



## NEW ACCOUNT APPLICATION

*Your complete guide to establishing a new Individual 401(k) Account*

## NEW ACCOUNT INSTRUCTIONS

As part of our effort to provide you with quality service, we provide resources and tools to help you do business with us – quickly and easily. Refer to this guide for instructions to open a new account with iPlanGroup.

Additional documentation is required to open a new account and should be returned to iPlanGroup along with the New Account Application. Read the instructions below as you complete the process. Verify that the information provided on the form is complete and accurate to avoid delays in establishing your new account.

<b>WHAT DO I NEED TO OPEN AN ACCOUNT?</b>	Once you have decided to establish an account, you must complete, sign and return the New Account Application along with a copy of your driver's license. Prior to funding the account, iPlanGroup must receive all of the necessary documents, completed and signed by all parties.		
<b>IS THERE ANYTHING IMPORTANT THAT I NEED TO BE AWARE OF, WHEN COMPLETING THE APPLICATION?</b>	<p>Yes, please note the following:</p> <p><b>Section 1:</b> You must include a Legal Address ("Residence Address") on the application. A Post Office Box may be used for your Mailing Address, if desired; however we must have a legal address on record as well.</p> <p><b>Section 4:</b> If listing multiple beneficiaries, please ensure that the total combined percentage of each beneficiary adds up to 100%.</p> <p><b>Section 5:</b> If married and listing someone other than your spouse as the primary beneficiary, or listing a beneficiary in addition to your spouse, please ensure that your spouse has signed the Spousal Consent portion of the form; as required by law.</p>		
<b>HOW ARE FEES HANDLED?</b>	<p>iPlanGroup has a simplified fee schedule; the one-time Account Establishment Fee of \$50.00 with a One-Time Plan Enrollment Fee of \$1,500.00 and \$150.00 for the second Participant. Thereafter, the Annual Administration Fee is based upon the type of account you have, how many accounts you have, and how active of an investor you are. These fees range from \$225.00 - \$975.00 based on value and/or type of account(s) that you have established.</p> <p>All Self-Directed individual 401k plans held with iPlanGroup will receive bookkeeping services by Ascensus Inc. Ascensus specializes in recordkeeping, administrative, and program management services, supporting over 40,000 retirement plans and is home to one of the largest ERISA consulting teams in the country.</p> <p>The following options are available for paying fees:</p> <ul style="list-style-type: none"> <li>• <b>Debit</b> (<i>The fees will be deducted from your IRA Account</i>)</li> <li>• <b>Credit Card</b> (<i>we accept all credit cards; a 5% charge will apply</i>)</li> <li>• <b>Check</b> (<i>Made payable to: IRA Plan Partners, LLC DBA iPlanGroup</i>)</li> </ul>		
<b>HOW SHOULD I SUBMIT DOCUMENTS TO IPLANGROUP?</b>	<p><b>VIA FAX:</b> 440-815-2214</p>	<p><b>VIA E-MAIL:</b> NewAccounts@iPlanGroup.com</p>	<p><b>VIA REGULAR MAIL/OVERNIGHT DELIVERY:</b>  iPlanGroup ATTN: New Accounts 28011 Clemens Road, Suite B Westlake, Ohio 44145</p>
<b>ONCE THE ACCOUNT IS ESTABLISHED, HOW DO I FUND THE ACCOUNT?</b>	<p>Depending upon the method that you've chosen to fund the account, you must submit the following: <b>Transfer:</b></p> <ul style="list-style-type: none"> <li>• <b>Recent Statement</b> – You must submit a copy of your most recent statement, no more than 90 days old, from your former Plan Administrator.</li> <li>• <b>Brokerage Transfer Request Form</b> – This is only required if you are transferring from a brokerage account in-kind (meaning you are transferring stocks or mutual funds as-is without liquidating).</li> </ul> <p><b>Rollover:</b></p> <ul style="list-style-type: none"> <li>• <b>Direct Rollover Form</b> – This is required if you are completing a direct rollover from Plan Administrator to iPlanGroup. Please ensure that the rollover is properly titled (see Titling section below).</li> </ul> <p><b>Contribution:</b></p> <ul style="list-style-type: none"> <li>• <b>Contribution Form</b> – Verify that you are eligible to make a contribution based on the current IRS MAGI Limits. Additionally, please make sure to indicate the year for which the contribution is intended.</li> <li>• <b>Check or Wire Transfer</b> – Ensure that the funding is properly titled (see Titling section below).</li> </ul>		
<b>HOW DO I TITLE THE FUNDING?</b>	<p><i>Trustee Name, TTEE, Plan Name 401K, FBO Participants Name, C/O iPlanGroup</i></p>		
<b>CONTACT US</b>	We are available to assist you with your account. If you have questions, please call us at 855-604-7526, weekdays between 9 a.m. and 5 p.m. eastern time.		

# Individual 401(k) Account Application

Use this form to establish an Individual 401(k) 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, address, 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 completing a transaction on behalf of a legal entity that will own the account. We will return your application if any of this information is missing. 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, please call iPlanGroup.

INTERNAL USE ONLY	
Producer	
Code:	

## 1. Employer Information

Business Name of Adopting Employer:		Employer's Federal Tax ID Number (EIN)		Primary Phone:	
Business Address:		City:		State:	Zip Code:
Plan Name:		Nature of Business:		Business Code:*	
Type of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corp <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Other		Specify:			

\*The 6-digit Business Code can be obtained at [www.irs.gov/instructions/i5500ez](http://www.irs.gov/instructions/i5500ez). Review the selection titled Form 5500 and 5500EZ, codes for Principal Business Activity.

## 2. Account Owner Information

Name:		Social Security Number:		Date of Birth:	
				M   M   D   D   Y   Y	
Residence Address:		City:		State:	Zip Code:
Mailing Address:		City:		State:	Zip Code:
Primary Phone:		Secondary Phone:		Email Address:	
Fax Number:		ID Number:	State/Country of Issuance:		Expiration Date:
Are you known by any other name? Specify:		County of Citizenship:		County of Legal Residence:	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No					

## 3. Designation of Beneficiaries (Attach An Additional Page If More Space Is Needed)

Individual 401(k) 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 Individual 401(k) 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 Individual 401(k) assets will be distributed in equal shares (unless otherwise indicated) to the contingent beneficiaries who survive you. The interest of any beneficiary that predeceases the IRA owner terminates completely, and the percentage share of any remaining beneficiaries will be increased on a pro rata basis. 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 Administrator.

<input type="checkbox"/> Primary Beneficiary	<input type="checkbox"/> Contingent Beneficiary	Share Percentage* %			
Name:		Social Security Number:		Date of Birth:	
				M   M   D   D   Y   Y	
Address:		Relationship:		Phone Number:	
City:	State:	Zip Code:	Email Address:		

# Individual 401(k) Account Application

Use this form to establish an Individual 401(k) IRA



## 3. Designation of Beneficiaries (Continued)

<input type="checkbox"/> Primary Beneficiary	<input type="checkbox"/> Contingent Beneficiary	Share Percentage: %	
Name:		Social Security Number:	Date of Birth:
Address:		Relationship:	Phone Number:
City:	State:	Zip Code:	Email Address:

<input type="checkbox"/> Primary Beneficiary	<input type="checkbox"/> Contingent Beneficiary	Share Percentage: %	
Name:		Social Security Number:	Date of Birth:
Address:		Relationship:	Phone Number:
City:	State:	Zip Code:	Email Address:

<input type="checkbox"/> Primary Beneficiary	<input type="checkbox"/> Contingent Beneficiary	Share Percentage: %	
Name:		Social Security Number:	Date of Birth:
Address:		Relationship:	Phone Number:
City:	State:	Zip Code:	Email Address:

## 4. Spousal Consent (Required If You Are Married)

This section may have important tax consequences to you and your spouse. 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.

- ☐ I am not married - I understand that if I become married in the future, I must complete a new beneficiary designation that includes that spousal consent provisions.
- ☐ I am married - I understand that if I designate a primary beneficiary other than my spouse, or in addition to my spouse, my spouse must sign below.

By signing below, I acknowledge that I am the spouse of the Account 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 Administrator, nor the Custodian, has not provided me any legal or tax advice. Individual 401(k) owners who reside in or whose IRA is located in a community or marital property state should review this section.

Spouses Name:	Spouses Signature:	Date:
	X	

# Individual 401(k) Account Application

Use this form to establish an Individual 401(k) IRA



## 5. Payment of Investment Processing Fees

Select One Of The Following Options For How You Would Like To Pay For Your Account Fees:

- ☐ By debiting fees from my account      ☐ By enclosed check payable to iPlanGroup  
(For account set-up and annual administration fee only)      ☐ By credit card: Please go to [iplangroup.com/AE50](http://iplangroup.com/AE50)

## 6. Account Access and Statement Delivery Preferences

In addition to online access, please select from the following option if you would also like a paper statement:

- ☐ Quarterly Statements by U.S. Mail - \$10.00 per quarter fee for each paper statement

## 7. Account Security Code

Select a 4-digit security code (PIN) for your Account. This PIN will be used to verify your identity when you call iPlanGroup or to confirm certain transactions and service requests for your Account.

Please select your 4 digit pin here:

Select one of the security questions and provide your answer to the question you select below. This security question will be used in the event that you are unable to remember your confidential PIN.

- ☐ What is your father's middle name?      ☐ What was your first pet's name?      ☐ What is your favorite sport's team?      Answer:

## 8. How Did You Hear About iPlanGroup?

- ☐ Newspaper      ☐ Radio      ☐ Television      ☐ Advertisement      ☐ Internet      ☐ Referral, Name: \_\_\_\_\_
- ☐ Seminar/Workshop, Reference #: \_\_\_\_\_      ☐ Expo/Trade Show, Reference #: \_\_\_\_\_
- ☐ iPlanGroup Representative, Name: \_\_\_\_\_      ☐ Other, Please Explain: \_\_\_\_\_

## 9. ACKNOWLEDGMENT & SIGNATURE

I understand that this Account Application, including the terms and conditions of the Documents (defined below), sets forth the terms of my relationship with Custodian and Administrator. For purposes of this Account Application, the terms Administrator and Custodian include their agents, assigns, joint ventures, licensees, franchisees, affiliates, and/or business partners. I have been advised by Administrator to seek the advice of independent legal, tax and/or investment counsel prior to executing this Agreement.

**Self-Directed Account.** I acknowledge and understand that my Account is Self-Directed and that as Account Owner I alone (or upon my death my beneficiary(ies)) shall direct the Administrator to invest on behalf of my Account, all contributions and earnings in my Account in investments that are acceptable to Custodian and Administrator, and that are considered administratively feasible by the Custodian and Administrator, in such amounts as are specifically selected and specified by me in orders to the Custodian and Administrator in such form as may be acceptable to or provided by Administrator, without regard to whether such investment is authorized by the laws of any jurisdiction as a retirement account investment or to the suitability, merits, legitimacy, diversification, or risks of the investment.

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## 9. ACKNOWLEDGMENT & SIGNATURE

**Appointment of Administrator and Custodian.** I, the Account Owner, hereby appoint IRA Plan Partners, LLC DBA iPlanGroup ("iPlanGroup") to act as Administrator ("Administrator") of my Account and I appoint Mainstar Trust to act as Custodian for my Account ("Custodian"). I understand and acknowledge that Administrator has entered into an administrative services agreement with Custodian under which Administrator is to provide administrative services for the Account Owner's Account, and to properly fulfill its duties to Account Owner as Administrator. Under the terms of the administrative services agreement, all communication between the Participant and the Custodian shall be handled through Administrator. I acknowledge and agree that this Account Application & Adoption Agreement and the applicable Form 5305 (Custodial Account Agreement and Disclosure Statement), together with the Fee Schedule and any other written instructions (all such documents being incorporated herein by this reference) collectively comprise my entire agreement and govern all aspects of my relationship with the Custodian, Administrator, and/or any future trust entity. I acknowledge and agree that Administrator is independent of the Custodian and not empowered or authorized to obligate or bind Custodian, and vice versa. Furthermore, nothing in this Agreement shall be construed to render Administrator, any future trust entity, affiliate, employee, joint venture partner, strategic partner, as an agent of, or with Custodian. Custodian shall not be responsible or liable under any circumstances for any representations or statements made by Administrator or the trust entity and neither Administrator nor the contemplated trust entity shall be responsible or liable under any circumstances for any representation or statement made by the Custodian. Neither Administrator nor Custodian is a trustee, mortgage broker, asset manager, investment advisor or loan servicing agent with respect to me or my Account and neither shall have any discretionary power, authority or control with respect to the acquisition, management, investment, or disposition of my Account or assets held in my Account.

**Fee Disclosure, Referral Fees.** Depositor agrees to pay the fees set forth in the accompanying Fee Schedule. The Custodian reserves the right to charge fees for performing its duties and meeting its obligations under this Agreement. All fees, which are subject to change from time to time, will be disclosed on the Custodian's fee schedule or other disclosure document provided by the Custodian. The fees and services can be changed at any time without notice to Depositor. The Administrator and/or Custodian may pay a referral fee, one time or recurring to brokers, financial institutions, and other entities or individuals, which/who referred Depositor's account to the Administrator and/or Custodian.

**No Fiduciary Relationship.** I understand and agree that the appointment set forth herein does not create a fiduciary relationship between me or my Account and the Administrator or Custodian.

**No Tax, Legal, or Investment Advice.** I understand and acknowledge Custodian and Administrator do not provide or assume responsibility for any tax, legal, or investment advice with respect to the investments and assets in my Account, and will not be held liable for any loss which results from my exercise of control over my Account. I understand that my Account is Self-Directed, and I take complete responsibility for any investments I instruct Administrator to make on behalf of my Account. Furthermore, I understand that neither Custodian nor Administrator sells or endorses any investment products. If the services of the Custodian and the Administrator were marketed, suggested, or otherwise recommended by any person or entity, such as a financial representative or investment promoter, I understand that such persons are not in any way employees, representatives, agents, independent contractors, subsidiaries, affiliates, partners, or consultants of Custodian or Administrator, and that the Custodian and the Administrator are not responsible for and are not bound by any statements, representations, warranties, or agreements made by any such person or entity. I will consult independently, as I determine is necessary, with my own CPA, attorney, financial planner, or other professional prior to directing the Administrator to make any investment in my Account.

**Investment Instructions.** I hereby instruct Administrator and Custodian to follow the investment directions which I provide to Administrator relating to my Account. I understand and acknowledge that all investment directions must be in the form of an executed Administrator approved direction letter. I understand that Administrator will not accept verbal investment directions and that Administrator may accept and act in accordance with electronic copies of signed direction letters or other Documents. Administrator does not verify any signatures and I am responsible for any damages associated with falsified or forged information or signatures. In taking any action related to my Account, Custodian and Administrator may act solely on my instruction, designation, or representation. I understand that I am responsible for providing true, correct, and complete information in any instruction to Custodian or Administrator and that Custodian and Administrator are not responsible for any damages caused by or related to incomplete or incorrect information, misleading or impossible instructions, or falsified or forged information or signatures contained in a direction to Custodian or Administrator.

**Prohibited Transactions.** I acknowledge and agree that my Account is subject to the provisions of Internal Revenue Code (IRC) Section 4975 which defines certain prohibited transactions. Furthermore, I understand and agree that neither the Custodian nor the Administrator will at any time make any determination as to whether any transaction or investment in my Account is prohibited under sections 4975, 408(e), or 408A, or under any other state or federal law. I accept full responsibility to ensure that the investments in my Account comply with all applicable federal and state laws, regulations, and requirements and that none of the investments in my Account will constitute a prohibited transaction.

**Unrelated Business Income Tax.** I understand and agree that my Account is subject to provisions of IRC Sections 511-514 relating to Unrelated Business Income Tax (UBIT) of tax-exempt organizations. I agree that if I direct the Administrator to make any investment in my Account which generates income that is subject to UBIT, that I will be responsible for preparing or having prepared the required IRS form 990-T tax return, an application for an Employer Identification Number (EIN) for my Account, and any additional documents which may be required, and for submitting them to the Administrator for filing with the Internal Revenue Service at least ten (10) days prior to the date on which the return is due, along with an appropriate directive authorizing the Administrator to execute the forms on behalf of my Account and to pay the applicable tax from the assets in my Account. I understand that the Custodian and Administrator do not make any determination of whether or not investments in my Account generate income that is subject to UBIT, have no duty to and do not monitor whether my Account has incurred UBIT, and do not prepare Form 990-T on behalf of my Account.

**No FDIC Insurance for Investments.** I recognize that investments purchased and/or held within my Account: 1) are not insured by the Federal Deposit Insurance Corporation (FDIC); 2) are not a deposit or other obligation of, or guaranteed by, either the Custodian or the Administrator; and 3) are subject to investment risks, including possible loss of the principal amount invested.

# Individual 401(k) Account Application

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## 9. ACKNOWLEDGMENT & SIGNATURE (Continued)

**Adequate Information.** I acknowledge that I have received a copy of Administrator's Fee Schedule and have had an opportunity to review the appropriate IRS Form 5305 for my Account type, and that from time to time Administrator will provide further documents and forms for my information and use in connection with my Account (all documents provided or made available to me by Administrator relating to my Account are hereafter collectively referred to as "Documents"). I understand and acknowledge that the Documents contain terms and conditions which apply to my Account, and I agree to be bound by those terms and conditions, as they may be amended from time to time.

I understand that my failure to immediately notify Administrator in writing of my objection to a term or condition of a Document is deemed a waiver of such an objection. If this Application relates to an individual retirement Account (an "IRA"), I understand that I may revoke the Application without penalty by delivering written notice to Custodian within seven (7) days from the date that I submit this Application to Administrator. I acknowledge and attest that Administrator has provided me with sufficient information to make this Account Application and that I have had the opportunity to request further information, and I am satisfied with any and all of the information I have been provided.

**Beneficiaries.** I direct that all benefits upon my death be paid as indicated above (or as directed in any subsequent change in the designation of beneficiaries submitted to Administrator in writing, on a form provided by Administrator).

**Rollover Contributions.** In the event that this is a rollover contribution, I hereby irrevocably elect, pursuant to the requirements of Section 1.402(a)(5)-1T of the IRS regulations, to treat this contribution as a rollover contribution.

**Trust or Entity as Beneficiary.** If I have named a beneficiary which is a Trust or other entity, I understand that I must provide certain information concerning such Trust or entity to the Administrator or Custodian.

**Release; Indemnification; Litigation Costs.** I agree that the Custodian and the Administrator have no duty other than to follow my written instructions and will be under no duty to question my instructions and will not be liable for any investment losses sustained by me or my Account under any circumstances. I understand that Administrator and Custodian are acting only as my agent, and nothing will be construed as conferring fiduciary status or responsibility on either party. I understand that obtaining any information or communication related to the investment is my responsibility regardless of if it was sent initially to the Administrator or some other party. The Administrator will attempt to forward communications received, but is not responsible for my timely receipt of any such communication. I understand and agree that Administrator does not offer or provide, through its website, workshops, or any other means, any investment advice, structure, guidance, or strategies, or any tax advice, legal advice, due diligence, research, recording or title services, or endorsement of professional relationships ("Advisory Activities"). I further understand and agree that I am not relying upon, any representations, warranties, promises, or guarantees regarding any investment, including, but not limited to, the quality of an investment, investment performance, preservation of capital, return on capital, feasibility of an investment strategy, security lien positions, placement of security interests, the credibility of business practices, ethics of any kind, or an investment's compliance with the Employee Retirement Income Securities Act ("ERISA"), the Internal Revenue Code ("IRC"), or any applicable federal, state, or local law, including securities laws ("Investment Representations"). If I desire any Advisory Activities or Investment Representations, I will not look to or rely on Administrator, for any advice or guidance of any nature, but will consult with an appropriate legal, accounting, or financial professional of my choosing. Additionally, I am aware of the transactions prohibited by Internal Revenue Code Section 4975 ("Prohibited Transactions") and I certify and agree that I will not participate in nor request Administrator to participate in any Prohibited Transaction. Acknowledging and understanding that Administrator will not provide Advisory Activities, make Investment Representations, or participate in Prohibited Transactions, I release Administrator from any claims regarding Advisory Activities, Investment Representations, and Prohibited Transactions, in the broadest sense. Specifically, I release and forever discharge Administrator, and covenant not to directly or indirectly sue for or otherwise assert against Administrator, in any forum, any and all claims of any nature whatsoever, which I had, now have, or may claim to have against Administrator, arising out of or related to Advisory Activities, Investment Representations, or Prohibited Transactions. This release extends to all claims, whether known or unknown, present or future. It is my intention to fully, finally, and forever release any claims regarding Advisory Activities, Investment Representations, or Prohibited Transactions, and in furtherance of this intention, this release remains in effect as a full and complete release notwithstanding the discovery of any additional claims or facts. In the event I am transferring my Account from another custodian and/or administrator, I will not hold Custodian or Administrator liable or responsible for anything done or omitted in connection with my Account prior to the date Custodian is in possession of all of the assets in connection with my Account. Neither Custodian nor Administrator has any duty or responsibility to inquire into or take any action with respect to any acts performed by a prior custodian or administrator.

Furthermore, I hereby indemnify and hold harmless Administrator and Custodian from and against any and all damages, liabilities, obligations, penalties, fines, judgments, claims, deficiencies, losses, costs, expenses, assessments (including without limitation, interest, penalties, and reasonable attorneys' fees) arising out of or resulting from: (i) any action taken by Administrator or Custodian in reliance upon my instructions, designations, or representations; (ii) any action taken by Administrator or Custodian in the exercise of any right, power, or duty of Custodian or Administrator; (iii) any Prohibited Transaction; (iv) any claim made by a third party related to my Account whereby Administrator or Custodian is named as a party; and (v) any act or omission by a prior custodian or administrator. In the event of any claim or damage subject to the foregoing indemnification, Administrator and Custodian may: (i) at their sole discretion, select their own attorneys to represent them; and deduct from my Account amounts sufficient to pay for any damages, costs, and expenses associated with such claim, including, but not limited to, all internal costs and attorneys' fees and costs incurred by Administrator or Custodian in connection with such claim (collectively, "Litigation Costs"). If there are insufficient funds in my Account to fully reimburse Administrator and Custodian for all Litigation Costs, upon demand by Administrator or Custodian, I agree to promptly reimburse Administrator and/or Custodian the outstanding balance of the Litigation Costs. If I fail to promptly reimburse the Litigation Costs, Administrator and Custodian may seize and/or liquidate any of my assets under their control, and/or initiate legal action in order to obtain full reimbursement of the Litigation Costs. If any provision of this Application is found to be illegal, invalid, void, or unenforceable, such provision is severed and such illegality or invalidity does not affect the remaining provisions, which remain in full force and effect.

## Individual 401(k) Account Application

Use this form to establish an Individual 401(k) IRA



### 9. ACKNOWLEDGMENT & SIGNATURE (Continued)

**Note:** This application will not be processed unless signed below by the Individual 401(k) Owner (or Inherited IRA Owner.)

By signing this Individual 401(k) Application, I certify that the information I have provided is true, correct, and complete, and the Administrator, iPlanGroup, and the Custodian, Mainstar Trust, may rely on what I have provided. In addition, I have read and received copies of the Individual 401(k) Application, IRS Form 5305-A, 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 Individual 401(k) transactions I conduct, and I will indemnify and hold the Administrator and 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 Individual 401(k) IRA contains rollover dollars, I elect to irrevocably designate this deposit as a rollover contribution. If I am an Inherited IRA Owner, I understand the distribution requirements and the contribution limitations applicable to Inherited IRA Owners. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Administrator nor the Custodian.

#### Account Owner Authorization and Signature

X

Print Name

Date

#### Responsible Individual Authorization and Signature\*\*

X

Print Name

Date

\*\*Responsible Individual and the Custodial Accounts that are established for minors are registered under the minor's Social Security Number but are managed by a designated adult, often a parent or guardian, referred to as the Responsible Individual. The Responsible Individual shall have the right to determine whether a contribution to or distribution from the Custodial Account shall be permitted or required by law. This would include determining the eligibility, amount, and tax effect of any contribution to or distribution from the Custodial Account. The Responsible Individual will instruct iPlanGroup to make all account transactions, including but not limited to, contributions, distributions, investments, expenses, transfers, rollovers, and will notify us in the event the account owner's death.



# IRA Plan Partners, LLC DBA iPlanGroup Privacy Policy

This is the privacy policy of iPlanGroup. This document explains our internal policies regarding how we collect, use and disclose your non-public information.



## 1. THE INFORMATION WE COLLECT

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iPlanGroup collects information using various methods including but not limited to: event driven leads, web opt-ins, webinars, client referrals, surveys, and general feedback.

When you establish an account with IRA Plan Partners, LLC DBA iPlanGroup (hereinafter referred to using “we” “our” “us” or “iPlanGroup”) we will collect and store your personal information. All information that we obtain from you will aid us in overseeing your account and investment needs with our company. If for any reason, you terminate your relationship with us, we will continue to adhere to the current privacy policy.

The type of personal information we collect may include, but is not limited to: name, contact information, identification information, credit card information, beneficiary information, marital status, educational background, occupational information, salary information, annual income, net worth, investment experience, investment objectives, relationships with broker dealers and/or investment advisors, account number and related/unrelated responsible third parties.

## 2. HOW WE USE THIS INFORMATION

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The information collected is used to aid in the provision of our various retirement accounts and services we provide to you as your chosen IRA administrator such as: customer service, accounting/recordkeeping, transfers, purchase/sale of investment assets, expense payments, contribution/distribution of funds, changes in pricing of assets, mail forwarding, tax reporting, etc.

This information is typically obtained with the completion of iPlanGroup’s internal account opening kits, account establishment applications, Custodial Agreements, investment kits, and account maintenance forms.

All information that we retain will be used by all contractual employees and our affiliates who may play a role in servicing your retirement account needs.

We may record calls to/from our employees for the purpose of accuracy and performance reviews, training and general quality assurance. All recorded calls will be retained for 30 days, at which time, they will be destroyed.

## 3. INFORMATION THAT WE SHARE ABOUT YOU OR YOUR ACCOUNT

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Unless directed by you through the completion of our Agent Authorization Form or Interested Third Party section found within our investment forms/kits, we do not disclose nonpublic personal information to any unaffiliated third parties. However, there may be situations in which we may be obligated to provide your account information in order to comply with law enforcement, federal, state and local agencies. In addition, we may be required to disclose necessary account information to the IRS for tax purposes and/or concerns of suspicious activity. When completing any of our internal investment related authorization forms, we may communicate known deficiencies to the appointed realtors, selling agents, title companies, county agents, recording officers, legal counsels, brokers, managing members, principals and/or investment advisors associated with our request in order to help facilitate the completion of your requests related to your individual retirement accounts.

## 4. CHANGES TO OUR PRIVACY POLICY

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iPlanGroup will provide you with a copy of our Privacy Policy on an annual basis as required by federal law. In addition, iPlanGroup reserves the right to modify this policy at any time while complying with all federal and state law regulations. If such changes are made to this document, you will receive a copy of our amended Privacy Policy.

## 5. HOW TO CONTACT IPLANGROUP WITH QUESTIONS

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If you have any questions or concerns you may contact us at 1-855-604-7526. We respect your desire for privacy and take our commitment to protecting the confidentiality of your personal financial information very seriously. We appreciate and value your business and look forward to our continued relationship. Thank you for choosing IRA Plan Partners, LLC DBA iPlanGroup .