

INDIVIDUAL RETIREMENT ACCOUNT (IRA) SIMPLE IRA

PLAN ESTABLISHMENT:

Mandatory forms needed to establish a **Savings Incentive Match Plan for Employees (SIMPLE) IRA...**

1. SIMPLE IRA Application.
2. SIMPLE IRA Adoption Agreement (To be completed by each participating employee). This form establishes each employee's SIMPLE IRA and allows for salary deferrals.
3. 'Online Service Agreement and Signature Form' or 'Electronic Services Agreement' (To be completed by each participating employee).

Mail completed forms to:

TRADING DIRECT
160 BROADWAY
REAR BLDG FL 7
NEW YORK NY 10038

All forms should have original signatures and any checks should be made payable to **'Penson Financial Services'**.

NOTE: An individual cash account will be opened with Penson Financial Services, Inc. The title of this account will be:

NAME OF PARTICIPANT
SIMPLE IRA
PFSI CUSTODIAN
(Participant's Address)

Employer Eligibility & Contributions:

See IRS publication 4284 for employer/employee eligibility rules and conditions:

<http://www.irs.gov/pub/irs-pdf/p4284.pdf>

BEFORE EXECUTING THESE FORMS YOU SHOULD CONSULT WITH YOUR ATTORNEY OR TAX ADVISOR TO DETERMINE WHETHER THIS IRA WILL ACCOMPLISH YOUR GOALS.

SIMPLE IRA APPLICATION

Self-Directed Savings Incentive Match Plan for Employees

ACCOUNT NUMBER

1. Account Information

Please print. All information must be completed in order for your account to be processed.

FULL NAME OF PARTICIPANT (First/ Middle/ Last)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

HOME ADDRESS (P.O. Box is not sufficient)

CITY/ STATE/ ZIP CODE

HOME TELEPHONE NUMBER

EMAIL ADDRESS

BUSINESS ADDRESS

CITY/ STATE/ ZIP CODE

BUSINESS TELEPHONE NUMBER

PLEASE INDICATE THE ADDRESS TO WHICH ALL MAIL SHOULD BE SENT

Home Business P.O. Box

P.O. BOX/ CITY/ STATE/ ZIP CODE

NAME OF YOUR BANK

BANK ACCOUNT NUMBER

COUNTRY OF CITIZENSHIP

COUNTRY OF LEGAL RESIDENCE

OCCUPATION

EMPLOYER

IF YOU ARE AFFILIATED WITH OR WORK FOR A SECURITIES FIRM, PLEASE SPECIFY COMPANY.

IF YOU ARE A DIRECTOR, 10% SHAREHOLDER OR POLICY-MAKING OFFICER OF A PUBLICLY TRADED COMPANY, PLEASE SPECIFY THE COMPANY.

HAVE YOU GRANTED TRADING AUTHORIZATION TO ANOTHER PARTY?

Yes No

IF YES, REQUEST TRADING AUTHORIZATION FORM AND PROVIDE NAME OF AGENT

If you do not want your name, address and security position released to requesting companies in which you hold securities,

2. Investment Profile

| INVESTMENT OBJECTIVE | INVESTMENT EXPERIENCE | ANNUAL INCOME (from all sources) | LIQUID NET WORTH (cash & liquid investments only) | ESTIMATED NET WORTH (excluding residence) | RISK TOLERANCE |
|--|---|--|--|--|---------------------------------|
| <input type="checkbox"/> Capital Preservation (05) | <input type="checkbox"/> None (00) | <input type="checkbox"/> Under \$25,000 (01) | <input type="checkbox"/> Under \$50,000 (01) | <input type="checkbox"/> Under \$50,000 (01) | <input type="checkbox"/> Low |
| <input type="checkbox"/> Income (04) | <input type="checkbox"/> Limited (01) | <input type="checkbox"/> \$25,001 to \$50,000 (02) | <input type="checkbox"/> \$50,001 to \$100,000 (02) | <input type="checkbox"/> \$50,001 to \$100,000 (02) | <input type="checkbox"/> Medium |
| <input type="checkbox"/> Growth (03) | <input type="checkbox"/> Good (02) | <input type="checkbox"/> \$50,001 to \$100,000 (03) | <input type="checkbox"/> \$100,001 to \$200,000 (22) | <input type="checkbox"/> \$100,001 to \$200,000 (22) | <input type="checkbox"/> High |
| <input type="checkbox"/> Speculation (06) | <input type="checkbox"/> Extensive (03) | <input type="checkbox"/> \$100,001 to \$200,000 (23) | <input type="checkbox"/> \$200,001 to \$500,000 (23) | <input type="checkbox"/> \$200,001 to \$500,000 (23) | |
| <input type="checkbox"/> Other (08) | | <input type="checkbox"/> \$200,001 to \$300,000 (24) | <input type="checkbox"/> \$500,001 to \$1,000,000 (24) | <input type="checkbox"/> \$500,001 to \$1,000,000 (24) | |
| TAX BRACKET | % | <input type="checkbox"/> \$300,001 to \$500,000 (25) | <input type="checkbox"/> \$1,000,001 to \$5,000,000 (25) | <input type="checkbox"/> \$1,000,001 to \$5,000,000 (25) | |
| | | <input type="checkbox"/> \$500,001 to \$1,200,000 (26) | | | |
| | | <input type="checkbox"/> Over \$1,200,001 (27) | | | |

3. Type of Account

(Check One)

Participant Account Employer Account

Name of Employer: _____

Employer's Tax Identification Number: _____ - _____

Employer's Person Financial Services, Inc. SIMPLE Plan Account Number: _____ - _____ - _____

4. Contribution Type

(Check One)

Employee Salary Reduction contribution for tax year 20 _____

Employer Simple Contribution for tax year 20 _____

Transfer or Rollover of existing SIMPLE IRA Original funding date of transferring SIMPLE IRA _____ (required)

5. Depositor Authorization

I understand that I have the right to direct the investment and reinvestment of contributions to my Account and hereby appoint the following brokerage firm as my agent to execute my directions, as Broker under the terms of the Custodial Agreement.

BROKERAGE FIRM

ACCOUNT NUMBER



Please cut along the dotted line and return to your broker

6. Enhanced Account Features
E-Documents Enrollment
 When you enroll your account in E-Docs, you will receive trade confirmations, account statements, tax-related documents, proxies, prospectuses, annual reports, and all other eligible account documents electronically. An e-mail notification will be sent to the Account Owner's e-mail address on the same day that any electronic documents become available. Just log into your account to access E-Docs and view, print or download your electronic documents.
Please see your Investment Representative for enrollment information.

7. Beneficiary Designation
 I hereby make the following designation of beneficiary pursuant to the provisions of the Pension Financial Services, Inc. Custodial Agreement:
 In the event of my death, pay any interest I may have in my Custodial Account in equal proportions unless otherwise indicated to the following Primary Beneficiary or Beneficiaries:

| | | | | |
|---------|------|--------------|------------------------|------------------|
| 1 | NAME | RELATIONSHIP | DATE OF BIRTH | SHARE PERCENTAGE |
| | | | | % |
| ADDRESS | | | SOCIAL SECURITY NUMBER | |
| 2 | NAME | RELATIONSHIP | DATE OF BIRTH | SHARE PERCENTAGE |
| | | | | % |
| ADDRESS | | | SOCIAL SECURITY NUMBER | |
| 3 | NAME | RELATIONSHIP | DATE OF BIRTH | SHARE PERCENTAGE |
| | | | | % |
| ADDRESS | | | SOCIAL SECURITY NUMBER | |

If none of the above-named Primary Beneficiaries survives me, pay any interest I may have in my Custodial Account in equal proportions unless otherwise indicated to the following Alternate Beneficiary or Beneficiaries of the survivor(s) thereof:


| | | | | |
|---------|------|--------------|------------------------|------------------|
| 1 | NAME | RELATIONSHIP | DATE OF BIRTH | SHARE PERCENTAGE |
| | | | | % |
| ADDRESS | | | SOCIAL SECURITY NUMBER | |
| 2 | NAME | RELATIONSHIP | DATE OF BIRTH | SHARE PERCENTAGE |
| | | | | % |
| ADDRESS | | | SOCIAL SECURITY NUMBER | |

Spouse Consent (See Note): _____
 Note: Consent of the Account holder's (Participant) Spouse may be required (for example, in a Community Property or Marital Property State) to effectively designate a beneficiary other than or in addition to the Participant's Spouse. Please consult a legal, tax, or other professional advisor to confirm if this consent is necessary. I indemnify Pension Financial Services, Inc. from any adverse action as a result of my beneficiary designation.

I understand that the Beneficiaries named herein may be changed or revoked by me at any time by filing a new designation in writing with the custodian.

8. Signature Section
Please read the following IRA Account Terms and sign where indicated.

- I acknowledge, by signing this agreement, that I have received, read, understand and agree to the terms and conditions as described in the Pension Financial Services, Inc. "Disclosure Statement" and "Custodial Agreement". I understand the eligibility requirements for the type of IRA deposit I am making and state that I do qualify to make the deposit.
- By Signing this application, I (We) acknowledge the following: (1) That, Page 3 Paragraph # 8.19 of the Custodial Account Agreement contains a Pre-dispute Arbitration Clause and in accordance with this agreement I (We) agree in advance to Arbitrate any controversies which may arise between or among Me (Us), my Broker and/or Clearing Firm, (2) Receipt of a copy of the Custodial Account Agreement following this application and My (Our) agreement with the terms therein and (3) the information provided above is accurate.**
- I certify that, under penalty of perjury, my Social Security number on this application is correct.
- I have read and understand the Investment Objective Definitions: **Capital Preservation** - a conservative investment strategy characterized by a desire to avoid risk of loss; **Income** - strategy focused on current income rather than capital appreciation; **Growth** - investing in stocks with strong earnings and/or revenue growth or potential; **Speculation** - taking larger risks, usually by frequent trading, with hope of higher-than-average gain. All strategies involve various types and levels of risk, the most common of which are market, credit, inflation, business and interest rate.

| | |
|---|---|
| SIGNATURE OF PARTICIPANT  | DATE |
| BRANCH APPROVAL | Pension Financial Services, Inc. ACCEPTANCE |

| | | | | |
|----------------------------|-------------|----------------------------|-----------------------------|--|
| For Office Use Only | FIRST TRADE | DATE OPENED | INTRODUCING BROKER / DEALER | CUSTOMER ID VERIFIED (Must be Completed) |
| | ACCOUNT NO. | INTRODUCING REP. SIGNATURE | APPROVED BY | <input type="checkbox"/> Yes <input type="checkbox"/> No |