

IRA ADOPTION AGREEMENT

PARTICIPANT INFORMATION

Name: _____ SSN: _____

Address: _____

E-mail: _____ Home Phone #: _____ Bus. Phone #: _____

Birthdate: _____ Year Age 50: _____ Date Age 59 1/2: _____ Year Age 70 1/2: _____

ACCOUNT INFORMATION

Type of Account: _____ Notice of revocation must be delivered or mailed to: **Hand Benefits and Trust Company**

Traditional IRA Contact Person's Name: **IRA Specialist**

Roth IRA Address: **6 Rhoads Drive, Suite 7**
Utica, NY 13502

Both (Traditional and Roth IRAs being established) Phone #: **866-401-5272 ext. 3120**

BENEFICIARY(IES) DESIGNATION

Primary	Contingent	Name: _____	SSN: _____	Birthdate: _____
<input type="checkbox"/>	<input type="checkbox"/>	Address: _____	Relationship: _____	Share: _____ %
Primary	Contingent	Name: _____	SSN: _____	Birthdate: _____
<input type="checkbox"/>	<input type="checkbox"/>	Address: _____	Relationship: _____	Share: _____ %
Primary	Contingent	Name: _____	SSN: _____	Birthdate: _____
<input type="checkbox"/>	<input type="checkbox"/>	Address: _____	Relationship: _____	Share: _____ %

In the event of my death, the balance in the account shall be paid to the Primary Beneficiaries who survive me in equal shares (or in the specified shares, if indicated). If the Primary or Contingent Beneficiary box is not checked for a beneficiary, the beneficiary will be deemed to be a Primary Beneficiary. If none of the Primary Beneficiaries survive me, the balance in the account shall be paid to the Contingent Beneficiaries who survive me in equal shares (or in the specified shares, if indicated).

CONSENT OF SPOUSE

I consent to the above Beneficiary Designation.

Signature of Spouse: _____ Date: _____

(Note: Consent of the Participant's Spouse may be required in a community property or marital property state to effectively designate a beneficiary other than or in addition to the Participant's Spouse.)

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the state of _____, parish/county of _____, this _____ day of _____, 20 _____.

(affix seal here)

Commission Expires: _____

NOTARY PUBLIC (Type, print or stamp name) _____

Notary ID # or Bar Roll # _____

NOTARY PUBLIC (Signature) _____

Disclaimer For Community and Marital Property States: The Participant's Spouse may have a property interest in the account and the right to dispose of the interest by will. Therefore, the Custodian disclaims any warranty as to the effectiveness of the Participant's beneficiary designation or as to the ownership of the account after the death of the Participant's Spouse. For additional information, please consult your legal advisor.

SIGNATURES

Under penalties of perjury, I certify that the above information (including my social security number) is correct. I hereby agree to participate in the Individual Retirement Custodial Account offered by the Custodian. I acknowledge receipt of a copy of the plan document under which this Individual Retirement Account is established, a copy of this Adoption Agreement, and a copy of the Disclosure Statement with respect to the Individual Retirement Account(s) being established. I direct that all benefits upon my death be paid as indicated above. In the event that this is a rollover contribution, the undersigned hereby irrevocably elects, pursuant to the requirements of Section 1.402(a)(5)-1T of the IRS regulations, to treat this contribution as a rollover contribution. If I named a beneficiary which is a Trust, I understand I must provide certain information concerning such Trust to the Custodian.

Participant Signature: _____ Date: _____

Authorized Signature of Custodian: _____ Date: _____

A COPY OF DRIVER'S LICENSE MUST ACCOMPANY THIS FORM.
(OR OTHER VALID PHOTO I.D.)