

Thank you for your interest in Self-Directing your IRA through Advanta IRA Services, LLC. **Please complete the sections below, sign and return with original signatures to our office.**

To initiate the account, we will need the original completed forms:

- IRA Account Application**
- Fee Disclosure**
- IRA Transfer or Direct Rollover Form** (if transferring funds)
- Photocopy of your driver's license** (Patriot Act requirement)
- Check, Credit Card, or payment for application setup fee of \$50 per account** - See Fee Schedule

Please send completed originals to:

Advanta IRA
 13191 Starkey Rd., Suite 9
 Largo, FL 33773

Advanta Account Number

1 PERSONAL INFORMATION

Legal Name (Required) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____		Date of Birth (MM/DD/YYYY)	Social Security Number
Legal/Street Address (Required)		City, State, Zip	
Mailing Address (Optional)		City, State, Zip	
Primary Phone	Fax	Mobile	Email Address
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married (see Consent of Spouse) <input type="checkbox"/> Widowed or Divorced		Occupation	Title

2 NOTIFICATIONS

Would you like to review your statements online? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like to receive email notifications of changes to your account? <input type="checkbox"/> Yes <input type="checkbox"/> No	How did you hear about us? <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Article <input type="checkbox"/> Advertisement <input type="checkbox"/> Internet <input type="checkbox"/> Other _____ <input type="checkbox"/> Referred by _____
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3 ACCOUNT TYPE

Please select one:

<input type="checkbox"/> Traditional IRA	<input type="checkbox"/> SEP IRA (please attach employer plan documents) Employer Name: _____	<input type="checkbox"/> SIMPLE IRA (please attach employer plan documents) Employer Name: _____
<input type="checkbox"/> Roth IRA		
<input type="checkbox"/> Beneficiary Inherited IRA Check one: <input type="checkbox"/> Trad <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE Original IRA Holder Name: _____		<input type="checkbox"/> Health Savings Account Check one: <input type="checkbox"/> Self-only coverage <input type="checkbox"/> Family coverage

4 ACCOUNT FUNDING

<input type="checkbox"/> Annual Contribution Year contribution for: _____	<input type="checkbox"/> Transfer Contribution Transfer from existing IRA or Employer Sponsored Plan.	<input type="checkbox"/> Rollover Contribution Take receipt of the assets for up to 60 days before reinvesting in a new retirement plan.	<input type="checkbox"/> Direct Rollover Contribution Rollover from Employer Sponsored Plan.
Office Use Only: Additional forms received			
<input type="checkbox"/> Application Fee check	<input type="checkbox"/> Contribution check	<input type="checkbox"/> Deposit Coupon	<input type="checkbox"/> RCF
<input type="checkbox"/> Roth Conversion	<input type="checkbox"/> Transfer Form	<input type="checkbox"/> Purchase Documents: _____	

5 BENEFICIARIES (If Trust, please provide first and last pages of Trust)

Select Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
Name	Social Security Number	Relationship	Date of Birth	Share %
Address		City	State	Zip
Select Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
Name	Social Security Number	Relationship	Date of Birth	Share %
Address		City	State	Zip
Select Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
Name	Social Security Number	Relationship	Date of Birth	Share %
Address		City	State	Zip
Select Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent				
Name	Social Security Number	Relationship	Date of Birth	Share %
Address		City	State	Zip

Account Owner Signature

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). If I named a beneficiary which is a Trust, I understand I must provide certain information concerning such Trust to the Custodian.

I understand that I may change or add beneficiaries at any time by completing and delivering the proper form to the Administrator.

Signature of Account Owner: _____ Date: _____

Spousal Consent (only required if your spouse is not the primary beneficiary - see note below).

The consent of spouse must be signed only if all of the following conditions are present:

- a. Your spouse is living;
- b. Your spouse is not the sole primary beneficiary name and;
- c. You and your spouse are residents of a community property state (such as AZ, CA, ID, LA, NM, NV, TX, WA or WI).

I am the spouse of the account holder listed above. I hereby certify that I have reviewed the *Designation of Beneficiary* form and I understand that I have a property interest in the account. I hereby acknowledge and consent to the above Designation of beneficiary other than or in addition to, myself as primary beneficiary. I further acknowledge that I am waiving part or all of my rights to receive benefits under this plan when my spouse dies.

I, _____ hereby consent to the above Beneficiary designation.

Spouse Signature: _____ Date: _____

6 SIGNATURE AND ACKNOWLEDGEMENT

Custodian and Administrator: The Custodian for my account will be **Mainstar Trust** and the Administrator for my account will be **Advanta IRA Services, LLC**. I understand that the Custodian and the Administrator may resign by giving me written notice at least 30 days prior to the effective date of such resignation. I understand that if I fail to notify the Administrator of the appointment of a successor trustee or custodian within such 30 day period, then the assets held by the Custodian in my account (whether in cash or personal or real property, wherever located, and regardless of value) will be distributed to me, outright and free of trust, and I will be wholly responsible for the tax consequences of such distribution.

No Tax, Legal or Investment Advice: I acknowledge and agree that the Custodian and the Administrator do not provide or assume responsibility for any tax, legal or investment advice with respect to the investments and assets in my account, and will not be liable for any loss which results from my exercise of control over my account. I understand that my account is self-directed, and I take complete responsibility for any investments I choose for my account. I further understand and agree that neither the Custodian nor the Administrator sells or endorses any investment products. If the services of the Custodian and the Administrator were marketed, suggested or otherwise recommended by any person or entity, such as a financial representative or investment promoter, I understand that such persons are not in any way agents, employees, representatives, affiliates, partners, independent contractors, consultants, or subsidiaries of the Custodian or the Administrator, and that the Custodian and Administrator are not responsible for and are not bound by any statements, representations, warranties or agreements made by any such person or entity. I agree to consult with my own CPA, attorney, financial planner, or other professional prior to directing the Administrator to make any investment in my account.

Prohibited Transactions: I understand that my account is subject to the provisions of Internal Revenue Code (IRC) Section 4975, which defines certain prohibited transactions. I acknowledge and agree that neither the Custodian nor the Administrator will make any determination as to whether any transaction or investment in my account is prohibited under sections 4975, 408(e) or 408A, or under any other state or federal law. I accept full responsibility to ensure that none of the investments in my account will constitute a prohibited transaction and that the investments in my account comply with all applicable federal and state laws, regulations and requirements.

Unrelated Business Income Tax: I understand that my account is subject to the provisions of IRC Sections 511-514 relating to Unrelated Business Taxable Income (UBTI) of tax-exempt organizations. I agree that if I direct the Administrator to make an investment in my account which generates UBTI, I will be responsible for preparing or having prepared the required IRS Form 990-T tax return, an application for an Employer Identification Number (EIN) for my account, and any other documents that may be required, and to submit them to the Administrator for filing with the Internal Revenue Service at least ten (10) days prior to the date on which the return is due, along with an appropriate directive authorizing the Administrator to execute the forms on behalf of my account and to pay the applicable tax from the assets in my account. I understand that the Custodian and the Administrator do not make any determination of whether or not investments in my account generate UBTI; have no duty to and do not monitor whether or not my account has incurred UBTI; and do not prepare Form 990-T on behalf of my account.

Valuations: I understand that the assets in my account are required to be valued annually at the end of each calendar year in accordance with IRC Section 408(i) or 223 (h) and other guidance provided by the IRS, and that the total value of my account will be reported to the IRS on Form 5498 each year. I agree to provide the year end value of any illiquid and/or non-publicly traded investments, which may include without limitation limited partnerships, limited liability companies, privately held stock, real estate investment trusts, hedge funds, real estate, secured and unsecured promissory notes, and any other investments as the Custodian shall designate, by no later than January 10th of each year, with substantiation attached to support the value provided. I agree to indemnify and hold harmless the Custodian and the Administrator from any and all losses, expenses, settlements, or claims with regard to investment decisions, distribution values, tax reporting or any other financial impact or consequence relating to or arising from the valuation of assets in my account.

Indemnification: I agree that the Custodian and the Administrator have no duty other than to follow my written instructions, and will be under no duty to question my instructions and will not be liable for any investment losses sustained by me or my account under any circumstances. I understand that the Custodian and the Administrator are acting only as my agent, and nothing will be construed as conferring fiduciary status on the Custodian or the Administrator.

I agree to indemnify and hold harmless the Custodian and the Administrator from any and all claims, damages, liability, actions, costs, expenses (including reasonable attorneys' fees) and any loss to my account as a result of any action taken (or omitted to be taken) pursuant to and/or in connection with any investment transaction directed by me or my investment advisor or resulting from serving as the Custodian or the Administrator, including, without limitation, claims, damages, liability, actions and losses asserted by me.

Account Owner Signature: _____

Print Name: _____ **Date:** _____

Electronic Communications, Signatures, and Records: I acknowledge and agree that my account will be subject to the provisions of the Uniform Electronic Transactions Act, as passed in the state where the Custodian is organized (Kansas Statutes Annotated (KSA) Sections 16-601 et seq.), and the federal Electronic Signature in Global and National Commerce Act (ESIGN Act, as contained in 15 U.S.C. 7001), as those laws pertain to electronic communication, electronic signatures, and electronic storage of Custodial Account records. I understand that, in lieu of the retention of the original records, the Administrator and Custodian may cause any, or all, of their records, and records at any time in their custody, to be photographed or otherwise reproduced to permanent form, and any such photograph or reproduction shall have the same force and effect as the original thereof and may be admitted in evidence equally with the original if permitted by law.

Responsibility for determining eligibility and tax consequences: I assume complete responsibility for 1) determining that I am eligible to make a contribution to my account; 2) ensuring that all contributions I make are within the limits set forth by the relevant sections of the Internal Revenue Code; and 3) the tax consequences of any contribution (including a rollover contribution) and distributions.

No FDIC Insurance for Investments: I recognize that investments purchased and/or held within my account: 1) are not insured by the Federal Deposit Insurance Corporation (FDIC); 2) are not a deposit or other obligation of, or guaranteed by, either the Custodian or the Administrator; and 3) are subject to investment risks, including possible loss of the principal amount invested.

Our Privacy Policy: You have chosen to do business with the Custodian and the Administrator. As our client, the privacy of your personal non-public information is very important. We value our customer relationships and we want you to understand the protections we provide in regard to your accounts with us.

Information We May Collect: We collect non-public personal information about you from the following sources to conduct business with you:

- Information we receive from you on applications or other forms;
- Information about your transactions with us, or others;

Non-public personal information is non-public information about you that we may obtain in connection with providing financial products or services to you. This could include information you give us from account applications, account balances, and account history.

Information We May Share: We do not sell or disclose any non-public information about you to anyone, except as permitted by law or as specifically authorized by you. We do not share non-public personal information with our affiliates or other providers without prior approval by you. Federal law allows us to share information with providers that process and service your accounts. All providers of services in connection with the Custodian and Administrator have agreed to the Custodian's and the Administrator's confidentiality and security policies. If you decide to close your account or become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

Confidentiality and Security: We restrict access to non-public personal information to those employees who need to know that information to provide products and services to you. We maintain physical, electronic, and procedural guidelines that comply with federal standards to guard your non-public personal information. The Custodian and the Administrator reserve the right to revise this notice and will notify you of any changes in advance.

If you have any questions regarding this policy, please contact us at the address and/or telephone number listed on this Adoption Agreement.

This Agreement and the exhibits and disclosures referenced herein contains the entire agreement of the parties with respect to the subject matter of this Agreement, and supersedes all prior negotiations, agreements and understandings between the parties, whether written or oral, with respect thereto. I hereby acknowledge and agree that I have not relied on any representation, assertion, guarantee, warranty, other contract or other assurance, except as set forth herein, made by or on behalf of any other party or any other person or entity whatsoever, prior to the execution of this Agreement. This Agreement may only be amended by a written document duly executed by all parties.

By executing this document, I acknowledge that I have received a copy of the Plan Agreement, Disclosure statement (5305) and appropriate Financial/Fee Disclosures. I understand that the terms and conditions, which apply to this Account, and are contained in these documents. I agree to be bound by those terms and conditions.

Custodian (or Authorized Representative) Signature: _____

Print Name: _____ **Date:** _____

ANNUAL RECORDKEEPING (Please choose an option)

Option One: Fee Based on Number of Assets:

\$295 Per Asset/Liability Including Real Estate, Notes, Mortgages, LLCs, Private Placements, Futures/Forex (per FCM). See explanations below.

\$100 Precious Metals Holdings, per Depository Storage Fee: 10 basis points (.001) of account value or minimum of \$125 per year.

(\$25 per Quarter for Cash Only Accounts)

Option Two: Fee Based on Total Account Value

Portfolio Value:	Annual Asset Fee:
\$0 -	\$14,999.99
\$15,000	\$29,999.99
\$30,000	\$44,999.99
\$45,000	\$59,999.99
\$60,000	\$89,999.99
\$90,000	\$124,999.99
\$125,000	\$249,999.99
\$250,000	\$499,999.99
\$500,000	\$749,999.99
\$750,000 and up	\$1,850

ALL ACCOUNTS INCLUDE AT NO ADDITIONAL CHARGE

- Online Account Access
- Annual Tax Reporting
- Required minimum distributions by check
- Access to regular Educational/Networking Events

TRANSACTION & OTHER MISC FEES

- Account establishment: \$50 (Paid upon initial application)
- Purchase, Sale, Exchange or Re-Registration of any Asset: \$95 per transaction (\$145 for Real Estate transactions). \$35 for Precious Metal Transactions.
- Outgoing Wire Transfer: \$30
- Incoming Wire Transfer: \$15
- Cashiers or other official bank check: \$10
- Individual (k) Plan Document Fee: \$300 per year
- Express Delivery: \$30
- Returned Items or Stop Payment Request: \$30
- Special services, such as research of closed accounts, legal research, expedited investment review or additional processing required for certain complex transactions: \$150/hour, a minimum \$50 research charge (i.e. real estate fair market value)
- Partial or Full Account Termination - Includes transfer of assets from your account and lump-sum distributions: .005 of the termination value: maximum fee of \$250 plus transaction & re-registration charges for each asset sale

PAY FEES BY: VISA MC AMEX DISCOVER Deduct from IRA ACCOUNT

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You cancel this automatic billing authorization at any time by contacting us.

CARD NUMBER: _____ **EXP DATE:** _____

NAME ON CARD: _____ **BILLING ZIP CODE:** _____

*Annual Record keeping fees are withdrawn from your un-directed funds on the date of account establishment and subsequent asset purchases unless you submit payment directly by check, credit or debit card. Fees may be collected quarterly and those Fees paid from your account will be reflected on your statement. You may also prepay fees by check, credit or debit card or charge to your account. If there are insufficient un-directed funds in your account, we may liquidate other assets in your account to pay for such fees after a 30 day notification, in accordance with your Plan and Trust Disclosure. Late Payment, Fees: The lesser of 1.5% per month (18% per annum) or the maximum allowable under applicable state law. Late Payment of Fees: The lesser of 1.5% per month (18% per annum) or the maximum allowable under applicable state law may be charged and collected. In accordance with your Account Application, this Fee Disclosure is part of your Agreement with the Administrator and must accompany your Application. If a signed Fee Disclosure is not received with your Application, fees will be based on "Option 2 --Account Value". **Custodian's Fees:** The Custodian shall be entitled to receive, from the assets held in your account, a fee equal in amount to all income that is generated from any Undirected Cash (defined as any cash in your account not invested pursuant to a specific investment direction by you) which has been deposited by the Custodian into FDIC or other United States government insured financial institutions, United States government securities, or securities that are insured or guaranteed by the United States government. The Custodian retains the right, but does not have the obligation, to reduce this fee by rebating a portion of the fee into your account. You agree that this fee may be retained by the Custodian as compensation for the services provided by the Custodian in relation to your account. The Custodian may pay all or an agreed portion of this fee to the Administrator as agreed between the Custodian and the Administrator. The Custodian reserves the right to change all or part of the Custodial Fee Schedule at its discretion with 30 days advance notice. You acknowledge and agree that the Custodian may transfer any Undirected Cash in your account into any FDIC insured financial institution or in United States government securities or in securities that are insured or guaranteed by the United States government without any further approval or direction by you.*

PLEASE PRINT, SIGN AND MAIL THIS FORM TO YOUR ADVANTA IRA OFFICE.

Printed Name: _____

Signature: _____ **Date:** _____

Use this form to transfer funds directly from your existing IRA to your Advanta IRA.

1 PERSONAL INFORMATION

Name <i>(Your name as it appears in your plan)</i> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____		Advanta IRA Account Number
Legal Address		City, State, Zip
Phone		Social Security Number

2 CURRENT IRA CUSTODIAN/TRUSTEE (Please attach a copy of a current statement for this account)

Name of Custodian/Trustee		Account Number*
Transfer Department Address		City, State, Zip
Contact Name <i>(optional)</i>	Phone Number	Type of Account <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> HSA <input type="checkbox"/> ESA <input type="checkbox"/> 401(k) <input type="checkbox"/> Beneficiary IRA
Have you confirmed the Non ACAT transfer department address with your custodian? <input type="checkbox"/> No - Leave blank and we will use our custodial transfer address list <input type="checkbox"/> Yes - Please send Transfer request to above listed address		

3 TRANSFER DETAILS

<input type="checkbox"/> Option One: Cash Transfer <input type="checkbox"/> Complete (liquidate and send all proceeds) <input type="checkbox"/> Partial - Send ONLY \$ _____	<input type="checkbox"/> Option 2: In-Kind Transfer <i>(Advanta IRA will not accept in-kind transfers of publicly traded securities)</i> <input type="checkbox"/> Complete (Send all assets listed below and cash) <input type="checkbox"/> Partial - Send ONLY the assets listed below	
Asset Description		Amount

4 TRANSFER INSTRUCTIONS

Please send cash via: Check Wire (\$15) **Please send request via:** Mail Expedited 2nd Day Delivery (\$30) **Default to mail, if unchecked*

5 SIGNATURE AND ACKNOWLEDGEMENT

- I hereby agree to the terms and conditions set forth in this Account Asset Transfer Authorization and acknowledge having established a self directed account through execution of the account application.
- I understand the rules and conditions applicable to an Account Transfer
- I qualify for the account transfer of assets listed in the Asset Liquidation above and authorize such transactions.

Your Signature: _____

Date: _____

(Medallion Guarantee Stamp)

ACCEPTANCE OF RECEIVING CUSTODIAN

Pursuant to a limited written delegation First Trust Company of Onaga, as Custodian ("Custodian"), has authorized Advanta IRA to sign this form on the Custodian's behalf to verify the Custodian's acceptance of the transfer, rollover or direct rollover described above and agreement to apply the proceeds upon their receipt, to the Account established by Advanta IRA on your behalf. First Trust Company of Onaga ASSUMES NO TRUST OR FIDUCIARY OBLIGATIONS TO YOU AS IT HAS NO INVESTMENT CONTROL OVER YOUR FUNDS AND ACTS ONLY AS A CUSTODIAN OF YOUR ACCOUNT.

Advanta IRA on behalf of Custodian, First Trust Company of Onaga

By: _____ **Date:** _____ **Account #:** _____

Type of Account: Traditional Roth SEP SIMPLE HSA ESA 401(k) Beneficiary IRA

This form documents the rollover of your account to Advanta IRA. Advanta IRA will not initiate the rollover. Contact your current custodian to roll over your assets to Advanta IRA. For multiple transactions, please use a separate form for each. Use this form to:

- Document your direct rollover contribution from an employer-sponsored plan (move assets directly from your qualified retirement plan to a new retirement plan).
- Document your indirect rollover contribution to Advanta IRA (take receipt of the assets for up to 60 days before reinvesting in a new retirement plan).

1 PERSONAL INFORMATION

Name (Your name as it appears in your plan) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____		Advanta IRA Account Number
Legal Address		City, State, Zip
Phone		Social Security Number

2 CURRENT CUSTODIAN/TRUSTEE

Name of Custodian/Trustee		Account Number (if applicable)
Phone Number	Contact Name (optional)	Type of Plan you are rolling over from: <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE <input type="checkbox"/> ESA <input type="checkbox"/> HSA <input type="checkbox"/> Employer Plan

3 ROLLOVER DETAILS

I am an eligible person to perform this transaction: (Select one)

Plan Participant
 Spouse beneficiary of account
 Non-spouse beneficiary of account
 Responsible Individual
 Ex-spouse of account due to divorce/legal separation

ROLLOVER INSTRUCTIONS TO RESIGNING CUSTODIAN

To roll over CASH, please follow the instruction below. Contact our office for wire instructions.

Cash: Please make check payable to: Advanta IRA FBO _____ (your name)

To roll over INVESTMENTS (Private Stock, Real Estate, LLCs, Notes, etc.), please complete the asset description below and contact us regarding the re-registration of your investment.

Asset Description	Amount/Value

4 SIGNATURE AND ACKNOWLEDGEMENT

I hereby agree to the terms and conditions set forth in this Rollover form and acknowledge having established a Self-Directed Account through execution of an account application. I understand the rules and conditions applicable to a (check one) Rollover Direct Rollover. I qualify for the Rollover or Direct Rollover of assets listed in the Asset Liquidation above and authorize such transactions. If this is a Rollover or Direct Rollover, I have been advised to see a tax advisor due to the important tax consequences of rolling assets into a self-direct account. If this is a Rollover or Direct Rollover, I assume full responsibility for this Rollover or Direct Rollover transaction and will not hold the Plan Administrator, Custodian or Issuer of either the distributing or receiving plan liable for any adverse consequences that may result. I understand that no one at Advanta IRA or any of its licensees has authority to agree to anything different than my foregoing understandings of Advanta IRA policy. If this is a Rollover or Direct Rollover, I irrevocably designate this contribution of assets with a value of \$ _____ as a rollover contribution. **By signing this form, I certify that I am completing this rollover within:**

A. 60 calendar days following the day I received the assets, I have not performed a rollover of these assets from an IRA within the last 12 months and the rollover DOES NOT contain my Required Minimum Distribution

B. If I am a non-spouse beneficiary, this is a direct roll over from an employer plan and the rollover contribution DOES NOT contain my Required Minimum Distribution.

Your Signature: _____ Date: _____

1 GENERAL INFORMATION

Account Holder's Name <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____	Advanta IRA Account Number
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2 INTERESTED PARTY DESIGNATION

Please complete the information below to authorize your spouse, financial advisor (broker, financial planner, accountant, attorney, or other person etc.) to receive information about your account. Please note that this individual will have unlimited access to your account information, but they will not be able to make changes to your account.

Name of Interested Party		
Interested Party Street Address		City, State, Zip
Phone Number	Fax Number	Email Address

Check here to allow Online Access to Your Account
 Check here to allow your IPD to Receive Statements for Your Account

This Designation will remain in effect until the Administrator has received written notice of revocation from the Account Holder. Account Holder agrees to indemnify and hold harmless Administrator, its affiliates, officers, employees and/or Custodian, against all claims, actions, costs and liabilities, including attorneys' fees, arising out of their reliance on this Designation. This indemnity and hold harmless provision shall survive any Termination of this Designation.

3 SIGNATURE AND ACKNOWLEDGEMENT

PLEASE MAIL THIS FORM TO YOUR Advanta IRA OFFICE.

Account Holder Signature: _____ **Date:** _____