



Email: service@siebert.com  
Phone: 800.872.0444

FOR BRANCH USE ONLY	
Branch Prefix	Account Number
RR1/Rep of Record	RR2/Pay-To Rep
Agency	
Are holders employees of your B/D? <input type="checkbox"/> No <input type="checkbox"/> Yes	

## Premiere Select® SIMPLE IRA Application

Use this application to establish a Premiere Select SIMPLE IRA with your Broker-Dealer to be held at National Financial Services LLC ("NFS"). Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information or signatures, use a copy of the relevant page.

### 1. SIMPLE IRA Owner

Personal Information			
Enter full name as evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card). Refer to the eDelivery section for more information about how your email or phone number may be used.			
First Name	Middle Name	Last Name	
Date of Birth MM DD YYYY	Email		
Primary Phone	Alternate Phone	<input type="checkbox"/> Single/Divorced/Widowed	# of Dependents
<input type="checkbox"/> Mobile		<input type="checkbox"/> Married	
Taxpayer ID Number	Required	Country of Citizenship	
	<input type="checkbox"/> SSN/ITIN <input type="checkbox"/> EIN/TIN		
Type of Government-Issued ID	ID Number		
State/Country of ID Issuance	ID Issuance Date	ID Expiration Date	
Legal Address			
Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country
Mailing Address			
<input type="checkbox"/> Same as Legal Address			
Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

## 2. Employer Information

See the Summary Description provided by your employer for the following information.

Employer Name		Contact Name	
Address 1		Address 2	
City	State/Province	Zip/Postal Code	Country

Employer Tax ID Number
------------------------

Complete the following only if you are transferring your existing SIMPLE IRA to the Premiere Select SIMPLE IRA Plan.

- ☐ My employer maintains their SIMPLE IRA Plan at another Financial Institution, but I am establishing a Premiere Select SIMPLE IRA.

Simple Funding Date MM DD YYYY
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If no date provided, date of first contribution will be used.

## 3. Affiliations and Associations *Industry regulations require us to ask for this information.*

Check all that apply and provide information.

- ☐ You are an accredited investor, as defined in Rule 501(a) of the Securities Act of 1933.
- ☐ You are associated with a U.S. registered Broker-Dealer that is different than the Broker-Dealer that will hold this account.
- ☐ You are a member of the board of directors, a 10% shareholder, a policy-making officer, or someone who can direct the management policies of a publicly traded company.
- ☐ You are employed by or associated with the Broker-Dealer that will hold this account, as defined in Section 3(a)(18) of the Securities Exchange Act of 1934.
- ☐ You are associated with a U.S. Registered Investment Advisor.
- ☐ You are, or an immediate family/household member is, a senior foreign political figure.
- ☐ You are, your spouse, or any of your relatives (including parents, in-laws and/or dependents, etc.), living in your home (at the same address), is a member of the board of directors, is a 10% shareholder, or is a policy-making officer or can direct corporate management of policies of a publicly traded company (an "Affiliate"). You must provide the information below:

Company Name	CUSIP or Symbol
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- ☐ Check this box if any of these scenarios apply to you. You are registered with or employed by a Financial Industry Regulatory Authority ("FINRA") member firm ("associated person"), you are the spouse of an associated person, you are a child who resides in the same household or is financially dependent on the associated person, you are related to an associated person who has control over your account or an associated person materially contributes financial support to you and has control over your account, or you are affiliated with or employed by FINRA, any other self-regulatory organization ("SRO") or a municipal securities dealer.
- ☐ Same as employer above. *If different, provide the information below.*

Company Name			
Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

## 4. Trusted Contact

If your Broker-Dealer has questions or concerns about your health or welfare due to potential diminished capacity, financial exploitation or abuse, endangerment and/or neglect, your Broker-Dealer may contact the person(s) you name as trusted contact. They will have no ability to transact on the account.

### Primary Trusted Contact *Optional*

First Name	Middle Name	Last Name	
Email		Relationship to Account Owner	
Primary Phone <input type="checkbox"/> Mobile		Alternate Phone <input type="checkbox"/> Mobile	

Attention			
Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

### Alternate Trusted Contact *Optional*

First Name	Middle Name	Last Name	
Email		Relationship to Account Owner	
Primary Phone <input type="checkbox"/> Mobile		Alternate Phone <input type="checkbox"/> Mobile	

Attention			
Address Line 1		Address Line 2	
City	State/Province	Zip/Postal Code	Country

## 5. Suitability

**Financial Position** Choose the range that best describes your situation or provide the dollar amount.

### Annual Income

From all sources

- ☐ \$0–\$25,000  
☐ \$25,000–\$50,000  
☐ \$50,000–\$100,000  
☐ Over \$100,000

\$ \_\_\_\_\_

### Estimated Net Worth

Excluding primary residence

- ☐ \$0–\$50,000  
☐ \$50,000–\$100,000  
☐ \$100,000–\$500,000  
☐ Over \$500,000

\$ \_\_\_\_\_

### Investable/Liquid Assets

Including cash and securities

- ☐ \$0–\$50,000  
☐ \$50,000–\$100,000  
☐ \$100,000–\$500,000  
☐ Over \$500,000

\$ \_\_\_\_\_

### Federal Tax Bracket

- ☐ 0%–15%  
☐ 21%–27½%  
☐ Over 27½%

### Account Funding Source

Check all that apply.

- ☐ Asset appreciation  
☐ Business revenue  
☐ Inheritance  
☐ Legal/insurance settlement  
☐ Sale of assets  
☐ Savings from earnings  
☐ Other

### Annual Expenses

Recurring

- ☐ \$0–\$50,000  
☐ \$50,000–\$100,000  
☐ \$100,000–\$250,000  
☐ \$250,000–\$500,000  
☐ Over \$500,000

\$ \_\_\_\_\_

### Special Expenses

Future and non-recurring

- ☐ \$0–\$50,000  
☐ \$50,000–\$100,000  
☐ \$100,000–\$250,000  
☐ Over \$250,000

\$ \_\_\_\_\_

### Timeframe

Required for Special Expenses

- ☐ Within 2 years  
☐ 3–5 years  
☐ 6–10 years

Other

## Investment Profile

### Investment Purpose

- ☐ Save for education  
☐ Save for retirement  
☐ Save for short-term goal(s)  
☐ Generate income  
☐ Accumulate wealth  
☐ Preserve wealth  
☐ Market speculation  
☐ Other: \_\_\_\_\_

### Investment Objectives

Rank your investment objectives for this account in order of importance (1 being the highest). Review the attached Customer Agreement for important information on investment objectives. Select only the applicable objectives (consult with your investment professional for more information).

- \_\_\_\_ Preservation of capital  
\_\_\_\_ Income  
\_\_\_\_ Capital appreciation  
\_\_\_\_ Speculation  
\_\_\_\_ Trading profits  
\_\_\_\_ Growth and Income  
\_\_\_\_ Other: \_\_\_\_\_

### Risk Tolerance

- ☐ Conservative  
☐ Moderately Conservative  
☐ Moderate  
☐ Moderately Aggressive  
☐ Aggressive  
☐ Combination: \_\_\_\_\_

### Investment Time Horizon

- ☐ Near Term  
☐ Very Short  
☐ Short  
☐ Intermediate  
☐ Long  
☐ Combination: \_\_\_\_\_

### General Investment Knowledge

- ☐ Limited  
☐ Good  
☐ Extensive

## Product Knowledge

### Investment Product Knowledge

Check either None, Limited, Good, or Extensive based on your knowledge of the following, **OR** provide your number of years of experience:

	None	Limited	Good	Extensive	OR	Number of Years	Transactions per Year
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 0–5	<input type="checkbox"/> 6–15 <input type="checkbox"/> Over 15
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 0–5	<input type="checkbox"/> 6–15 <input type="checkbox"/> Over 15
Short Term	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 0–5	<input type="checkbox"/> 6–15 <input type="checkbox"/> Over 15
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 0–5	<input type="checkbox"/> 6–15 <input type="checkbox"/> Over 15
Options	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 0–5	<input type="checkbox"/> 6–15 <input type="checkbox"/> Over 15
Limited Partnerships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 0–5	<input type="checkbox"/> 6–15 <input type="checkbox"/> Over 15
Variable Contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 0–5	<input type="checkbox"/> 6–15 <input type="checkbox"/> Over 15
Futures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 0–5	<input type="checkbox"/> 6–15 <input type="checkbox"/> Over 15
Annuities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 0–5	<input type="checkbox"/> 6–15 <input type="checkbox"/> Over 15
Alternative Investments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 0–5	<input type="checkbox"/> 6–15 <input type="checkbox"/> Over 15
Margin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 0–5	<input type="checkbox"/> 6–15 <input type="checkbox"/> Over 15
Foreign Currency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 0–5	<input type="checkbox"/> 6–15 <input type="checkbox"/> Over 15
Foreign Securities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 0–5	<input type="checkbox"/> 6–15 <input type="checkbox"/> Over 15
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 0–5	<input type="checkbox"/> 6–15 <input type="checkbox"/> Over 15
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> 0–5	<input type="checkbox"/> 6–15 <input type="checkbox"/> Over 15



## 5. Suitability *continued*

### Additional Suitability Information

#### Decision-Making Experience

Check all that apply:

- I consult with my broker. ☐ Yes ☐ No  
I make my own decisions. ☐ Yes ☐ No  
I consult with my family/friends. ☐ Yes ☐ No

Additional Information

**Assets Held Away – Provide total value of assets held away and percentages for each type of asset. Total of all percentages must equal 100%.**

Total value of assets held away:	Stocks	Mutual Funds	Variable Contracts	Alternative Investments
\$	%	%	%	%
	Bonds	Options	Security Futures	Foreign Currency
	%	%	%	%
	Short Term	Limited Partnerships	Annuities	Foreign Security
	%	%	%	%
		Life Insurance	Other	Other explain
		%	%	

## 6. Account Characteristics

### Dividend, Interest, Capital Gains Instructions *Check one.*

- ☐ Reinvest all mutual fund dividends and capital gains; pay dividends and interest from all eligible securities in cash and credit the core account investment vehicle.
- ☐ Reinvest all mutual fund dividends and capital gains; reinvest dividends and interest from all eligible securities.
- ☐ Pay all mutual fund dividends and capital gains in cash and credit the core account investment vehicle; reinvest dividends and interest from all eligible securities.
- ☐ Pay all mutual fund dividends and capital gains in cash; pay dividends and interest from all eligible securities in cash; credit the core account investment vehicle.

### Core Account Investment Vehicle

Consult your Broker-Dealer for a list of available core account investment vehicles. If you are or become a non-U.S. customer, your options may become limited. Indicating no choice will be considered your authorization for your Broker-Dealer to use its default option as the core account investment vehicle. Unless you are a non-U.S. customer, this will either be a specific money market mutual fund, in which event your Broker-Dealer will have provided the prospectus for that fund, or a bank sweep product, in which event your Broker-Dealer will have provided a disclosure document describing that product in detail. You authorize your Broker-Dealer and/or NFS to change the investment vehicle for your core account at its discretion. Ensure that you have read the money market mutual fund prospectus or bank sweep disclosure document, as applicable, before making a decision on the appropriate core account investment vehicle selection.

Investment Vehicle Name	Investment Vehicle Symbol

*continued on next page*

## 6. Account Characteristics

### Duplicate Information

Completing this section will be considered your request to your Broker-Dealer to instruct NFS to send the type(s) of duplicate documents you have selected, to the party or parties indicated below. Attach an additional sheet if necessary.

Check all that apply. ☐ Trade Confirmations ☐ Statements

Name			
Address			
City	State/Province	Zip/Postal Code	Country

**Options Agreement** You must qualify to add these features to your account.

- ☐ Check the box to indicate your interest in trading options for your Premiere Select SIMPLE IRA. Note that Premiere Select SIMPLE IRAs are only eligible for certain types of options trading. Consult your Broker-Dealer for availability and eligibility and to obtain the appropriate application to apply for this feature.

### eDelivery

- ☐ Paper delivery of account statements, trade confirmations and/or eligible letters can be suppressed and a reminder delivered to you electronically when they are ready to be viewed online. Selecting this option indicates your interest in this feature. A follow-up email will be sent to you with instructions on how to complete the enrollment process.

**IMPORTANT:** By signing this account application and executing the Electronic Delivery Agreement that will be emailed to you by NFS, you are consenting to receive all eligible account-related communications from your Broker-Dealer and NFS electronically. You agree that your Broker-Dealer and NFS may use your email and/or mobile number to message, call, or text you for this purpose. Message and data rates apply; frequency may vary. Consult your Broker-Dealer for more details.

### Annual Maintenance Fee Payment Instructions

Complete this section to establish instructions for paying the annual maintenance fee for your Premiere Select IRA. If you do not make a selection, the annual fee will be deducted from your IRA's core account investment vehicle (core account). Payments made from your bank account via Electronic Funds Transfer ("EFT") or Intra-Bank Payment ("IBP"), described below, must be from a 1st Party account, meaning the name on the bank account and this IRA are the same. Payments made via a journal transaction from your nonretirement account must be from an account registered to you either individually or as a joint owner.

**Choose one payment method below and provide the requested information. If choosing EFT or IBP, complete the Premiere Select Standing Payment Instructions form to establish those instructions.**

Check one. ☐ Core Account Deduction Deduct the annual fee from your IRA core account.

Account number must be provided. ☐ Journal Transfer cash from your nonretirement account.

Account Number

Premiere Select Standing Payment Instructions form required. ☐ Electronic Funds Transfer Transfer funds via EFT from your bank account to your IRA to pay the annual fee.

☐ Intra-Bank Payment Transfer funds via IBP from your bank account to your IRA to pay the annual fee. Available to Bank/Broker-Dealer clients ONLY.

continued on next page

## 6. Account Characteristics *continued*

### Asset Movement Authorization

As the owner of the IRA identified above, you hereby constitute and appoint your Broker-Dealer and its representatives, agents, successors and assigns as your agent for the purpose of instructing NFS, as the agent of Fidelity Management Trust Company ("FMTC"), your IRA custodian, with respect to distributions and transfers from your IRA. The authorization includes making any federal and state income tax withholding elections. You specifically confer upon your Broker-Dealer, acting as your agent, the powers listed below.

**Direct NFS to pay distributions from your IRA based on the following election. If you do not choose an option, the account will not be coded with Asset Movement Authorization and your signature will be required for money movement transactions.**

- Check one. ☐ Asset Movement Authorization Level 1  
*See complete definition in the Premiere Select Retirement Customer Agreement*
- ☐ Asset Movement Authorization Level 2  
*See complete definition in the Premiere Select Retirement Customer Agreement*

This includes the authority to direct NFS with respect to the following:

- Timing and amount of any distribution(s).
- Type of distribution(s).

#### Duration of Authorization

You understand and acknowledge that you are creating a continuing authorization to your Broker-Dealer, acting as your agent. This authorization can be terminated by you at any time by written notification to NFS and to your Broker-Dealer. You also understand that NFS and/or your Broker-Dealer may terminate any and all of the powers granted to your Broker-Dealer, acting as your agent, upon notice. The powers granted to your Broker-Dealer, acting as your agent, may be terminated if NFS is notified of your disability, incapacity, or death.

## 7. SIMPLE IRA Beneficiary Designation

- If your account contains community property and you do not designate your spouse as your primary beneficiary for at least 50% of the value of your account, you may want to consult with your attorney or tax advisor to determine the impact of community property laws on your beneficiary designations.
- If more than one beneficiary is named and no share percentages are indicated, payment shall be made to your primary beneficiary(ies) who survives you in equal shares. If a percentage is indicated and a primary beneficiary(ies) does not survive you, unless you have checked the per stirpes box, the percentage of that beneficiary(s)(ies') designated shares shall be divided equally among the surviving primary beneficiary(ies). If there is no primary beneficiary living at the time of your death, payment shall be made to your contingent beneficiary(ies). Payment to your contingent beneficiaries will be made according to the rules of succession described for primary beneficiary(ies).
  - Upon transfer of assets to multiple beneficiaries, all residual income paid to your SIMPLE IRA and any fractional shares that cannot be divided equally among the beneficiaries will be systematically allocated to the beneficiary receiving the largest share proportion of the SIMPLE IRA assets. If the SIMPLE IRA is transferred evenly, or at different intervals, the income and/or fractional shares will be systematically allocated to the last beneficiary paid.
- To change your beneficiary designation in the future, you must complete a Premiere Select IRA Beneficiary Designation form, which can be obtained from your investment representative.
- Before making a per stirpes designation, consult with an estate-planning attorney. By checking the per stirpes box, you are agreeing that if the specified beneficiary(ies) predeceases you, his or her share of the account will pass through to his or her descendants. Per stirpes will be construed and defined according to the laws of the Commonwealth of Massachusetts in force at the time of death of the depositor.

*continued on next page*

## 7. SIMPLE IRA Beneficiary Designation *continued*

For each beneficiary, check one and provide information. Social Security/Taxpayer ID Number or Date of Birth/Trust is required for each beneficiary.  
Use percentages only, not dollar amounts.

**If beneficiary is a trust, provide trust name and date trust was established.**

To designate additional beneficiaries, attach instructions with the necessary beneficiary information.

### Primary Beneficiaries

- ☐ Spouse  
☐ Non-Spouse  
☐ Trust

Beneficiary Name			<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage %
Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>	

- ☐ Spouse  
☐ Non-Spouse  
☐ Trust

Beneficiary Name			<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage %
Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>	

- ☐ Spouse  
☐ Non-Spouse  
☐ Trust

Beneficiary Name			<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage %
Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>	

- ☐ Spouse  
☐ Non-Spouse  
☐ Trust

Beneficiary Name			<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage %
Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>	

- ☐ Spouse  
☐ Non-Spouse  
☐ Trust

Beneficiary Name			<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage %
Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>	

- ☐ Spouse  
☐ Non-Spouse  
☐ Trust

Beneficiary Name			<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage %
Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>	

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## 7. SIMPLE IRA Beneficiary Designation *continued*

For each beneficiary, check one and provide information. Social Security/Taxpayer ID Number or Date of Birth/Trust is required for each beneficiary.

Use percentages only, not dollar amounts.

**If beneficiary is a trust, provide trust name and date trust was established.**

To designate additional beneficiaries, attach instructions with the necessary beneficiary information.

### Contingent Beneficiaries

<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust		Beneficiary Name		<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage	
			%	
Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>		

<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust		Beneficiary Name		<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage	
			%	
Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>		

<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust		Beneficiary Name		<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage	
			%	
Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>		

<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust		Beneficiary Name		<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage	
			%	
Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>		

<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust		Beneficiary Name		<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage	
			%	
Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>		

<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse <input type="checkbox"/> Trust		Beneficiary Name		<input type="checkbox"/> Per Stirpes
<input type="checkbox"/> SSN <input type="checkbox"/> TIN	Social Security/Taxpayer ID Number	Date of Birth/Trust MM DD YYYY	Share Percentage	
			%	
Country of Citizenship/Organization		Name of Trustees <i>if applicable</i>		

## 8. Investment of Contributions

If you would like to use this service, indicate how much of your Elective Deferral and Employer Matching or Nonelective Contributions should be invested automatically in eligible mutual funds. Make sure these percentages add up to 100%.

Certain mutual funds that are otherwise available through the Fidelity Institutional Funds Network do not participate in this automatic contribution allocation program.

To verify whether a fund is available for this program, contact your investment representative. No less than 1% of total contributions may be invested on an automatic basis in any fund, and it is your responsibility to read the prospectus(es) for the fund(s) in which you invest.

If you choose not to invest some or all of your contributions on an automatic basis, that portion of your contribution amount will be invested in your core account investment vehicle ("core account"), until you provide further instructions. If the instructions you provide below are incomplete or unclear, your entire contribution amount may be invested in your core account. For minors, the entire account balance must remain invested in the core account until the minor reaches legal age.

Fund Name	Fund Company	Fund Symbol	Percentage of Total Contributions*
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%

\* Minimum 1% for all funds, including money market mutual funds.

Total 0 %

## 9. Signature and Date *Form cannot be processed without signature and date.*

**Customer Identification Program Notice:** To help the government fight financial crimes, Federal regulation requires your Broker-Dealer and us to obtain your name, date of birth, address, and a government-issued ID number before opening your account, and to verify the information. In certain circumstances, we may obtain and verify comparable information for any person authorized to make transactions in an account. Also, Federal regulation requires us to obtain and verify the beneficial owners, i.e., entity owners and control persons, of legal entity customers, as applicable. Requiring the disclosure of key individuals who own or control a legal entity helps law enforcement investigate and prosecute crimes. Your account may be restricted or closed if we or your Broker-Dealer cannot obtain and verify this information. We or your Broker-Dealer will not be responsible for any losses or damages (including, but not limited to, lost opportunities) that may result if your account is restricted or closed.

In the section below, "NFS," "us," and "we" refer to National Financial Services LLC and its officers, directors, employees, agents, affiliates, shareholders, successors, assigns, and representatives as the context may require; "you" refers to the account holder(s) indicated on the account form and any authorized individuals; "Broker-Dealer" refers to the financial institution with which you opened your account.

By signing below, you:

- Hereby adopt the Premiere Select SIMPLE IRA indicated above, appointing Fidelity Management Trust Company ("FMTC"), or any successor thereof, as custodian, and NFS as the carrying broker-dealer to perform certain administrative services and act as an agent of FMTC. Notwithstanding Article 8, Section 27 of the Premiere Select SIMPLE IRA Custodial Agreement, FMTC's acceptance of its appointment as Custodian is effective upon proper completion and signature of the application, and contingent upon timely delivery of this application, as signed and properly completed, to the Custodian. Acceptance will be evidenced by a Letter of Acceptance sent by or on behalf of FMTC.
- Understand that the beneficiary of your Premiere Select SIMPLE IRA established with this application will be your surviving spouse or, if none exists, your estate, unless you have completed the SIMPLE IRA Beneficiary Designation section above or until a completed Beneficiary Designation form is received and accepted by NFS.
- Acknowledge that payment to beneficiaries will be made according to the rules of succession described in the Premiere Select SIMPLE IRA Custodial Agreement and Disclosure Statement.
- Understand that your Premiere Select SIMPLE IRA will be subject to the fees more fully described in the Premiere Select Retirement Account Customer Agreement ("Customer Agreement"). You have reviewed these fees, as provided by your Broker-Dealer, and represent that these fees are reasonable for the services provided.
- Understand that unless you provide written notice to the contrary, NFS and your Broker-Dealer may supply your name and other information (including your Social Security/tax identification number) to issuers of securities held in your account so you can receive important information and participate in corporate actions regarding such securities.

*continued on next page*

## 9. Signature and Date *Form cannot be processed without signature and date. continued*

- Affirm that you are at least 18 years old and legally authorized to enter into this Agreement in the state in which you reside.
- Represent and warrant that you have disclosed to your Broker-Dealer your employer information and affiliation status.
- Hereby direct NFS to take direction from your employer to remove excess or erroneous SIMPLE contributions from your Premiere Select SIMPLE IRA.
- Indemnify and hold harmless your Broker-Dealer, NFS, FMTC, their officers, directors, employees, agents, affiliates, shareholders, successors, assigns, and representatives from any claims or losses that may occur as a result of this transaction.
- Certify that all information provided in this application is true, accurate, and complete.
- Represent that you have received and read the Customer Agreement, and the Premiere Select SIMPLE IRA Custodial Agreement and Disclosure Statement, of which this application is a part, governing this account and agree to be bound by such Agreements as are currently in effect and as may be amended from time to time. These Agreements shall be construed, administered, and enforced according to the laws of the Commonwealth of Massachusetts, except as superseded by federal law or statute.
- Affirm that you have also read, understand, and agree to the terms of the applicable prospectus or disclosure document for any mutual fund that you purchase or exchange or Bank Deposit Sweep Program into which you have funds transferred or invest, including any mutual fund or Bank Deposit Sweep Program that you choose for your core account investment vehicle and that you agree to future amendments to these terms.
- Agree that if you do not choose a core account investment vehicle for your account, you authorize your Broker-Dealer to select a default core account investment vehicle for you, and you shall hold your Broker-Dealer and us harmless for such default selection and any resulting consequences.
- Understand that different core account investment vehicles may have different rates of return and terms and conditions, such as FDIC insurance or SIPC protection, and your Broker-Dealer may not have considered these differences when selecting a core account investment vehicle for you.
- If you are not a U.S. person, state that you are submitting IRS Form W-8BEN with this application to certify your foreign status and, if applicable, to claim tax treaty benefits.

### For Annual IRA Maintenance Fees:

- Have authorized your bank to establish Electronic Funds Transfers ("EFT") or Intra Bank Payments ("IBP") in order to allow electronic payments from the account(s) identified on the standing payment instructions.
- Understand and agree that NFS cannot confirm the account registration on your bank account.
- Agree to pay any transaction fees your bank may charge in connection with the EFT or IBP payment transaction.
- Understand that all communications with your Broker-Dealer and NFS may be monitored or recorded, and you consent to such monitoring or recording.

The required signature and date are below and must be accompanied by all pages of this Premiere Select SIMPLE IRA Application.

Understand this account is governed by a Pre-Dispute Arbitration Agreement, which appears on the last page of the Customer Agreement. You acknowledge receipt of the pre-dispute arbitration clause.

### Signature and Date is required.

Print SIMPLE IRA Owner Name Full First, Middle, Last Name	
SIMPLE IRA Owner Signature	Date MM - DD - YYYY

### For Branch Use Only

Account accepted in accordance with firm policies.

Registered Rep. Name	Signature	Date MM - DD - YYYY
Office Manager/Principal Name	Signature	Date MM - DD - YYYY

The above-named firm hereby accepts its appointment as agent of the Premiere Select SIMPLE IRA owner named above to execute investment directions and for such other purposes as more fully described in the Premiere Select SIMPLE IRA Custodial Agreement and Disclosure Statement upon the earlier of delivery of an instruction, direction, or inquiry or receipt of compensation with respect to the above-mentioned account or upon a firm signature.

Account Number

Premiere Select®

# IRA/HSA Annual Maintenance Fee Payment Instructions

Use this form to establish, change, or revoke instructions for paying the annual maintenance fee for your Premiere Select Traditional, Roth, Rollover, SEP or SIMPLE IRA, IRA Beneficiary Distribution Account (BDA) or Roth IRA BDA, referred to as "IRA" or "account," or Health Savings Account ("HSA" or "account"), held through National Financial Services LLC (NFS). Use one form per IRA/HSA account.

Type on screen or fill in using CAPITAL letters and black ink.

## Helpful to Know

- If you do not provide valid payment instructions, the annual fee will be deducted from your IRA/HSA's core account investment vehicle (core account).
- Payments made from your bank account via Electronic Funds Transfer (EFT) or Intra-Bank Payment (IBP), described below, must be from a 1st Party account, meaning the IRA/HSA owner is an owner of the bank account.
- If you are establishing 1st Party EFT instructions, a copy of a voided check, deposit slip or statement must be included with this form.
- Payments made via a journal transaction from your nonretirement account must be from an account registered to you either individually or as a joint owner.
- Standing instructions that are added to your account may be purged from the system due to inactivity after an extended period of time.

## 1. Account Owner

First Name	Middle Name	Last Name
Address		
City	State	Zip/Postal Code

### Type of Request for Paying the Annual Maintenance Fee

- ☐ Establish new fee payment instructions
- ☐ Change existing instructions *Provide the information that is changing in the appropriate section.*
- Skip to Section 3.* ☐ Revoke existing instructions *Your annual maintenance fee will be deducted from your core account.*

## 2. Fee Payment Instructions

**EFT:** EFT may take 4–5 business days to become active. Business days are Monday through Friday. Bank and New York Stock Exchange holidays are not included. EFT receipts are available for 1st Party EFT only and are allowed into Premiere Select Traditional, Roth, Rollover, SEP-IRAs and HSAs only. If establishing 1st Party EFT, a voided check, deposit slip or statement must be included with this form.

Check one and provide the requested information.

☐ **Journal**  
Transfer cash from my nonretirement account.

Account Number

☐ **EFT** *The IRA/HSA owner is an owner of the bank account.*

☐ Use existing EFT instructions

Line Number

*If you have multiple instructions established, provide the line number here (which you can obtain from your investment representative) and provide the name of the bank and your bank account number below.*

**OR**

- ☐ Establish new 1st Party EFT instructions
- ☐ Checking **OR** ☐ Savings

Obtain the correct routing number from the bank. Different routing numbers may be used for Bank Wires and EFT transactions.

Bank Routing Number	Bank Name
Bank Account Number <i>final destination</i>	Payee Name(s) Exactly as Shown on Bank Account

*continued on next page*





## 2. Fee Payment Instructions *continued*

☐ **Intra-Bank Payments (IBP)**

IBP is a same-day transfer system, available to bank broker-dealer clients ONLY, that enables money movement between your bank account carried at your broker-dealer's affiliated bank and your IRA/HSA.

☐ Checking ☒ **OR** ☐ Savings

Obtain the correct routing number from the bank. ►

Bank Routing Number	Bank Name
Bank Account Number <i>final destination</i>	Payee Name(s) Exactly as Shown on Bank Account

## 3. Signatures and Dates *Form cannot be processed without signatures and dates.*

By signing below, you:

- Authorize the Custodian or successor custodians, your broker-dealer, or their respective agents to update your account based on the information you have provided on this form.
- Authorize National Financial Services LLC ("NFS"), the agent of Fidelity Management Trust Company ("FMTC"), Fidelity Personal Trust Company ("FPTC"), Custodian or successor custodians, to utilize these instructions for payment of the annual IRA/HSA maintenance fee in accordance with the instructions given by you and/or your broker-dealer to NFS without first confirming those instructions with you directly.
- Understand that: if the fee amount is deducted from your core account, you must ensure that sufficient funds are available; if your core account has insufficient funds to cover the fee amount owed, your account may receive an unpaid fee posting; if an unpaid fee posting exists in your core account, and if you contribute to your IRA/HSA, part or all of the

contribution will be applied to the unpaid fee posting, however, the full contribution amount will still be reported to the IRS (as applicable); your broker-dealer may sell any or all of your IRA/HSA assets to satisfy the IRA/HSA annual maintenance fee and any associated expenses such as brokerage commissions and/or liquidation charges; if you have an automatic periodic distribution scheduled for November and/or December, you must have an adequate balance in your core account to fund both the distribution amount and the IRA/HSA annual maintenance fee, otherwise the distribution may not be processed, and you may not meet minimum distribution annual requirements, if applicable.

- Authorize your bank (for the EFT or IBP) to accept electronic payments between this account and the bank account identified on the standing payment instructions.
- Understand that NFS reserves the right, but has no obligation, to confirm your broker-dealer's instructions with you prior to acting on such instructions.

- Further certify and agree that the above directions and authorizations in this document will continue until your broker-dealer and, if required, NFS receive and process the actual written notice of any change thereof.
- Further agree to indemnify and hold harmless NFS, FMTC, FPTC and their officers, directors, employees, agents, affiliates, shareholders, successors, assigns, and representatives from and against any and all losses, claims, or financial obligations that may arise from any act or omission by you and/or your broker-dealer with respect to your IRA/HSA.
- Understand and agree that NFS cannot confirm the account registration at a delivering bank or financial institution.
- Agree to pay any transaction fees your bank may charge in connection with transactions involved in opening this account.
- Understand that standing instructions may be purged from your account if the instructions have not been used for an extended period of time.

**Either the IRA/HSA owner or an authorized individual must print name, sign, and date.**

Print Account Owner Name <i>First, M.I., Last</i>	
Account Owner Signature	Date <i>MM - DD - YYYY</i>
<b>SIGN</b> X	X

**If you have elected to pay the annual maintenance fee via transfer (Journal) from a nonretirement account, check with your broker-dealer for any additional account owner signature requirements.**

Print Joint Account Owner Name <i>First, M.I., Last</i>	
Joint Account Owner Signature	Date <i>MM - DD - YYYY</i>
<b>SIGN</b> X	X

Print Joint Account Owner Name <i>First, M.I., Last</i>	
Joint Account Owner Signature	Date <i>MM - DD - YYYY</i>
<b>SIGN</b> X	X