

# SIMPLE IRA APPLICATION



Use this SIMPLE IRA Application to open a SIMPLE 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 1-888-711-2837.

Please note that a \$15.00 annual maintenance/custodian fee will be charged.

## PART I: INVESTOR INFORMATION (\*DENOTES REQUIRED INFORMATION)

### DEPOSITOR'S INFORMATION

\_\_\_\_\_  
Depositor'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      \_\_\_\_\_

### EMPLOYER'S INFORMATION

\_\_\_\_\_  
Employer's Name\* (First, M.I., Last)      \_\_\_\_\_  
Name of Contact\*      \_\_\_\_\_  
Employer Identification Number\*      \_\_\_\_\_

\_\_\_\_\_  
Mailing Address\*      Suite #      \_\_\_\_\_  
City\*      \_\_\_\_\_  
State\*      \_\_\_\_\_  
Zip Code\*      \_\_\_\_\_

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

**PART II: CONTRIBUTION INFORMATION**

Source of Funds (Select One):

Elective Deferral	Amount: _____	Tax Year: _____
Employer Match Contribution	Amount: _____	Tax Year: _____
Employer Non-Elective Contribution	Amount: _____	Tax Year: _____
Direct Transfer	(Note: Select this option only if you are transferring assets from another SIMPLE IRA)	
Rollover	(Note: Select this option only if you are rolling over assets from another SIMPLE IRA)	
Recharacterization	Amount: _____	Tax Year: _____
Other	Explain: _____	

**Important:** Contributions made to your Simple IRA will be for the current tax year unless you specify prior year.

**\*Note:** The Fund's initial investment minimum is \$2,000.

**PART III: INVESTMENT SELECTION**

Name of Investment	Share Class	Total Investment Amount
1. Auer Growth Fund	NA	\$

**PART IV: BENEFICIARY DESIGNATION**

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, your SIMPLE 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, your SIMPLE 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 Trustee/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:** \_\_\_\_\_

**PART IV: BENEFICIARY DESIGNATION-CONTINUED**

Addendum attached and signed 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 a copy of the trust agreement or a certification, in writing, acceptable to the IRA Trustee/Custodian.

**PART V: DUPLICATE ACCOUNT STATEMENT**

Yes, please send a duplicate statement to:

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

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PART VI: PAYMENT METHOD**

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

**By Check**                      Enclose a check payable to the Auer Growth Fund for the total amount.

**By Wire**                        For wire instructions call Shareholder Services at 1-888-711-2837.

**From Employer**              Contributions will be forthcoming from my employer.

**Other**                             \_\_\_\_\_

*(Third party checks, counter checks, starter 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 VII: SPOUSAL CONSENT**

Complete this section only if you, the SIMPLE 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.

**CONSENT OF SPOUSE**

By signing below, I acknowledge that I am the spouse of the SIMPLE 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 VIII: ACKNOWLEDGEMENT** *(Note: This Application will not be processed unless signed below by the IRA Owner)*

By signing this SIMPLE 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 SIMPLE IRA Application, IRS Form 5305-SA, Disclosure Statement and Financial Disclosure, including the applicable fee schedule. I agree to be bound to their terms and conditions. I understand that if the deposit establishing the SIMPLE IRA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. I understand that I am responsible for the SIMPLE IRA transactions I conduct, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Signature of SIMPLE IRA Owner:

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

**PART IX: FOR DEALER USE ONLY**

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

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

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

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

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

\_\_\_\_\_  
State

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

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

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

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

**PART X: MAILING INSTRUCTIONS**

Please send completed application to:

**Regular Mail Delivery**  
Auer Growth Fund  
P.O. Box 46707  
Cincinnati, OH 45246-0707

**Overnight Delivery**  
Auer Growth Fund  
225 Pictoria Dr, Suite 450  
Cincinnati, OH 45246