MAR	ITAL STATU	S (Required)		the sole primary		iow the requirer	ments for spousal o	concont	
~						•			should sign below.
I am the spouse of	the above-nan	ned IRA owner. I ack	nowledge that I	have received a fair of	and reasonable di	sclosure of my spou	ise's property and finar	ncial obligatio	ons. Because of the important ty deposited in this IRA and
consent to the ben Signature of Sp		ation indicated abov	ve. I assume full	responsibility for any	adverse conseque Print Name	ences that may resu	ılt	Date	
×							Dute		
SIGNATURES	6 – Import	ANT PLEASE REA	AD BEFORE S	GNING	1				
						-			contribution. I have received
									at the terms and conditions agree to be bound by those
									he date I open this inherited
I assume full res	ponsibility fo	r			ce to the Introc	lucing Broker Dea	aler and/or Axos Cle	aring Custo	odian.
		eligible to establis		Roth IRA, ke are within the li	imits sat forth h	w the tax laws a	nd		
				ibutions and distrik		y the tax idws, dl			
Signature of Inherited Roth IRA Owner					Print Name		Date (mm/dd/yyyy)		
Signature of Cu	stodian				Print Name			Date (	mm/dd/yyyy)
x									

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