

# SIMPLE IRA APPLICATION



Use this SIMPLE IRA Application to open a SIMPLE 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: INVESTOR INFORMATION (\*DENOTES REQUIRED INFORMATION)

### DEPOSITOR'S INFORMATION

Depositor'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 \_\_\_\_\_

### EMPLOYER'S INFORMATION

Employer's Name\* (First, M.I., Last) \_\_\_\_\_ Name of Contact\* \_\_\_\_\_ Employer Identification Number\* \_\_\_\_\_

Mailing Address\* \_\_\_\_\_ Suite # \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_

Daytime Phone\* \_\_\_\_\_



**PART IV: BENEFICIARY DESIGNATION-CONTINUED**

Type:  Primary  Contingent Share Percentage: \_\_\_\_\_% Relationship to IRA Owner:  spouse  non-spouse  
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 V: DUPLICATE ACCOUNT STATEMENT**

Yes, please send a duplicate statement to:

Name: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PART VI: 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 SIMPLE IRA.  
If a direct transfer, please also complete and attach the IRA Transfer Request Form.
- From Employer**                Contributions will be forthcoming from my employer.

*(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.)*

**PART VII: SPOUSAL CONSENT**

Complete this section only if you, the SIMPLE IRA owner, have your legal residence in a community or marital property state and you wish to name a beneficiary other than or in addition to your spouse as Primary beneficiary. This section may have important tax consequences to you and your spouse so please consult with a competent advisor prior to completing. If you are not currently married and you marry in the future, you must complete a new beneficiary designation that includes the spousal consent provisions.

**CONSENT OF SPOUSE**

By signing below, I acknowledge that I am the spouse of the SIMPLE IRA owner and agree with and consent to my spouse's designation of a Primary beneficiary other than, or in addition to, me. I understand that with my consent I transfer my community property interest in this SIMPLE IRA to my spouse as his or her separate property. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Trustee/Custodian has not provided me any legal or tax advice.

Signature of Spouse:

X \_\_\_\_\_ Date: \_\_\_\_\_

Witness:

X \_\_\_\_\_ Date: \_\_\_\_\_

**PART VIII: ACKNOWLEDGEMENT** (Note: This Application will not be processed unless signed below by the IRA Owner.)

By signing this *SIMPLE IRA Application*, I certify that the information I have provided is true, correct, and complete, and the Custodian may rely on what I have provided. In addition, I have read and received copies of this *SIMPLE IRA Application*, the applicable *IRS Form 5305*, and the *Financial Disclosure*, including the applicable fee schedule, for the type of SIMPLE IRA I am opening as indicated above. I agree to be bound to their terms and conditions. I understand that I am responsible for the SIMPLE IRA transaction I conduct, and I will indemnify and hold the Custodian harmless from any consequences related to executing my directions. If I have indicated any amounts as "carry-back" contributions, I understand the contributions will be credited for the prior tax year. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Signature of SIMPLE IRA Owner:

X \_\_\_\_\_ Date: \_\_\_\_\_

**PART IX: FOR DEALER USE ONLY**

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Representative's Full Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Representative's Branch Office Telephone Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State                      Zip Code

\_\_\_\_\_  
Dealer Number

\_\_\_\_\_  
Branch Number

\_\_\_\_\_  
Representative Number

**X** \_\_\_\_\_  
Representative's Signature

**X** \_\_\_\_\_  
Supervisor's Signature

**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