



Traditional IRA Application

Pershing LLC serves as IRA Custodian or Non-Bank Trustee (Custodian).

STEP 1. ACCOUNT INFORMATION

This Traditional IRA Application may only be used in conjunction with the Traditional IRA plan document stipulated by the Custodian.

I Hereby Designate the Following as the Financial Organization Trading Direct, a div. of York Securities, Inc.	Account Number —	RR Number 1
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Plan Type

- Traditional IRA
- SEP IRA: Attach a copy of your employer's Form 5305-SEP or Prototype Adoption Agreement and provide your employer's Tax Identification Number or Social Security Number.

Employer's Tax ID or Social Security Number (SEP IRA only)
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Account Type

- Participant
- Spousal
- Guardian
- Rollover (Traditional IRA only)
- Employer (SEP IRA only)

STEP 2. PARTICIPANT INFORMATION

First Name	Middle Initial	Last Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Social Security or Tax ID Number 		Date of Birth —	
Address 			
City		State	Zip/Postal Code
Telephone 			

P.O. BOX ADDRESSES ARE NOT ACCEPTABLE.

- Marital Status** Single Married* Divorced Domestic Partner Widowed
* Spousal consent may be required. See below.

STEP 3. MUTUAL FUND ONLY

- Mutual Fund Only.**
If you select a Mutual Fund Only account, you cannot commingle other investments within your Mutual Fund Only account.

TO ESTABLISH A MUTUAL FUND ONLY IRA, BE SURE TO CHECK THE MUTUAL FUND ONLY BOX.



IRA-104 ADOP

STEP 4. BENEFICIARY DESIGNATIONS

The following shall be my beneficiary or beneficiaries of this IRA. If I designate more than one primary or contingent beneficiary, but do not specify the percentages to which such beneficiary or beneficiaries are entitled, payment will be made to the surviving beneficiary or beneficiaries in equal shares.

Pershing considers the following as a standard beneficiary request:

- Name of an Individual(s)
- Name of Group(s) (e.g. charity)
- Specifically dated Trust (s), subject to proper qualification
- Estate (FYI — Pershing will require a Court Order and instructions from the Executor for the proper distribution of the assets.)

All other beneficiary requests will be considered a customized beneficiary request, subject to Pershing's acceptance policy. Each custom request must use the Pershing Customized Beneficiary Designation form or applicability indemnity language. Please speak with your Financial Advisor for more details.

I elect to have a customized beneficiary

THE TOTAL ALLOCATION OF ALL PRIMARY BENEFICIARIES MUST EQUAL 100%.

TO DESIGNATE YOUR ESTATE AS YOUR BENEFICIARY, WRITE IN "ESTATE" IN THE PRIMARY BENEFICIARY SECTION. "PER WILL" DESIGNATIONS ARE NOT ACCEPTABLE DESIGNATIONS.

TO DESIGNATE A TESTAMENTARY TRUST AS A BENEFICIARY, YOU MUST COMPLETE A CUSTOMIZED BENEFICIARY DESIGNATION FORM.

IF NO BENEFICIARY IS NAMED, THE BENEFICIARY PROVISIONS OUTLINED IN THE TRADITIONAL IRA CUSTODIAL ACCOUNT AGREEMENT WILL APPLY.

Primary Beneficiaries

Primary Beneficiary 1 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F		Social Security or Tax ID Number			
Percentage	Relationship	Date of Birth or Date of Trust		Telephone			
Address		<input type="checkbox"/> Per Stirpes					

Primary Beneficiary 2 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F		Social Security or Tax ID Number			
Percentage	Relationship	Date of Birth or Date of Trust		Telephone			
Address		<input type="checkbox"/> Per Stirpes					

Primary Beneficiary 3 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F		Social Security or Tax ID Number			
Percentage	Relationship	Date of Birth or Date of Trust		Telephone			
Address		<input type="checkbox"/> Per Stirpes					

Primary Beneficiary 4 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F		Social Security or Tax ID Number			
Percentage	Relationship	Date of Birth or Date of Trust		Telephone			
Address		<input type="checkbox"/> Per Stirpes					

Primary Beneficiary 5 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F		Social Security or Tax ID Number			
Percentage	Relationship	Date of Birth or Date of Trust		Telephone			
Address		<input type="checkbox"/> Per Stirpes					

Primary Beneficiary 6 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F		Social Security or Tax ID Number			
Percentage	Relationship	Date of Birth or Date of Trust		Telephone			
Address		<input type="checkbox"/> Per Stirpes					

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Primary Beneficiary 7 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth or Date of Trust	Telephone
Address			<input type="checkbox"/> Per Stirpes

Primary Beneficiary 8 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth or Date of Trust	Telephone
Address			<input type="checkbox"/> Per Stirpes

Primary Beneficiary 9 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth or Date of Trust	Telephone
Address			<input type="checkbox"/> Per Stirpes

Primary Beneficiary 10 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth or Date of Trust	Telephone
Address			<input type="checkbox"/> Per Stirpes

Contingent Beneficiaries

Contingent Beneficiary 1 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth or Date of Trust	Telephone
Address			<input type="checkbox"/> Per Stirpes

Contingent Beneficiary 2 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth or Date of Trust	Telephone
Address			<input type="checkbox"/> Per Stirpes

Contingent Beneficiary 3 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth or Date of Trust	Telephone
Address			<input type="checkbox"/> Per Stirpes

Contingent Beneficiary 4 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth or Date of Trust	Telephone
Address			<input type="checkbox"/> Per Stirpes

THE TOTAL ALLOCATION OF ALL CONTINGENT BENEFICIARIES MUST EQUAL 100%.

CONTINGENT BENEFICIARIES WILL BE PAID ONLY IF ALL PRIMARY BENEFICIARIES (AND THEIR HEIRS IF PER STIRPES IS SELECTED) DO NOT SURVIVE THE PARTICIPANT.

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Account Number

Contingent Beneficiary 5 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth or Date of Trust	Telephone
Address			<input type="checkbox"/> Per Stirpes

Contingent Beneficiary 6 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth or Date of Trust	Telephone
Address			<input type="checkbox"/> Per Stirpes

Contingent Beneficiary 7 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth or Date of Trust	Telephone
Address			<input type="checkbox"/> Per Stirpes

Contingent Beneficiary 8 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth or Date of Trust	Telephone
Address			<input type="checkbox"/> Per Stirpes

Contingent Beneficiary 9 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth or Date of Trust	Telephone
Address			<input type="checkbox"/> Per Stirpes

Contingent Beneficiary 10 Name		Gender (if applicable) <input type="checkbox"/> M <input type="checkbox"/> F	Social Security or Tax ID Number
Percentage	Relationship	Date of Birth or Date of Trust	Telephone
Address			<input type="checkbox"/> Per Stirpes

Per Stirpes Information

If your beneficiary designation is per stirpes, you understand that if your beneficiary(ies) dies before you, the beneficiary's share of the IRA will pass to his or her respective heirs. In the field below, please provide the name of the individual responsible for advising Pershing LLC on any questions relating to the per stirpes distribution of the IRA.

Name of Responsible Individual

You understand that the per stirpes instructions given to Pershing LLC by the responsible individual named above shall be binding on all beneficiaries of this IRA and of your estate and may be relied on by Pershing LLC. Pershing LLC shall not be liable for any payment made at the direction of this individual. If you do not name a responsible individual or the individual you named is unwilling or unable to advise Pershing on questions regarding the per stirpes distribution, then you understand that Pershing will rely on instructions from the executor of your estate regarding any per stirpes designation.

PLEASE CONSULT WITH YOUR LEGAL ADVISOR BEFORE ELECTING THE PER STIRPES DESIGNATION.

Spousal Consent

If you are married, reside in a community property or marital property state, and designate someone other than your spouse as your sole, primary beneficiary, your spouse must sign this form below.

I am the spouse of the above-named account 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. I hereby give the account 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.

REQUIRED IF PRIMARY BENEFICIARY IS NOT YOUR SPOUSE AND YOU LIVE IN COMMUNITY OR MARITAL PROPERTY STATES INCLUDING: AZ, CA, ID, LA, NV, NM, TX, WA, WI.

Spouse Printed Name	Date - -
Signature  X	

This space intentionally left blank.

STEP 5. CERTIFICATION

I understand the eligibility requirement for the type of IRA deposits I make and I state that I qualify to make the deposit. I have reviewed and understand a copy of the Pershing LLC Traditional IRA Custodial Account Agreement which contains the plan agreement and disclosure statement. I understand that the terms and conditions which apply to this IRA are contained in this Pershing LLC Traditional IRA Custodial Account Agreement which contains the plan agreement and disclosure statement. I agree to be bound by those terms and conditions. If I elect to make a rollover contribution to this account, I hereby certify that I understand the rollover rules and conditions as they pertain to this IRA and I have met the requirements for making a rollover. Due to the important tax consequences of rolling over funds or property I have been advised to consult with a tax professional. All information provided by me is true and correct and may be relied upon by the Custodian. I assume full responsibility for establishing this IRA and for rollover transactions and will not hold the Custodian liable for any adverse consequences that may result. I hereby irrevocably designate the rollover of funds or other property as rollover contributions. I hereby adopt the Pershing LLC Individual Retirement Custodial Plan.

The Pershing LLC sweep account program makes available money market mutual funds or bank deposit products, from which your financial institution may select a sweep option to be made available to you. You should contact your financial institution or your financial professional for additional information on the offerings available to you through the sweep account program. I authorize Pershing LLC to sweep any cash balance in my account into a sweep product unless I instruct Pershing LLC or my financial institution differently and Pershing LLC is further authorized to rely on instructions that I give to my financial institution regarding my sweep elections. I understand that Pershing LLC makes available a sweep account program through which the cash balance in my IRA introduced to Pershing LLC through my financial institution can be automatically invested. I understand: (i) the current sweep option may be a money market mutual fund affiliated with Pershing LLC or my financial institution; (ii) a sweep option is not intended for use as a long-term investment option and is best used for short periods of time; (iii) the rate of return on the sweep option may vary over time, and at times may be zero; (iv) I may be able to earn a higher yield through a different investment, and I may consult with my financial professional about the available sweep options; and (v) Pershing LLC, my financial institution and their affiliates receive benefits from having money invested in the sweep program. To the extent I have money in a sweep account, I understand the sweep account will be automatically debited to satisfy obligations arising in connection with my IRA introduced to Pershing LLC through my financial institution, and I may invest any remaining money. I understand I will receive a copy of the applicable prospectus or customer disclosure document in connection with my first investment in the sweep program, and I may request a copy of the applicable prospectus or customer disclosure document now or any time. I agree that my sweep option may be changed, including changes between money market funds and bank deposit products, with prior notification to me.

I AGREE THAT THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE, WHICH IS LOCATED AT ARTICLE IX ON PAGE 7 IN THIS AGREEMENT.

Participant or Guardian Signature

Print Name	Date
Signature	

MAIL COMPLETED FORMS TO: TRADING DIRECT, 160 BROADWAY, EAST BLDG FLOOR 7, NEW YORK NY 10038

FINANCIAL ORGANIZATION USE ONLY

Required approvals of the Financial Organization.

Investment Professional Name	Date
Signature	
Operations Manager Name	Date
Signature	

PLEASE FORWARD TO YOUR FINANCIAL ORGANIZATION FOR APPROVAL.