



TRADITIONAL/SEP IRA APPLICATION

PERKINS DISCOVERY FUND

Mail to: Perkins Discovery Fund
c/o Commonwealth Fund Services, Inc.
8730 Stony Point Parkway, Suite 205
Richmond, VA 23235

Use this *TRADITIONAL/SEP IRA Application* to open a Traditional 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, address, 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 completing a transaction on behalf of a legal entity that will own the account. We will return your application if any of this information is missing. 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, please call 1-800-673-0550.

Check here if amendment.

PART I-A: TRADITIONAL IRA OWNER INFORMATION (DECEASED INDIVIDUAL IF ESTABLISHED AS INHERITED IRA)

Name: _____ Taxpayer ID Number: _____

Residence Address: _____

Mailing Address (if different than above): _____

Primary Phone: _____ Email Address: _____

Date of Birth: _____ Date of Death (if applicable): _____

U.S. Citizenship Status: Citizen Resident Alien Nonresident Alien

Employer Name: _____ Employer Telephone: _____

Employer Address: _____

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

Note: Inherited IRAs may only be established via a transfer from another Inherited IRA or via a direct rollover of employer plan assets acquired by a nonspouse beneficiary due to the death of the individual named above.

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

Residence Address: _____

Mailing Address: _____

Primary Phone: _____ Email Address: _____

U.S. Citizenship Status: Citizen Resident Alien Nonresident Alien

PART II: CONTRIBUTION INFORMATION

Source of Funds (Select One):

Regular/Spousal Contribution Amount: _____ Tax Year: _____

Recharacterization Amount: _____ Tax Year: _____

Employer SEP Contribution Amount: _____

- Direct Transfer Source: Traditional IRA SEP IRA SIMPLE IRA*
- Rollover Source: Traditional IRA SEP IRA SIMPLE IRA*
 Employer-Sponsored Plan (e.g., 401(a), 401(k), 403(b), governmental 457(b))
- Other Explain: _____

*You may not transfer or rollover SIMPLE IRA assets to a Traditional IRA until at least two years have elapsed from the time of your initial participation in your employer's SIMPLE IRA plan.

PART III: PAYMENT METHOD

You can open your account using any of these methods. Please check your choice:

- By Check** Enclose a check payable to the Perkins Discovery Fund for the total amount.
- By Wire** For wire instructions call 1-800-673-0550.
- Other** _____.

PART IV: INVESTMENT SELECTION

Name of Investment

Perkins Discovery Fund

Addendum attached for additional investment selections. If you need additional space to make investment selections, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

PART V: BENEFICIARY DESIGNATION

Traditional IRA Owner (or Inherited IRA Owner) 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, the Traditional 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, the Traditional 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 Custodian.

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

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Address: _____

Addendum attached for additional beneficiaries. If you need additional space to name beneficiaries, attach a separate sheet that includes all of the information requested above. Sign and date the sheet.

To name a trust as your beneficiary, attach to this form either a copy of the trust agreement or a certification, in writing, acceptable to the IRA Custodian.

PART VI: SPOUSAL CONSENT

Complete this section only if you, the Traditional 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 IRA Owner and agree with and consent to my spouse's designation of a primary beneficiary other than, or in addition to, me. I have been advised to consult a competent advisor and I assume all responsibility regarding this consent. The Custodian has not provided me any legal or tax advice.

Signature of Spouse:

X _____ Date: _____

Witness:

X _____ Date: _____

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

Systematic investment program (*The completion of this section is optional.*) This option provides an automatic investment into your IRA by transferring money directly from your bank account via ACH (Automated Clearing House) on a scheduled basis. The automatic investment program may require a minimum deposit. Other account restrictions may also apply. Please provide all of your bank account information AND attach a voided check or deposit slip. Contributions made to your IRA using the automatic investment option will be for the current tax year.

Frequency: Monthly, on the 15th day of each month.

Investment Information:

Investment Name: _____ Investment Identification Number: _____ Amount (\$): _____

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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: Account Type: Checking Savings

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

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

Bank Address: _____ ABA Routing Number: _____

City: _____ State: _____ Zip Code: _____

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

John and Jane Doe 123 Any Street Anytown, USA 12345	Date _____	1003
PAY TO THE ORDER OF _____	Tape your voided check or preprinted deposit slip here. Please do <u>not</u> use staples.	\$ _____ DOLLARS
BANK NAME _____		
BANK ADDRESS _____		
MEMO _____		

PART VIII: DUPLICATE ACCOUNT STATEMENT

Yes, please send a duplicate statement to:

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

PART IX: FOR DEALER USE ONLY

Representative's Full Name: _____

Representative's Signature: _____ Date: _____

Supervisor's Full Name: _____

Supervisor's Signature: _____ Date: _____

Financial Institution Name: _____

Mailing Address: _____ Representative's Branch Office Telephone Number: _____

City: _____ State: _____ Zip: _____

Dealer Number: _____ Branch Number: _____ Representative Number: _____

PART X: MAILING INSTRUCTIONS

Please send completed form to: Commonwealth Fund Services, Inc. 8730 Stony Point Pkwy, Suite 205, Richmond, VA 23235

PART XI: EMPLOYEES, FAMILY AND AFFILIATES

Are you an employee, or family member of an employee of the Perkins Discovery Fund or its affiliates? Yes No

Please indicate your relationship _____

PART XII: 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 (UMB Bank, n.a. at 1010 Grand Boulevard, Kansas City, MO, 64141) 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 IRA Owner (or Inherited IRA Owner):

X _____ Date: _____

Signature of IRA Custodian Representative:

X _____ Date: _____