

Are you establishing a Pershing Brokerage Account?  Yes  No

Brokerage Account Number: \_\_\_\_\_ - \_\_\_\_\_

**1**  **New**  **Update**

**2 Account type** (Check one):  Individual  Trust  UTMA/UGMA  JTWR0S  Tenants in Common  Tenants by Entirety  
 Community Property  529  SEP  SIMPLE  403b  ROTH  Traditional IRA  Educational IRA  Qualified Plan  
 Corporation (indicate state of incorporation, or country if Non-US): \_\_\_\_\_  Other: \_\_\_\_\_

**3 Account Title:** \_\_\_\_\_

Mailing Address (if different from Physical Address) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**4 CLIENT 1 (Primary Registrant or Minor)**

Name: \_\_\_\_\_

SSN/Tax ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Physical Street Address (Can not be a P.O. Box or Mail Drop Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Maiden Name \_\_\_\_\_

Country of citizenship:  U.S.  Other \_\_\_\_\_ (TFA00432 required)

Email address: \_\_\_\_\_

Retired  Unemployed  Homemaker  Student

Employed  Self-Employed  Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Single  Married Number of Dependents: \_\_\_\_\_

Gross Annual Income: \_\_\_\_\_

Net Worth (excluding primary residence): \_\_\_\_\_

Estimated Value (Corporation, Trust, etc.): \_\_\_\_\_

Tax Bracket: Check one:  Marginal  Effective

Check one:  0-15%  15.1%-32%  32.1%-50%  50.1%+

**5 CLIENT 2 (Joint, Custodian, POA)**

Name: \_\_\_\_\_

SSN/Tax ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Physical Street Address (Can not be a P.O. Box or Mail Drop Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Maiden Name \_\_\_\_\_

Country of citizenship:  U.S.  Other \_\_\_\_\_ (TFA00432 required)

Email address: \_\_\_\_\_

Retired  Unemployed  Homemaker  Student

Employed  Self-Employed  Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Single  Married Number of Dependents: \_\_\_\_\_

Gross Annual Income: \_\_\_\_\_

Net Worth (excluding primary residence): \_\_\_\_\_

Estimated Value (Corporation, Trust, etc.): \_\_\_\_\_

Tax Bracket: Check one:  Marginal  Effective

Check one:  0-15%  15.1%-32%  32.1%-50%  50.1%+

**6 Initial source of funds** (Check one):  Income from earnings  Investment proceeds  Gift  Sale of business  Inheritance  
 Savings/Checking  Retirement (Pension, IRA, etc.)  Spouse/Parent  Lottery/Gaming  Insurance proceeds  Legal settlement  
 Other: \_\_\_\_\_

**7** Is this a private banking account as defined under the USA PATRIOT Act? (see page 4)  Yes  No

Is this an account for a foreign bank as defined under the USA PATRIOT Act? (see page 4)  Yes  No

Are you or anyone with an interest in this account either: (1) a senior military, government, or political official in a non-US country or (2) closely associated with an immediate family member of such an official?  Yes  No

If "Yes", identify the official, office held and country: \_\_\_\_\_





**VI. SPOUSAL CONSENT (For use in community or marital property states including: AZ, CA, ID, LA, NV, NM, TX, WA, WI)**

If you are married, reside in a community property or marital property state, and designate someone other than your spouse as your sole, primary Beneficiary, your spouse must sign this form below. In addition, if required in your state, the form must be signed in the presence of a Notary Public. I am the spouse of the above-named account holder. 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 account holder any interest I have in the funds or 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 the Custodian.

SIGNATURE OF SPOUSE: (Required in community or marital property states) \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**VII. CERTIFICATION**

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 received a copy of the Pershing LLC Individual Retirement Custodial Account Plan and Disclosure Statement. I understand that the terms and conditions which apply to this IRA are contained in this Pershing LLC Individual Retirement Custodial Account Plan and Disclosure Statement. 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. I assume full responsibility for establishing this IRA and for rollover transactions and will not hold the Custodian liable for any adverse consequences that may result. I hereby irrevocably designate the rollover of funds or other property as rollover contributions. I hereby adopt the Pershing LLC Individual Retirement Custodial Plan. I AGREE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, WHICH IS LOCATED AT ARTICLE IX ON PAGE 9 IN THIS AGREEMENT.

PARTICIPANT OR GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

REQUIRED APPROVALS OF THE FINANCIAL ORGANIZATION (Please forward to your financial organization for approval)

\_\_\_\_\_  
Investment Professional Signature (If applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Operations Manager Signature

\_\_\_\_\_  
Date

# CONTRIBUTION AUTHORIZATION

## I. PARTICIPANT INFORMATION

NAME: \_\_\_\_\_

ACCOUNT NUMBER:     -

SOCIAL SECURITY NUMBER:    -   -

## II. RETIREMENT PLAN TYPE (Select one)

TRADITIONAL IRA

ROTH IRA

SEP IRA

SIMPLE IRA

EDUCATION SAVINGS ACCOUNT

Special needs apply

## III. CONTRIBUTION TYPE

In keeping with Internal Revenue Service (IRS) tax reporting requirements, employer contributions (including employee salary deferrals) must be processed and reported in the year they actually occur, regardless of the year of designation. Obtain and refer to the instructions on filing IRS Form 5498.

	CURRENT YEAR	PRIOR YEAR	TOTAL DEPOSIT
IRA CONTRIBUTION	\$ _____	\$ _____	\$ _____
EDUCATION SAVINGS ACCOUNT	\$ _____	\$ _____	\$ _____
EMPLOYER OR COMPANY CONTRIBUTION	\$ _____	\$ _____	\$ _____
EMPLOYER MATCHING CONTRIBUTION	\$ _____	\$ _____	\$ _____
EMPLOYER NONELECTIVE CONTRIBUTION (SIMPLE IRA)	\$ _____	\$ _____	\$ _____
EMPLOYEE SALARY DEFERRAL CONTRIBUTION (SIMPLE IRA, SARSEP)	\$ _____	\$ _____	\$ _____
ROTH CONVERSION—CASH	\$ _____	\$ _____	\$ _____
ROLLOVER CASH (See certification section below)	\$ _____	\$ _____	\$ _____
<b>TOTAL</b> (The amount of your check should equal this amount)	\$ _____	\$ _____	\$ _____

### CONVERSION/ROLLOVER SECURITIES (Select one and list the securities below)

SECURITIES CONVERSION TO ROTH IRA

ROLLOVER SECURITIES (See rollover certification section below)

DESCRIPTION	QUANTITY	DESCRIPTION	QUANTITY
_____	_____	_____	_____
_____	_____	_____	_____

**NOTE:** Use the Roth Conversion/Recharacterization Request for direct trustee to trustee or internal Roth conversions.

### CONVERSION OR ROLLOVER CERTIFICATION

If I elect to make a conversion or rollover contribution to the retirement account indicated above, I hereby certify that I understand the conversion or rollover rules and conditions as they pertain to this retirement account, and I have met the requirements for making such a transaction. Due to the important tax consequences of converting or 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. I assume full responsibility for these transactions and will not hold the custodian liable for any adverse consequences that may result. I hereby irrevocably designate the conversion or rollover of funds or other property as rollover contributions.

### AGE 70½ CONVERSION/ROLLOVER/TRANSFER RESTRICTION

If you are over the age of 70½ this year, you may not convert, rollover, or transfer required minimum distribution amounts. If necessary, instruct your present custodian to either: 1) pay your required minimum distribution to you now; or 2) retain that amount for distribution to you later. For Roth conversions, you must take your required minimum distribution amount before you convert your assets to a Roth IRA.

## IV. PARTICIPANT OR GUARDIAN SIGNATURE

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Make checks payable to: Pershing LLC FBO \_\_\_\_\_, and write your account number on the check. (Participant Name)

### PLEASE RETURN TO:

Pershing LLC  
Attention: Retirement Products Department  
One Pershing Plaza  
Jersey City, New Jersey 07399

