



SIMPLE IRA Simplifier™
Individual Retirement Account Application

SIMPLE IRA

IRA HOLDER'S NAME, ADDRESS, AND PHONE				IRA CUSTODIAN NAME, ADDRESS, AND PHONE			
First Name, Middle Initial, Last Name				First Name, Middle Initial, Last Name Sterne Agee & Leach			
Legal Address (Required Information. No P.O. Boxes)				Legal Address (Required Information. No P.O. Boxes) 813 Shades Creek Parkway			
City		State		City		State	
				Birmingham		AL	
		Zip				Zip	
						35209	
Social Security Number		Date of Birth		Home Phone		Business Phone	
SIMPLE IRA Account Identification		Contribution Date		Contribution Amount		Contribution Type	
						<input type="checkbox"/> This is an amendment to an existing SIMPLE IRA <input type="checkbox"/> This is a Transfer SIMPLE IRA	
Employer's Name, Address & Phone					Plan Name		
DESIGNATION OF BENEFICIARY(IES)							
<p>The following individual(s) or entity shall be the primary and/or contingent beneficiary(ies). If neither primary nor contingent is indicated, the individual or entity will be deemed to be a primary beneficiary. If more than one primary beneficiary is designated and no distribution percentages are indicated, the beneficiaries will be deemed to own equal share percentages in the IRA. Multiple contingent beneficiaries with no share percentage indicated will also be deemed to share equally.</p> <p>If any primary or contingent beneficiary dies before me, his or her interest and the interest of his or her heirs shall terminate completely, and the percentage share of remaining beneficiary(ies) shall be increased on a pro rata basis. If no primary beneficiary(ies) survives me, the contingent beneficiary(ies) shall acquire the designated share of my SIMPLE IRA.</p>							
No.	Name and Address	Date of Birth	Social Security Number	Relationship	Primary or Contingent	Share%	
1.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
2.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
3.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
4.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
5.					<input type="checkbox"/> Primary <input type="checkbox"/> Contingent		
Spousal Consent				Signatures			
<p>This section should be reviewed ONLY if either the trust or the residence of the IRA holder is located in the community or material property state and the IRA holder is married. Due to the important tax consequences of giving up one's community property interest, individuals signing this section should consult with a competent tax or legal advisor.</p> <p align="center">Current Marital Status</p> <p><input type="checkbox"/> I am not married – I understand that if I become married in the future, I must complete a new IRA Designation Of Beneficiary form.</p> <p><input type="checkbox"/> I am married – I understand that if I choose to designate a primary beneficiary other than my spouse, my spouse must sign below.</p> <p>I am the spouse of the above-named IRA holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional.</p> <p>I hereby give the IRA holder any interest I have in the funds or property deposited in this IRA and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the custodian.</p>				<p>Important: Please read before signing.</p> <p>I understand the eligibility requirements for the SIMPLE IRA and that I do qualify to establish a SIMPLE IRA. I have received a copy of the Plan Agreement, Financial Disclosure and Disclosure Statement. I understand that the terms and conditions that apply to this SIMPLE IRA are contained in this Application and the Plan Agreement. I agree to be bound by those terms and conditions. Within seven (7) days from the date I open this SIMPLE IRA I may revoke it without penalty by mailing or delivering a written notice to the custodian</p> <p>I assume complete responsibility for:</p> <ol style="list-style-type: none"> Determining that I am eligible for a SIMPLE IRA each year I make an elective deferral Insuring that all contributions I make are within the limits set forth by the tax laws The tax consequences of any contribution (including rollover contributions) and distributions. 			
<p>_____ (Signature of Spouse)</p> <p>_____ (Signature of Witness)</p>				<p>_____ (IRA Holder)</p> <p>_____ (Authorized Signature of Custodian)</p>			
<p>_____ (Date)</p> <p>_____ (Date)</p>				<p>_____ (Date)</p> <p>_____ (Date)</p>			