

TRADITIONAL/SEP IRA APPLICATION



Use this *TRADITIONAL/SEP IRA Application* to open a *TRADITIONAL/SEP 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: TRADITIONAL/SEP IRA OWNER INFORMATION (*DENOTES REQUIRED INFORMATION)
(DECEASED INDIVIDUAL IF ESTABLISHED AS INHERITED IRA)**

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
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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 *Traditional/SEP IRA Application*.

PART IV: ACCOUNT SERVICE OPTIONS FOR YOUR IRA (DO NOT COMPLETE THIS SECTION FOR INHERITED 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 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	Date _____ 1003
PAY TO THE ORDER OF _____ BANK NAME BANK ADDRESS MEMO _____	<div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 80%;"> Tape your voided check or preprinted deposit slip here. Please do <u>not</u> use staples. </div> \$ _____ DOLLARS

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 TRADITIONAL/SEP 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 TRADITIONAL/SEP 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 IRA, SEP-IRA, or retirement plan. 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.)

PART VIII: SPOUSAL CONSENT

Complete this section only if you, the TRADITIONAL/SEP 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. If this is an Inherited IRA, seek competent legal/tax advice to see if spousal consent is required.

CONSENT OF SPOUSE

By signing below, I acknowledge that I am the spouse of the TRADITIONAL/SEP 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 TRADITIONAL/SEP 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 IX: ACKNOWLEDGEMENT (Note: This application will not be processed unless signed below by the Traditional IRA Owner or Inherited IRA Owner.)

By signing this *Traditional/SEP 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 the *Traditional/SEP IRA Application, IRS Form 5305-A, Disclosure Statement and Financial Disclosure*, including the applicable fee schedule. I agree to be bound to their terms and conditions. I understand that I am responsible for the Traditional IRA transactions 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 "carryback" contributions, I understand the contributions will be credited for the prior tax year. If I am an Inherited IRA Owner, I understand the distribution requirements and the contribution limitations applicable to Inherited IRA Owners. I have been advised to seek competent legal and tax advice and have not been provided any such advice from the Custodian.

Signature of TRADITIONAL/SEP IRA Owner (or Inherited IRA Owner):

X _____ Date: _____

PART X: 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