

ROTH IRA APPLICATION



Use this ROTH IRA Application to open a ROTH IRA.

IMPORTANT: In compliance with the USA PATRIOT Act, Federal law requires all financial institutions (including mutual funds) to obtain, verify, and record information that identifies each person who opens an account.

WHAT THIS MEANS FOR YOU: When you open an account, we will ask for your name, Social Security Number (SSN) or Tax Identification Number (TIN), a physical address (a Post Office box is not acceptable), date of birth, and other information that will allow us to identify you. We may also ask for additional identifying documents. The information is required for all owners, co-owners, or anyone who will be signing or transacting on behalf of a legal entity that will own the account. If any of this information is missing we will not be able to process your investment request. If we are unable to verify this information, your account may be closed and you will be subject to all applicable costs. If you have any questions regarding this application or how to invest, please call Shareholder Services at 1-800-400-6432.

PART I-A: ROTH IRA OWNER INFORMATION (*DENOTES REQUIRED INFORMATION)

(Note: If this Roth IRA is established as an Inherited Roth IRA, the Roth IRA Owner is the deceased IRA Owner or plan participant)

Owner's Name* (First, M.I., Last) Date of Birth* Social Security Number*

Street Address (Physical Address)* Apartment # City* State* Zip Code*

Mailing Address (if different from above) City State Zip Code

Date of Death (if applicable) Daytime Phone* Evening Phone

U.S. Citizen Resident Alien (Country)

For mailing outside of U.S., provide:

Country of Residence Province Foreign Routing/Postal Code

Check to indicate the IRA is established after the death of the individual named above, with either a direct rollover or transfer. If checked, complete Part I-B of the *Roth IRA Application*.

PART I-B: INHERITED ROTH IRA OWNER INFORMATION (COMPLETE THIS SECTION FOR INHERITED ROTH IRAS ONLY)

Note: Inherited Roth IRAs may only be established via a transfer from another Inherited Roth IRA or via a direct rollover of designated Roth 401(k) or 403(b) assets acquired by a nonspouse beneficiary due to the death of the individual named.

Owner's Name* (First, M.I., Last) _____ Date of Birth* _____ Social Security Number* _____

Street Address (Physical Address)* _____ Apartment # _____ City* _____ State* _____ Zip Code* _____

Mailing Address (if different from above) _____ City _____ State _____ Zip Code _____

Daytime Phone* _____ Evening Phone _____

U.S. Citizen Resident Alien (Country)
For mailing outside of U.S., provide:

Country of Residence _____ Province _____ Foreign Routing/Postal Code _____

PART II: CONTRIBUTION INFORMATION

Source of Funds (Select One):

- Regular/Spousal Contribution Amount: _____ Tax Year: _____

- Conversion Current Account/Plan Number: _____ Amount: _____
Current Account Type: Traditional IRA SEP IRA SIMPLE IRA*

- Recharacterization Amount: _____ Tax Year: _____

- Direct Transfer (Note: Select this option only if you are transferring assets directly from another Roth IRA)

- Rollover Source: Roth IRA Designated Roth account under a 401(k) or 403(b) plan

- Other Explain _____

*You may not convert SIMPLE IRA assets to a Roth IRA until at least two years have elapsed from the time of your initial participation in your employer-sponsor SIMPLE IRA plan. **Important: Contributions made to your Roth IRA will be for the current tax year unless you specify prior year.**

Note: The Fund's initial investment minimum is \$1,000 or if systematic investment plan of \$100 or more is established minimum will be waived.

PART III: INVESTMENT SELECTION

Name of Investment	Share Class	Allocation
1. Midas Perpetual Portfolio, Inc.	NA	\$ _____ or _____ %
2. Midas Magic, Inc.	NA	\$ _____ or _____ %
3. Midas Fund, Inc.	NA	\$ _____ or _____ %
		TOTAL: \$ _____ or _____ %

PART IV: ACCOUNT SERVICE OPTIONS FOR YOUR IRA (DO NOT COMPLETE THIS SECTION FOR INHERITED ROTH IRAS)

The completion of this section is *OPTIONAL*.

Systematic Investment Program (SIP) – This option provides an automatic investment into your mutual fund(s) by transferring money directly from your bank account via ACH (Automated Clearing House) on a scheduled basis. Automatic investment plan must be established with a \$100 minimum. Please refer to the fund prospectus for other account restrictions. Please provide all of your bank account information AND attach a voided check or deposit slip. **Important: Contributions made to your Roth IRA using SIP will be for the current tax year.** Keep this in mind for investments made from January 1 through April 15.

I authorize Midas Funds to initiate investments into my mutual fund account according to the following frequency:

- Annually
 Semi-Annually
 Quarterly
 Bi-Weekly
 Monthly
 Other (Check months below)
- January February March April May June
 July August September October November December

Fund _____ Amount \$ _____ Day of Month (1st, 15th, etc.) _____

Bank Account Information

Provide information about your checking or savings account to establish a Systematic Investment Program by ACH. Please select one of the following:

- Attach a voided check or deposit slip for your bank account. *Please use tape; do not staple.*
 Provide information about your bank account below.

Enter your checking or savings account information:

Name: _____

Name of Bank: _____ Bank's Phone Number: _____

Bank Address: _____ ABA Routing Number: _____

City: _____ State: _____ Zip Code: _____

Name(s) on Bank Account: _____ Bank Account Number: _____

Account Type: Checking Savings

John and Jane Doe 123 Any Street Anytown, USA 12345	1003 Date _____
PAY TO THE ORDER OF _____ BANK NAME BANK ADDRESS MEMO _____	<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> Tape your voided check or preprinted deposit slip here. Please do <u>not</u> use staples. </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> \$ _____ DOLLARS </div>

PART V: BENEFICIARY DESIGNATION

Designate beneficiaries below. If the Primary or Contingent status is not indicated, the individual or entity will be considered a Primary beneficiary. After your death, your ROTH IRA assets will be distributed in equal shares (unless indicated otherwise) to the Primary beneficiaries who survive you. If no Primary beneficiaries are living when you die, your ROTH IRA assets will be distributed in equal shares (unless otherwise indicated) to the Contingent beneficiaries who survive you. You may revoke or change the beneficiary designation at any time by completing a new *IRA Change of Beneficiary Form* and providing it to the Trustee/Custodian.

Type: Primary Contingent Share Percentage: _____% Relationship to IRA Owner: spouse non-spouse
Name: _____ Taxpayer ID Number: _____ Date of Birth: _____
Residence Address: _____

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Name: _____ Taxpayer ID Number: _____ Date of Birth: _____
Residence Address: _____

Addendum attached and signed for additional beneficiaries.

To name a Trust as your beneficiary, attach a copy of the Trust Agreement to this form. If you need additional space to name beneficiaries, attach a separate sheet that includes all information requested above and indicates whether the beneficiaries are primary or secondary. Sign and date the sheet. You may change your beneficiaries at any time by sending written instructions to the Trustee/Custodian.

PART VI: DUPLICATE ACCOUNT STATEMENT

Yes, please send a duplicate statement to:

Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

PART VII: PAYMENT METHOD

You can open your account by either of these methods. Please check your choice:

- By Check** Enclose a check payable to Midas Funds for the total amount.
- By Wire** For wire instructions call Shareholder Services at 1-800-400-6432.
- Transfer** Funds will be transferred directly from another Roth IRA.
If a direct transfer, please also complete and attach the IRA Transfer Request Form.

(Third party checks, money orders, counter checks, starter checks, checks drawn on non-U.S. financial institutions, credit card checks, and cash are not acceptable.)

MAILING INSTRUCTIONS

Please send completed application to:

Regular Mail Delivery

Midas Funds
P.O. Box 6110
Indianapolis, IN 46206-6110

Overnight Delivery

Midas Funds
2960 N. Meridian Street Suite 300
Indianapolis, IN 46208