

# ROTH IRA APPLICATION



**IMS Family of Funds**

*Building Wealth Wisely®*

Use this ROTH IRA Application to open a ROTH IRA.

**IMPORTANT:** In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account.

**WHAT THIS MEANS FOR YOU:** When you open an account, we will ask for your name, Social Security Number (SSN) or Tax Identification Number (TIN), a physical address (a Post Office box is not acceptable), date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. If any of this information is missing we will not be able to process your investment request. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-800-934-5550.

## **PART I-A: ROTH IRA OWNER INFORMATION (\*DENOTES REQUIRED INFORMATION)**

*(Note: If this Roth IRA is established as an Inherited Roth IRA, the Roth IRA Owner is the deceased IRA Owner or plan participant)*

Owner's Name\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

Street Address (Physical Address)\* \_\_\_\_\_ Apartment # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Death (if applicable) \_\_\_\_\_ Daytime Phone\* \_\_\_\_\_ Evening Phone \_\_\_\_\_

U.S. Citizen  Resident Alien (Country)

*For mailing outside of U.S., provide:*

Country of Residence \_\_\_\_\_ Province \_\_\_\_\_ Foreign Routing/Postal Code \_\_\_\_\_

Check to indicate the IRA is established after the death of the individual named above, with either a direct rollover or transfer. If checked, complete Part I-B of the *Roth IRA Application*.

**PART I-B: INHERITED ROTH IRA OWNER INFORMATION (COMPLETE THIS SECTION FOR INHERITED ROTH IRAS ONLY)**

Note: Inherited Roth IRAs may only be established with assets acquired by a nonspouse beneficiary due to the death of the individual named above.

Owner's Name\* (First, M.I., Last) \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ Social Security Number\* \_\_\_\_\_

Street Address (Physical Address)\* \_\_\_\_\_ Apartment # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone\* \_\_\_\_\_ Evening Phone \_\_\_\_\_

U.S. Citizen  Resident Alien (Country)  
For mailing outside of U.S., provide:

Country of Residence \_\_\_\_\_ Province \_\_\_\_\_ Foreign Routing/Postal Code \_\_\_\_\_

**PART II: CONTRIBUTION INFORMATION**

Source of Funds (Select One):

- Regular/Spousal Contribution      Amount: \_\_\_\_\_      Tax Year: \_\_\_\_\_

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- Conversion      Current Account/Plan Number: \_\_\_\_\_      Amount: \_\_\_\_\_  
Current Account Type:     Traditional IRA       SEP IRA       SIMPLE IRA\*

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- Recharacterization      Amount: \_\_\_\_\_      Tax Year: \_\_\_\_\_

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- Direct Transfer      (Note: Select this option only if you are transferring assets directly from another Roth IRA)

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- Rollover      Source:     Roth IRA       Designated Roth account under a 401(k) or 403(b) plan

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- Other      Explain \_\_\_\_\_

\*You may not convert SIMPLE IRA assets to a Roth IRA until at least two years have elapsed from the time of your initial participation in your employer's SIMPLE IRA plan. *Important:* Contributions made to your Roth IRA will be for the current tax year unless you specify prior year.

**PART III: INVESTMENT SELECTION**

Name of Investment	Share Class	Allocation
1. IMS Capital Value Fund	NA	\$ _____ or _____ %
2. IMS Strategic Income Fund	NA	\$ _____ or _____ %
3. IMS Strategic Allocation Fund	NA	\$ _____ or _____ %
		TOTAL: \$ _____ or _____ %

**PART IV: ACCOUNT SERVICE OPTIONS FOR YOUR IRA (DO NOT COMPLETE THIS SECTION FOR INHERITED ROTH IRAS)**

The completion of this section is *OPTIONAL*.

Systematic Investment Program (SIP) – This option provides an automatic investment into your mutual fund(s) by transferring money directly from your bank account via ACH (Automated Clearing House) on a scheduled basis. Automatic investment plan must be established with a \$100 minimum. Please refer to the fund prospectus for other account restrictions. Please provide all of your bank account information AND attach a voided check or deposit slip. *Important:* Contributions made to your Roth IRA using SIP will be for the current tax year. Keep this in mind for investments made from January 1 through April 15.

I authorize IMS Family of Funds to initiate investments into my mutual fund account according to the following frequency:

Annually  Semi-Annually  Quarterly  Twice Each Month  Monthly  Other (Check months below)

January  February  March  April  May  June  
 July  August  September  October  November  December

Fund \_\_\_\_\_ Amount \$ \_\_\_\_\_ Day of Month (1<sup>st</sup>, 15<sup>th</sup>, etc.) \_\_\_\_\_

**Bank Account Information**

Provide information about your checking or savings account to establish a Systematic Investment Program by ACH. Please select one of the following:

- Attach a voided check or deposit slip for your bank account. *Please use tape; do not staple.*
- Provide information about your bank account below.

Enter your checking or savings account information:

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

Name of Bank: \_\_\_\_\_ Bank's Phone Number: \_\_\_\_\_

Bank Address: \_\_\_\_\_ ABA Routing Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name(s) on Bank Account: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Account Type:  Checking  Savings

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted deposit slip here.  Please do <u>not</u> use staples.	\$ _____ DOLLARS
BANK NAME _____ BANK ADDRESS _____		
MEMO _____		

**PART V: BENEFICIARY DESIGNATION**

Roth IRA Owner (or Inherited Roth IRA Owner) designate beneficiaries below. If the primary or contingent status is not indicated, the individual or entity will be considered a primary beneficiary. After your death, the Roth IRA assets will be distributed in equal shares (unless indicated otherwise) to the primary beneficiaries who survive you. If no primary beneficiaries are living when you die, the Roth IRA assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. You may revoke or change the beneficiary designation at any time by completing a new *IRA Change of Beneficiary Form* and providing it to the Custodian.

Type:  Primary  Contingent Share Percentage: \_\_\_\_\_% Relationship to IRA Owner:  spouse  non-spouse  
Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Residence Address: \_\_\_\_\_

Type:  Primary  Contingent Share Percentage: \_\_\_\_\_% Relationship to IRA Owner:  spouse  non-spouse  
Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Residence Address: \_\_\_\_\_

Type:  Primary  Contingent Share Percentage: \_\_\_\_\_% Relationship to IRA Owner:  spouse  non-spouse  
Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Residence Address: \_\_\_\_\_

Type:  Primary  Contingent Share Percentage: \_\_\_\_\_% Relationship to IRA Owner:  spouse  non-spouse  
Name: \_\_\_\_\_ Taxpayer ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Residence Address: \_\_\_\_\_

Addendum attached for additional beneficiaries. If you need additional space to name beneficiaries, attach a separate sheet that includes all information requested above. Sign and date the sheet.

To name a trust as your beneficiary, attach to this form either a copy of the trust agreement or a certification, in writing, acceptable to the Roth IRA Custodian.

**PART VI: DUPLICATE ACCOUNT STATEMENT**

Yes, please send a duplicate statement to:  
Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PART VII: PAYMENT METHOD**

You can open your account by either of these methods. Please check your choice:

- By Check Enclose a check payable to IMS Family of Funds for the total amount.
- By Wire For wire instructions call Shareholder Services at 1-800-934-5550.
- Other \_\_\_\_\_

*(Third party checks, starter checks, counter checks, traveler’s checks, checks drawn on non-U.S. financial institutions, money orders, credit card checks, and cash are not acceptable.) Note: Cashier’s checks and bank official checks may be accepted in amounts greater than \$10,000.*

## PART VIII: SPOUSAL CONSENT

Complete this section only if you, the Roth IRA Owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as primary beneficiary. This section may have important tax consequences to you and your spouse so please consult with a competent advisor prior to completing. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions. If this is an Inherited Roth IRA, seek competent legal/tax advice to see if spousal consent is required.

### CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the Roth IRA Owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse:

X \_\_\_\_\_ Date: \_\_\_\_\_

Witness:

X \_\_\_\_\_ Date: \_\_\_\_\_

## PART IX: ACKNOWLEDGEMENT *(Note: This Application will not be processed unless signed below by the Roth IRA Owner or Inherited Roth IRA Owner.)*

By signing this *Roth IRA Application*, I certify that the information I have provided is true, correct, and complete, and the Custodian may rely on what I have provided. In addition, I have read and received copies of the *Roth IRA Application*, *IRS Form 5305-RA*, *Disclosure Statement* and *Financial Disclosure*, including the applicable fee schedule. I agree to be bound to their terms and conditions. I understand that I am responsible for the Roth IRA transactions I conduct, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. If I have indicated any amounts as "carryback" contributions, I understand the contributions will be credited for the prior tax year. I understand that if the deposit establishing the Roth IRA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. If I am an Inherited Roth IRA Owner, I understand the distribution requirements and the contribution limitations applicable to Inherited Roth IRA Owners. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Signature of Roth IRA Owner (or Inherited Roth IRA Owner):

X \_\_\_\_\_ Date: \_\_\_\_\_

## PART X: FOR DEALER USE ONLY

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Dealer Number

\_\_\_\_\_  
Branch Number

X \_\_\_\_\_  
Representative's Signature

\_\_\_\_\_  
Representative's Full Name

\_\_\_\_\_  
Representative's Branch Office Telephone Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Representative Number

X \_\_\_\_\_  
Supervisor's Signature

## PART XI: MAILING INSTRUCTIONS

Please send completed application to:

Regular Mail Delivery  
IMS Family of Funds  
P.O. Box 410559  
Kansas City, MO 64141

Overnight Delivery  
IMS Family of Funds  
4520 Main St. Suite 1425  
Kansas City, MO 64111