

Entrust Arizona \_\_\_\_\_ performs record keeping and administration of your IRA on behalf of the custodian named in the disclosure statement received when the account was established will not review the merits of obtaining or using an IRA Card Checking<sup>sm</sup>.

**General Information**

<b>1. Your Name</b> (as it appears on your account application)	<b>2. Mother's Maiden Name</b>	<b>3. Last four SSN digits</b>	<b>4. Account number</b>
<b>5. Birthplace</b> (City, State)	<b>6. Address</b>		<b>7. Expected uses</b>
<b>8. Request is for:</b>			<b>9. Amount (\$1,000 minimum)</b>
<input type="checkbox"/> IRA Card <sup>sm</sup> <input type="checkbox"/> IRA Card Checks <sup>sm</sup> <input type="checkbox"/> IRA Card <sup>sm</sup> and IRA Card Checks <sup>sm</sup>			

<p><b>10. IRA Card Checking<sup>sm</sup> fees</b></p> <ul style="list-style-type: none"> <li>• Annual Administration Fee: \$75.00</li> <li>• Monthly Maintenance Administration Fee: \$20.00*</li> <li>• Point of sale / Signature transaction fee or check clearing fee: \$5.00*</li> <li>• Card Re-Issuance Fee (lost or stolen cards): \$25.00</li> <li>• Non-Sufficient Funds (NSF) Transaction: \$25.00 (no daily max limit)</li> <li>• Excess Contribution Return Fee \$25.00</li> </ul> <p><small>* Monthly Maintenance and POS / Signature transaction fees not charged for IRA Card Checking<sup>sm</sup> only used to satisfy required minimum distributions (RMD's). * Owner / operator may also impose a fee. * Reference your account fee schedule for all miscellaneous fees</small></p>	<p><b>11. IRA Card Checking<sup>sm</sup> limits</b></p> <ul style="list-style-type: none"> <li>• Minimum IRA Card Checking<sup>sm</sup> Opening Balance: \$1,000.00</li> <li>• Domestic ATM Withdrawal Maximum: \$500.00*</li> <li>• International ATM Withdrawal Maximum: \$500.00*</li> <li>• Signature-Based Transactions: \$750.00*</li> <li>• Point-of-Sale Based Transactions: \$750.00*</li> <li>• Cash Advance Limit: \$500.00*</li> <li>• Check issue limit equals cash available in IRA Card Checking<sup>sm</sup>**</li> </ul> <p><small>* Limits are based on a 24-hour period. Different transaction limits may apply depending on the terminals or ATM's used. ** Available cash equals the cash in your IRA Card Checking<sup>sm</sup> minus any outstanding items not yet presented for payment.</small></p>
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**12. IRA Card Checking<sup>sm</sup> fees paid by: Annual fee due when this form is submitted. If no indication is made fees will be deducted from your uninvested cash balance if available.**

Choose one:  Your account    Credit card   Card type: \_\_\_\_\_ Card number: \_\_\_\_\_

Check

Exact Name on card: \_\_\_\_\_

Security code: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

**13. Distributions: You must complete this section for any transactions that are or may be considered distributions from your IRA.**

Premature distribution (under 59½)    Normal distribution (age 59½ or older)    Distributions are being used for qualified expenses

**14. Withholding election (Choose either Option 1 OR 2. Complete this section regardless of the distribution type chosen).**

**Option 1.** Withhold federal income tax at the rate of \_\_\_\_\_% (not less than 10%) plus an additional amount of \$\_\_\_\_\_ from the amount withdrawn.

**Option 2.** Effective \_\_\_\_\_, I elect not to have federal income tax withheld. (Must have US Residence address on file.) I understand that I am still liable for the payment of Federal income tax on the taxable amount. I also understand that I may be subject to tax penalties under the estimated tax payment rules, if my payments of estimated tax and withholding, if any, are not adequate.

I certify that I am the proper party to receive payment(s) from this IRA, and that all information provided by me is true and accurate. I acknowledge that I have read the Notice of Withholding below and have completed the Withholding Election above. I further certify that no tax advice has been given to me by the Administrator, Custodian or Trustee, that distributions are reported to the IRS, and that all decisions regarding this withdrawal are my own. I expressly assume the responsibility for any adverse consequences, which may arise from this withdrawal, and I agree that the Administrator, Custodian or Trustee shall in no way be responsible for those consequences. I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete. **Please read the disclosure above the signature line before signing and dating.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**15. Notice of withholding on distributions from IRAs**

The distributions you receive from your individual retirement account established at this institution are subject to Federal income tax withholding unless you elect not to have withholding apply. You may elect not to have withholding apply to your distribution payments by completing the "Withholding Election" section above. If you do not complete the "Withholding Election" section by the date your distribution is scheduled to begin, Federal income tax will be withheld from the amount withdrawn at a rate of 10% (or a higher percentage if elected above). If you elect not to have withholding apply to your distribution payments, or if you do not have enough Federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient. Federal income tax withholding does not apply to Roth IRA distributions, except in the case of a return of an excess contribution plus earnings. The earnings will be taxable, even if the recipient otherwise meets the definition of a qualified distribution. The earnings attributable to an excess contribution made to a Roth IRA are subject to Federal income tax withholding at the rate of 10%, unless the recipient of the distribution checks the box above or fills in a different percentage. If you elect not to have Federal Income Tax withheld on the earnings attributable to an excess contribution you understand it is your responsibility to notify the Administrator of the amount to be withheld. You understand that your account is self-directed and that the Administrator and Custodian named in the disclosure statement received when the account was established will not review the merits, appropriateness and/or suitability of any investment in general, or in connection with my account in particular. You acknowledge that you have not requested that your administrator provide, and the Administrator has not provided, any advice with respect to the investment directive set forth in this form. You understand that neither the Administrator nor Custodian determine whether this investment is acceptable under the Employee Retirement Income Securities Act (ERISA), the Internal Revenue Code, or any applicable federal, state, or local laws, including securities laws. You understand that it is your responsibility to ensure compliance with these requirements. You understand that no one with the Administrator or any of its licensees has authority to agree to anything different than your foregoing understandings of Entrust policy. You understand the Administrator nor Custodian is a fiduciary for your account as such term is defined in the Internal Revenue Code, ERISA, or any applicable federal, state or local laws. You agree to release, indemnify, defend and hold Administrator and Custodian harmless from any claims arising from the issuance of your IRA Card Checking<sup>sm</sup> in compliance with ERISA, the Internal Revenue Code or any other applicable federal, state or local laws. You also understand and agree that Administrator and Custodian will not be responsible to take any action. You are directing (Company name) and the Custodian to complete this transaction as specified above. You confirm that this decision is in accordance with the rules of your account, and you agree to hold harmless and without liability Administrator and Custodian of your account. You assume all responsibility in ensuring that the Administrator is provided with full instructions (including, but not limited to, amounts, expected use, account number, tax withholding, ... etc.). This shall be valid and in full force and effect until revoked in writing to Administrator. You authorize the Administrator to receive statements and transaction information related to your IRA Card Checking<sup>sm</sup>. You understand this is necessary for proper record keeping and reporting under IRS rules and regulations. The Administrator will NEVER disburse or sell any client information without the signed approval of you, as its client. You understand that in no event shall the Administrator be liable for any consequential, special, incidental, punitive or indirect loss or damage which you may incur or suffer in connection with this agreement, the IRA Card Checking<sup>sm</sup>, unauthorized transactions or authorized transactions. You declare that you have examined this document, the IRA Card Checking<sup>sm</sup> disclosure and accompanying information. **You agree to the terms and conditions stated therein, and to the best of your knowledge and belief, it is true, correct, and complete. Do not email this form. Email is not a secure medium. Please send this form to the local office listed at the top of this form. Please read the disclosure above before signing and dating.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_