STRATA TRUST COMPANY

SELF-DIRECTED IRA APPLICATION for SIMPLE IRA

Looking for an easier, faster way to submit paperwork? Try the SERVICENOW option at www.StrataTrust.com/Forms
◆E-sign and transmit directly to STRATA ◆ Safely upload supporting documentation ◆ Securely transfer data with SFTP file protocol

Use this form to open a SIMPLE IRA with STRATA Trust Company ("STRATA").

Visit STRATA's Investment Hub page to learn more about onboarding, funding, or directing your investments to your STRATA IRA. Accountholder must be a U.S. citizen or resident alien at the time the account is opened. Visit STRATA's Self-Directed IRA Knowledge Base to learn more.

Are you a U.S citizen or resident alien? ☐ Yes ☐ No

Section 1 IRA Information

Is this an inherited account? ☐ No ☐ Yes If yes, complete the Inherited IRA form and submit along with this application.

Is this a minor account? ☐ No ☐ Yes If yes, complete the Guardian Assignment form and submit along with this application.

Was the original account held at STRATA? ☐ No ☐ Yes

What is the primary asset type you will hold in your account? Accountholders may hold several types of investments and have the option to add more assets at any time.

☐ Private Equity ☐ Private Debt ☐ Real Estate ☐ Public Investments ☐ Futures
☐ Gold and Precious Metals ☐ Structured Settlement ☐ Undecided Private ☐ Undecided Public

Section 2 Account Owner Information

U.S. Patriot Act Information:
To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. We will ask you your name, address, date of birth, social security number, or tax identification number and other information that will allow us to identify you. This information will be verified to ensure the identity of all persons opening an account. In certain instances, STRATA is required to collect documents to fulfill its legal obligation. Documents provided in connection with your application will be used solely to establish and verify a customer's identity, and STRATA shall have no obligation with respect to the terms of any such document.

Title	First Name	Middle Name	Last Name	Suffix

Social Security Number	Birthdate	Email

Cell Phone	Home Phone

Street Address
(Required, P.O. box is not an acceptable address)

City	State	Zip

Mailing Address
(If different from street address)

City	State	Zip

Previous Physical Address
(If you have moved in the last 12 months)

City	State	Zip

⚠ If the accountholder has moved in the last 12 months, please provide a copy of a current government-issued ID or utility bill that reflects the current physical Street Address.

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Employer Information

Employer Company Name	Employer Phone Number
Employer Address	

City	State	Zip

Tell Us About Yourself

Employment Status

☐ Employed ☐ Self-Employed ☐ Not Employed ☐ Retired

Select Your Industry (If employed/self-employed)

☐ Agriculture ☐ Financial Services ☐ Professional Services ☐ Transportation/Logistics
☐ Construction ☐ Healthcare ☐ Real Estate ☐ Other
☐ Education ☐ Manufacturing ☐ Retail
☐ Energy ☐ Non-Profit ☐ Technology

How did you hear about us?

☐ Advertisement ☐ Friend Referral: ______________________________
☐ Conference/Event ☐ Investment Provider or Advisor: ____________________
☐ Social Media ☐ STRATA Employee – Select One: ☐ Patrick Hagen ☐ Dan Rupper ☐ Other
☐ Internet Search ☐ Other: _____________________________________

Section 3 Account Funding

To learn more about funding options visit STRATA's Fund Your Account page.

Initial funding of this IRA will come from:

☐ Direct Transfer from an existing SIMPLE IRA
➔ Complete the **IRA Transfer Request** form and attach a copy of a recent statement.

☐ Rollover from another SIMPLE IRA
➔ Complete our **Deposit Certification** form to certify the rollover.

☐ Annual Contribution
➔ Complete our **Deposit Certification** form to make a contribution to your account.

☐ Recharacterization or Roth Conversion
➔ Complete the **IRA Recharacterization Request and Certification** form or **Roth Conversion Request** form.

Section 4 Account Relationships (Optional)

Choose if you would like to grant access to a financial professional or other interested party. *When granting access to a third party, a unique email address that is not linked to the accountholders email is required.*

➔ Designate an Account Representative

Complete this section if you wish to designate a Representative on your Account. By designating an Account Representative ("Representative" or "Rep"), you are appointing the Representative to act as your agent regarding directives with respect to your Account according to Article 9.3 of the IRA Custodial Account Agreement. Your Representative is not in any way an agent, employee, or representative of STRATA. Your Representative may be your financial professional, broker, or other person or firm you choose. However, it may not be STRATA.

By designating a Representative on your account, you give the Representative the power to:

- Receive copies of any and all correspondence related to your STRATA account, including but not limited to, your account statements.
- Have unlimited access to information regarding your STRATA account.
- I understand I may change or remove my Representative designation at any time by completing STRATA's Account Designated Representative Request form.

Would you like to designate a Representative to your IRA? ☐ Yes ☐ No

Representative Information — **Internal Use** - ADR Contact ID # ____________________

First Name		Last Name	Rep # (If applicable)
Company Name			
Address		City	State	Zip
Phone	Fax	Email (Must be different than accountholder.)	

➔ Designate an Interested Party

Complete this section if you wish to authorize STRATA the ability to discuss and/or provide information about your account to an individual or company. This individual or company will be the Interested Party ("IP") on your account, subject to the following terms.

- I understand that my IP may be any individual or company that I choose (except it may not be STRATA).
- By designating the following IP on my Account, I understand that I am granting permission for STRATA to discuss or provide information on my Account with the individual or company named herein.
- I understand that I may change or remove my IP designation at any time in writing by completing STRATA's Interested Party Designation Request form.

Would you like to designate an IP to your IRA? ☐ Yes ☐ No

IP Information — **Internal Use** - IP Contact ID # ____________________

First Name		Last Name	
Company Name (If applicable)			
Address	City	State	Zip
Phone	Fax	Email (Must be different than accountholder.)	

Section 5 Beneficiary Information

Naming a beneficiary and keeping this information current throughout the life of the account ensures that assets are distributed according to the accountholder's wishes rather than defaulting on state laws or undergoing probate. Without designated beneficiaries, the distribution of assets will be governed by state regulations. **You must provide the required information below to designate a beneficiary to your STRATA IRA account.**

The following individual(s) or entity(ies) shall be the accountholders primary and/or contingent beneficiary(ies). If the primary or contingent box is not checked, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and the distribution percentages are not indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. If more than one contingent beneficiary is designated and the distribution percentage is not indicated, the beneficiaries will be deemed to share equally.

If any primary or contingent beneficiary dies before the accountholder, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of any remaining beneficiary(ies) shall be increased on a pro-rata basis. If no primary beneficiary(ies) survives the accountholder, the contingent beneficiary(ies) shall acquire the designated share of the IRA. If no primary or contingent beneficiary(ies) survives the accountholder, the remaining balance in the IRA account shall be payable to my legal spouse, or if none, the accountholders estate.

Beneficiary Name and Information (Required)	**Date of Birth** (MM/DD/YYYY) (Required)	**Social Security Number** (Required)	**Relationship**	**Primary or Contingent**	**Share** (Must total 100%)
Name: ______ Address: ______ City: ______ State: ______ Zip: ______ Phone: ______ Email: ______ ☐ Check if address same as accountholder				☐ Primary ☐ Contingent	
Name: ______ Address: ______ City: ______ State: ______ Zip: ______ Phone: ______ Email: ______ ☐ Check if address same as accountholder				☐ Primary ☐ Contingent	
Name: ______ Address: ______ City: ______ State: ______ Zip: ______ Phone: ______ Email: ______ ☐ Check if address same as accountholder				☐ Primary ☐ Contingent	
Name: ______ Address: ______ City: ______ State: ______ Zip: ______ Phone: ______ Email: ______ ☐ Check if address same as accountholder				☐ Primary ☐ Contingent	

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Spousal Consent

Complete this section if (1) accountholder is married and has designated a primary beneficiary other than his/her spouse; and (2) this IRA includes property in which his/her spouse possesses a community property interest. As of July 1, 2017, community property states are Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin. If your spouse is not the sole primary beneficiary on the account, they will be required to sign the Spousal Consent Agreement. Due to the important tax consequences of giving up one's community interest, individuals signing this section should consult with a competent tax or legal advisor.

Current Marital Status:

☐ **I am not married.** I understand that if I become married in the future, I must complete a new Beneficiary Designation form.

☐ **I am married.** I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign the following consent.

I am the spouse of the above-name IRA accountholder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to 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 Accountholder any interest I have in the funds of property deposited in this IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by STRATA.

Spouse Signature ______________________ Date ____________

Section 6 Account Preferences

Electronic delivery of communications allows accountholders to receive account statements, invoices, tax forms, notices, and other correspondence via email at no cost. Accountholders must enroll for online account access to keep this election within 90 days of opening an account. Once the IRA application is processed self-enroll instructions for STRATA's Online Access Account portal will be sent. Review STRATA's Electronic Consent Policy.

If no option is selected, Electronic Delivery of Communication will be the default selection.

☐ Electronic Delivery of Communication: By electing this option, you agree to receive communications from us electronically at no charge. Communications include account statements, invoices, tax forms, notices, and other correspondence. You also agree to complete your online access self-enrollment within 90 days of opening this account.

☐ Paper Delivery of Communications: Check if you want to receive communications from us mailed to your address of record. Communications include account statements, invoices, tax forms, notices, and other correspondence. (An Annual Paper Statement fee will apply. Refer to STRATA's **IRA Fee Schedule** for details.)

Section 7 Fee Preferences

Account fees are due on an annual basis. This fee is based on your account elections and the custodial services provided. Your options below cover the first-year account fees and your preferences for future payments. For more information related to account, processing, and/or service fees refer to IRA Fee Schedule.

First Year IRA Fees:

First-year account fees cover custodial services for the first 12 months and are ***due today***.

☐ Deduct from Initial Account Funds. ☐ *Debit or Credit Card

Future Account Fees:

Future annual account fees are ***not due today.*** These fees cover custodial services for each year and will be billed 45 days before your account's anniversary date. If the fee is not paid by the due date, it will be automatically deducted from any uninvested cash in your account.

☐ *AutoPay - Save my card on file and bill future fees to the card.

☐ Deduct from My Account Annually (Must have sufficient cash balance available.)

☐ Invoice Me Annually

***Manual IRA Application Submissions:** If you wish to pay by debit or credit card and are submitting your IRA application manually, please ensure that you send in the Fee Payment Authorization form after you receive your IRA account number located in your Welcome letter.

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Section 8 Terms and Conditions

Important: Please read this entire section carefully before signing. A signature is required to open this account. This Agreement contains important disclosures about your duties and responsibilities with regard to opening a Self-Directed Individual Retirement Account ("Account") with STRATA Trust Company ("STRATA") as your custodian. By signing below, you certified that you received, read, understand, and agree to all terms and provisions shown in the Agreement below, including the terms of the attached IRA Custodial Agreement (the "Custodial Account Agreement"), Disclosure Statement, IRA Financial Disclosure, and IRA Fee Schedule. In directing this action, you make the following representations, certifications, and agreements:

1. **Appointment of Custodian, Receipt of Custodial Account Agreement, and Right to Revoke:** I appoint STRATA as custodian of my Account, I acknowledge that I have received and read the Custodial Account Agreement, Disclosure Statement, IRA Financial Disclosure, and IRA Fee Schedule on the date shown below, and I agree to be bound by the terms and conditions contained in these documents. I understand that within seven (7) days from the date that I open my Account, I may revoke this application and close my Account without a penalty by mailing or delivering written notice to STRATA.
2. **Eligibility to Establish IRA:** I represent and certify that I meet the requirements set forth in Section 408 of the Internal Revenue Code ("the Code") and any regulation promulgated by the Internal Revenue Service and/or Department of Treasury to establish an individual retirement account ("IRA") and represent and certify that I am eligible to establish an IRA. Furthermore, I agree that it is not the responsibility of STRATA to advise me on the legality, validity, or tax implications of any contribution or transaction in my Account.
3. **Sole Responsibility for Investments:** I understand and agree that my Account is self-directed, which means that I am solely responsible for the management of the assets placed within my Account, including the selection, monitoring, and retention of all investments held within my Account. I understand and agree that STRATA (i) is in no way responsible for providing investment advice or recommendations, as to my Account, (ii) is not a "fiduciary" for my Account as such term is defined in the Code, the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), by

   the Texas Department of Banking or under any other federal, state, or local laws. Furthermore, STRATA has no responsibility to question any investment direction given by me or my Designated Representative, if I have appointed one, regardless of the nature of the investment. I understand that STRATA is in no way responsible for the performance of any investment(s) held within my Account.
4. **No Due Diligence Review Conducted by Custodian:** I understand and agree that STRATA does not conduct any due diligence review of any investment, nor will STRATA make any investigation with regard to any investment, any issuer or sponsor of any investment, or any officer, director, or other person or entity involved or affiliated with any investment. I understand and agree that STRATA will not review or evaluate the prudence, viability, sustainability, legality, or merits of any investment held in my Account. I understand that STRATA permits my Account to invest in a wide variety of investments based on administrative factors only. I acknowledge that STRATA does not sponsor or endorse any investment product other than FDIC-insured NOW account where any uninvested funds are held.
5. **Investments Not Guaranteed or Insured and May Lose Value:** I understand and agree that investments held within my Account are not guaranteed by STRATA and that my investments are subject to investment risk, including the possible loss of the principal invested, and that my investments may lose value. I understand and agree that, except to the extent of the cash which is invested in the STRATA Trust Company Custodial Account (which are held at Horizon Bank and/or other Federally insured banks, and are FDIC-insured), or directed into other FDIC-insured bank products, the investments within my Account are not FDIC-insured, nor are any investments guaranteed by STRATA or Horizon Bank, and that such investments may lose value.
6. **IRA Fees and Payment Policy:** I acknowledge that I have received, reviewed, and approved the IRA Fee Schedule included with this IRA Application as well as Article XIV of the Custodial Account Agreement, and I agree and consent to timely pay all fees provided therein within 30 days of receiving notice of such fee. Certain custodial fees may be paid for a limited time under a special fee arrangement with an investment issuer or related service company if an Account purchases a qualifying investment. If at any time the investment issuer or related service company elects to discontinue the fee arrangement, I understand that I will become responsible for payment of all fees associated with my Account.
7. **Indemnification and Hold Harmless:** I agree to indemnify STRATA and their respective principals, officers, directors, shareholders, partners, members, employees, consultants, affiliates and agents, including any legal representatives or controlling persons of any such person (each "Indemnified Party"), and to hold each harmless from and against any losses, claims, settlement costs, injury, breach of laws, damages, liabilities, charges, taxes, penalties, or other expenses, including reasonable attorneys' fees, due to or arising out of (i) a breach of any representation, warranty, acknowledgement, certification or agreement contained in this Agreement or in any other document in connection with my establishment and management of my Account, (ii) the execution by STRATA of any direction provided by me with respect to my Account, (iii) any action or inaction by an Indemnified Party with respect to my account that, although not pursuant to my specific direction, is otherwise contemplated under the terms of this Agreement or the Custodial Account Agreement, (iv) any investment whatsoever made with respect to my Account, and (v) any tax consequences relating to my Account, including, without limitation, the tax and withholding requirements on any distributions from my Account.
8. **Dispute Resolution:** I agree to meet and confer in good faith with STRATA to resolve any problems or disputes that may arise under this Agreement, the Custodial Account Agreement, or any other dispute related to my Account with STRATA. Otherwise, I acknowledge and consent to the dispute resolution provisions outlined in Article 17.5 of the Custodial Account Agreement.

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All sections of this Application should be completed to avoid processing delays.

☐ **I certify that I understand STRATA does not work directly or grant 'Apparent Agency Authority' to any investment sponsor or other third party.**

Agreed and Accepted by Applicant,

Accountholder Signature _______________________________ Date _______________

Internal Use: Agreed and accepted by STRATA Trust Company as IRA Custodian,

Authorized Signature of STRATA Trust Company _______________________________ Date _______________

For Internal Use Only Investment Category: ________________ BDID ____________________________ Lead Source _______________________

IRA Account # ______________________ New Account Review Initials: ____________

➔ **Next Steps:** STRATA processes applications within 24 business hours of receiving a signed application. Soon after, you'll receive a welcome letter by mail confirming your account number, allowing you to self-enroll for online access at StrataTrust.com.

➔ **Account Statements:** Statements are issued quarterly in April, July, October, and January, based on your chosen delivery option in Section 7. You can update your communication preferences anytime by completing the Information Change Request - IRA Account form.

Form Submission Options

- Fax: 512.495.9554
- Email: NewAccounts@StrataTrust.com
- US Mail: PO Box 23149, Waco, TX 76702
- Overnight: 7901 Woodway Drive, Waco, TX 76712