



NEW ACCOUNT KIT

Your complete guide to establishing a new ROTH IRA

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. Please 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.

WHAT DO I NEED TO OPEN AN ACCOUNT?	A completed, signed application.			
HOW ARE FEES HANDLED?	iPlanGroup has a simplified fee schedule; the one-time Account Establishment Fee of \$50.00. The Annual Administration Fee is based upon your account value. The following options are available for paying fees: <ul style="list-style-type: none"> • Debit (<i>The fees will be deducted from your IRA Account</i>) • Credit Card (<i>we accept all credit cards; a 5% charge will apply</i>) • Check (<i>Made payable to: iPlanGroup and include the fee payment info on the memo line</i>) 			
HOW SHOULD I SUBMIT DOCUMENTS TO IPLANGROUP?	<table border="0"> <tr> <td style="vertical-align: top;"> VIA FAX: 440-815-2214 </td> <td style="vertical-align: top;"> VIA E-MAIL: Accounts@iPlanGroup.com </td> <td style="vertical-align: top;"> VIA REGULAR MAIL/OVERNIGHT DELIVERY: iPlanGroup ATTN: New Accounts 28011 Clemens Road, Suite B Westlake, Ohio 44145 </td> </tr> </table>	VIA FAX: 440-815-2214	VIA E-MAIL: Accounts@iPlanGroup.com	VIA REGULAR MAIL/OVERNIGHT DELIVERY: iPlanGroup ATTN: New Accounts 28011 Clemens Road, Suite B Westlake, Ohio 44145
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ONCE THE ACCOUNT IS ESTABLISHED, HOW DO I FUND THE ACCOUNT?	Depending upon the method that you’ve chosen to fund the account, you must submit the following: <p>Transfer:</p> <ul style="list-style-type: none"> • iPlanGroup Account Transfer Form – completed, signed and dated. • Recent Statement – You must submit a copy of your most recent statement, no more than 90 days old, from your former custodian/trustee. <p>Rollover:</p> <ul style="list-style-type: none"> • Please contact your current custodian/trustee to initiate. <p>Contribution:</p> <ul style="list-style-type: none"> • Contribution Form – Please verify that you are eligible to make a contribution. Additionally, please make sure to indicate the year for which the contribution is intended. • Check or Wire Transfer – Please ensure that the funding is properly titled (see Titling section below). 			
HOW DO I TITLE THE FUNDING?	iPlanGroup Agent for Custodian FBO (Your Name) ROTH IRA <p style="text-align: center;">OR</p> iPlanGroup Agent for Custodian FBO (Your Account #) ROTH IRA			
CONTACT US	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.			

ROTH IRA APPLICATION

Use this form to establish a ROTH IRA with iPlanGroup.

CLEAR FORM



INTERNAL USE ONLY
Producer Code:

1. ACCOUNT OWNER INFORMATION

Name		Social Security Number		Date of Birth (MM/DD/YY) / /	
Legal Address		City		State	Zip Code
Mailing Address		City		State	Zip Code
Primary Phone	Secondary Phone		Email Address		

2. ACCOUNT FUNDING INSTRUCTIONS

Select the applicable option(s) below to indicate your intended method(s) of funding your account.

- Transfer from an Existing Account**
 - Submit the Account Transfer Form and a copy of your statement
- 60 Day Distribution Rollover**
 - Select this option if you have withdrawn funds from your existing retirement plan within the previous 60 days.
 - Submit a Rollover Certification Form along with your Rollover check.
- Direct Rollover from a Qualified Plan**
 - Submit the Direct Rollover Request Form along with any documents required by your employer's plan.
 - Contact your plan administrator to initiate a direct rollover.
- Contribution**
 - Complete the Contribution Deposit Form.
 - Select this option to make an annual contribution by check payable to iPlanGroup FBO (Client Name).
 - Indicate the tax year for which the contribution is to be applied to in the memo section on the front of your check.
 - If no tax year is indicated, the contribution will be applied to the current year.

3. PAYMENT OF ACCOUNT PROCESSING FEES

Select an option below to indicate how you would like to pay for your Account Establishment Fee and 1st Year Administration Fee.

- By Check Made Payable to iPlanGroup**
- Debit Fees from This Account**
 - Fees will be deducted once your account is funded based on your selection above.
 - If establishing the account with a specific investment in mind, please ensure there are enough funds available in the account to cover both the fee(s) & the funds needed for the investment.
- Charge Credit Card** If selecting the Charge Credit Card option, An online payment link will be sent to the E-mail address provided below prior to funding.

E-mail Address: _____



4. DESIGNATION OF BENEFICIARIES

Indicate your desired account beneficiary(ies). You must indicate at least one, and may attach an additional page if listing more than 3.

1) Beneficiary Type <input type="checkbox"/> Primary	Share Percentage %	Relationship to Account Owner		
Name	Social Security Number	Date of Birth (MM/DD/YY)	/	/
Address	City	State	Zip Code	

2) Beneficiary Type <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share Percentage %	Relationship to Account Owner		
Name	Social Security Number	Date of Birth (MM/DD/YY)	/	/
Address	City	State	Zip Code	

3) Beneficiary Type <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Share Percentage %	Relationship to Account Owner		
Name	Social Security Number	Date of Birth (MM/DD/YY)	/	/
Address	City	State	Zip Code	

5. SPOUSAL STATUS AND CONSENT

Are you currently married?

No, I am not married

I understand, should I become married in the future, I must complete a new Beneficiary Designation that includes the spousal consent provisions as listed below. (Review the information under the "Yes" option below, then move to next section.)

Yes, I am married, and:

My spouse is my sole beneficiary as listed in Section 4. (Skip to next section)

My spouse is NOT my sole beneficiary. I have listed beneficiaries in addition to, or in place of, my spouse. (Spouse Signature Required)

SIGNATURE OF SPOUSE

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 custodian/administrator has not provided me any legal or tax advice.

Spouses Signature X	Spouses Name (Please Print)	Date / /
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6. QUARTERLY STATEMENT DELIVERY METHOD

Account Statements are generated quarterly and can be viewed by logging into your account online. In addition to online access, would you like your quarterly statement sent to you by mail?

- No, I do not need my quarterly statements mailed to me. I am satisfied with viewing my statements online.
Yes, I would like you to mail me a copy of my quarterly statement by mail.
Note: This option will incur a \$10.00 fee per quarter for each statement sent by mail.

7. ACCOUNT SECURITY CODE

Select a 4-digit Security Code for your account. This code will be used to verify your identity when communicating with iPlanGroup regarding account specific and/or confidential information.

Account Security Code

8. HOW DID YOU HEAR ABOUT iPlanGroup?

- Coach, Advisor or Consultant
Real Estate Club or Association
Webinar or Podcast
Search Engine
Event, Seminar or Workshop
Referred by Current Client
Social Media or App
Other

Name or Details:

9. ACKNOWLEDGMENT & SIGNATURE

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

By signing this Roth IRA Application, I certify that the information I have provided is true, correct, and complete, and the Administrator, iPlanGroup, and the Custodian, Fortis Bank, 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 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 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 Administrator nor the Custodian.

ACCOUNT APPLICANT OR RESPONSIBLE INDIVIDUAL AUTHORIZATION AND SIGNATURE
Signature
Print Name
Date