

# Traditional IRA Adoption Agreement

This Adoption Agreement may only be used in conjunction with the Traditional, Rollover or SEP IRA plan document stipulated by the Custodian. A New Account Application must accompany this form to establish a new IRA Account.

**ACCOUNT INFORMATION - REQUIRED**

Axos Clearing, LLC, custodian for the IRA of:

<b>Account Title (Name of this account)</b>	<b>Account Number</b>
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<b>Eligible Account Type: (select one)</b> <input type="radio"/> Traditional IRA <input type="radio"/> Rollover IRA <input type="radio"/> SEP IRA: attach a copy of your employers Form 5305-SEP	<b>FOR SPECIFIC BENEFICIARY PROVISIONS, PLEASE REFER TO THE APPLICABLE SECTIONS OF THE PLAN AGREEMENT AND THE DISCLOSURE STATEMENT.</b>
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**DESIGNATION OF BENEFICIARY**  
 I designate that upon my death, the assets in this account be paid to the beneficiaries named below. The interest of any beneficiary that predeceases me terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. If no beneficiaries are named, my estate will be my beneficiary.

<input type="radio"/> PRIMARY	SHARE %	BENEFICIARY'S NAME	SOCIAL SECURITY NUMBER/TAX ID	DATE OF BIRTH	<ul style="list-style-type: none"> <li>• THE TOTAL ALLOCATION OF ALL PRIMARY BENEFICIARIES MUST EQUAL 100%</li> <li>• THE TOTAL OF ALL CONTINGENT BENEFICIARIES MUST EQUAL 100%</li> <li>• TO DESIGNATE YOUR ESTATE AS YOUR BENEFICIARY, WRITE IN "ESTATE". "PER WILL" DESIGNATIONS ARE NOT ACCEPTABLE</li> <li>• IF NO BENEFICIARY IS NAMED, THE BENEFICIARY PROVISIONS OUTLINED IN THE PLAN AGREEMENT WILL APPLY.</li> <li>• IF YOU OUTLIVE A BENEFICIARY AND YOU WANT THAT SHARE TO GO TO HIS/HER DESCENDANTS, CHECK PER STIRPES</li> </ul>
<input type="radio"/> CONTINGENT		RELATIONSHIP	ADDRESS		
<input type="radio"/> PER STIRPES					
<input type="radio"/> PRIMARY	SHARE %	BENEFICIARY'S NAME	SOCIAL SECURITY NUMBER/TAX ID	DATE OF BIRTH	
<input type="radio"/> CONTINGENT		RELATIONSHIP	ADDRESS		
<input type="radio"/> PER STIRPES					
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<input type="radio"/> CONTINGENT		RELATIONSHIP	ADDRESS		
<input type="radio"/> PER STIRPES					
<input type="radio"/> PRIMARY	SHARE %	BENEFICIARY'S NAME	SOCIAL SECURITY NUMBER/TAX ID	DATE OF BIRTH	
<input type="radio"/> CONTINGENT		RELATIONSHIP	ADDRESS		
<input type="radio"/> PER STIRPES					

**SPOUSAL CONSENT**

Spousal consent must be completed if the spouse is not the sole primary beneficiary.

**CURRENT MARITAL STATUS (Required)**

**I Am Not Married** – I understand that if I become married in the future, I should review the requirements for spousal consent.

**I Am Married** – I understand that if I choose to designate a primary beneficiary other than or in addition to my spouse, my spouse must sign below.

*I am the spouse of the above-named IRA owner. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Because of the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional. I hereby give the IRA owner my interest in the assets or property deposited in this IRA and consent to the beneficiary designation indicated above. I assume full responsibility for any adverse consequences that may result.*

Signature of Spouse *	Print Name	Date
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**SIGNATURES – IMPORTANT PLEASE READ BEFORE SIGNING**

I understand the eligibility requirement for the type of IRA deposits I make and I state that I qualify to make the deposit. I have reviewed and understand the 5305-A Custodial Account Adoption Agreement and Disclosure Statement provided to me. I understand that the terms and conditions which apply to this IRA are contained in this Axos Clearing LLC Individual Retirement Custodial Account Adoption Agreement. I agree to be bound by those terms and conditions. If I elect to make a rollover contribution to this account, I hereby certify that I understand the rollover rules and conditions as they pertain to this IRA and I have met the requirements for making a rollover. Due to the important tax consequences of rolling over funds or property I have been advised to consult with a tax professional. All information provided by me is true and correct and may be relied upon by the Custodian. Within seven days from the date I open this IRA I may revoke it without penalty by mailing or delivering a written notice to the Introducing Broker Dealer and/or Axos Clearing Custodian.

- I assume full responsibility for:
- Determining that I am eligible for an IRA each year I make a contribution
  - Ensuring that all contributions I make are within the limits set forth by the tax laws, and
  - The tax consequences of any contributions (including rollover contributions) and distributions.

Signature of IRA Owner *	Print Name	Date (mm/dd/yyyy)
Signature of Custodian *	Print Name	Date (mm/dd/yyyy)