

**1 PERSONAL INFORMATION**

<b>Legal Name (Required)</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.		<b>Date of Birth (MM/DD/YYYY)</b>	<b>Social Security Number</b>	<b>Advanta IRA Account No.</b>
<b>Legal Address (Required)</b>			<b>City, State, Zip</b>	
<b>Mailing Address (Optional)</b>			<b>City, State, Zip</b>	
<b>Primary Phone</b>	<b>Fax</b>	<b>Mobile</b>	<b>Email Address</b>	
<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married (see Consent of Spouse) <input type="checkbox"/> Widowed or Divorced			<b>Occupation</b>	

**2 NOTIFICATIONS**

<b>Would you like to review your statements online?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Would you like to receive email notifications of changes to your account?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>How did you hear about us?</b> <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 NAME OF ENTITY ESTABLISHING PLAN**

<b>Plan Type</b>	<b>Legal Name of Plan</b>	<b>Plan Tax ID Number</b>
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**Appointed Recordkeeper:**  Advanta IRA Services, LLC  Advanta IRA Administration, LLC

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**4 INVESTMENT DIRECTION AND IMPORTANT DISCLOSURES**

**Your signature is required. Please read before signing.**

The account holder shown on the front of this application must read this agreement carefully and sign and date this part. By signing this application, you acknowledge the following:

**Appointment.** I appoint the Advanta IRA office named on the first page of this application to be the Record Keeper for the self-directed investments in my retirement plan. I understand that I, as the employer, will serve as Trustee and Plan Administrator of the plan and that I can appoint a successor Trustee or Plan Administrator. Written direction shall be construed so as to include facsimile signature. The account is established for the exclusive benefit of the Account holder or his/her beneficiaries.

**Adequate Information.** I acknowledge that I have received a copy of the *Fee Disclosure*. I understand that the terms and conditions, which apply to this Account, and are contained in this document. I agree to be bound by those terms and conditions.

**Responsibility for Tax Consequences.** I assume all responsibility for any tax consequences and penalties that may result from making contributions to, transactions with, and distributions from my Account. I am authorized and of legal age to establish this Account and make investment purchases permitted under the provisions of my Plan Agreement. I assume complete responsibility for: 1) Determining that I am eligible for an Account transaction that I direct the Record Keeper to make on my behalf; 2) Insuring that all contributions I make are within the limits set forth by the tax laws; 3) The tax consequences of any contribution (including rollover contributions and distributions).

**I certify under penalties of perjury:**

1) that I have provided you with my correct Social Security or Tax I.D. Number; and that I am not subject to backup withholding because: a) I am exempt from backup withholding; or b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or c) the IRS has notified me that I am no longer subject to backup withholding. You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return.

Except as described above, we will not release information about you to others unless you or a representative whom you have authorized in writing have consented or asked us to do so, or we are required by law or other regulatory authority.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Until such time as I change or revoke the designation, I hereby instruct the Record Keeper to follow the investment directions which I provide regarding the investing and reinvesting of the principal and interest, as confirmed by direction letters to Record Keeper from the undersigned, for the above-referenced Account. You are authorized to accept written direction and/or verbal direction which is subsequently confirmed in writing by the authorized party, Record Keeper, or by the undersigned. Written direction shall be construed so as to include facsimile signature.

The account is established for the exclusive benefit of the Account holder or his/her beneficiaries. In taking action based on this authorization, Record Keeper may act solely on the written instruction, designation or representation of the Account holder. I expressly certify that I take complete responsibility for the type of investment instrument(s) with which I choose to fund my Account. I agree to release, indemnify, defend and hold the Record Keeper harmless from any claims, including, but not limited to, actions, liabilities, losses, penalties, fines and/or third party claims, arising out of my account and/or in connection with any action taken in reliance upon my written instructions, designations and representations, or in the exercise of any right, power or duty of Record Keeper, its agents or assigns. Record Keeper may deduct from the account any amounts to which they are entitled to the reimbursement under the foregoing hold harmless provision. Record Keeper has no responsibility or fiduciary role whatever related to or in connection with the account in taking any action related to any purchase, sale or exchange instructed by the undersigned agents, including but not limited to suitability, compliance with any state or federal law or regulation, income or expense, or preservation of capital or income. For purposes of this paragraph, the terms Record Keeper includes Advanta IRA Administration, LLC, its agents, assigns, joint ventures, licensees, franchises, affiliates and/or business partners.

In the event of claims by others related to my account and/or investment wherein Record Keeper is named as a party, Record Keeper shall have the full and unequivocal right at their sole discretion to select their own attorneys to represent them in such litigation and deduct from my account any amounts to pay for any costs and expenses, including, but not limited to, all attorneys' fees, and costs and internal costs (collectively "Litigation Costs"), incurred by Record Keeper in the defense of such claims and/or litigation. If there are insufficient funds in my account to cover the Litigation Costs incurred by Record Keeper, on demand by Record Keeper, I will promptly reimburse Record Keeper the outstanding balance of the Litigation Costs. If I fail to promptly reimburse the Litigation Costs, Record Keeper shall have the full and unequivocal right to freeze my assets, liquidate my assets, and/or initiate legal action in order to obtain full reimbursement of the Litigation Costs.

I also understand and agree that the Record Keeper will not be responsible to take any action should there be any default with regard to this investment. I understand that no one at the Record Keeper has authority to agree to anything different than my foregoing understandings of the Record Keeper's policy. For purposes of this paragraph, the terms Record Keeper includes Advanta IRA, its agents, assigns, joint ventures, licensees, franchises, affiliates and/or business partners. In executing transfers, it is understood and agreed that I will not hold Record Keeper liable or responsible for anything done or omitted in the administration, custody or investments of the account prior to the date they shall complete their respective acceptance as successor administrator and shall be in possession of all of the assets, nor shall they have any duty or responsibility to inquire into or take any action with respect to any acts performed by the prior Custodian, or Administrator. If any provision of this Application is found to be illegal, invalid, void or unenforceable, such provision shall be severed and such illegality or invalidity shall not affect the remaining provisions, which shall remain in full force and effect.

**Important Information for Opening a New Account.** To comply with the USA PATRIOT ACT, we have adopted a Customer Identification Program. All new accounts must provide a copy of an unexpired, photo-bearing, government-issued identification (e.g., driver license or passport). The copy must be readable so we can verify the client's name, driver's license number or state issued ID number. If a copy of a valid driver's license or an unexpired state issued ID card cannot be obtained, we will contact the client by telephone to verify their name, address, date of birth, and social security number.

**Our Privacy Policy.** You have chosen to do business with the Record Keeper named on your account application. 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 Record Keeper have agreed to the Record Keeper's confidentiality and security policies. If you decide to close your account(s) 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 Record Keeper reserves 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 application.

I acknowledge receipt of a signed *Fee Disclosure*. I understand that failure to submit a signed *Fee Disclosure* will result in fees "based on value of assets" (See "Fee Disclosures.").

I declare that I have examined this document, including accompanying information, and to the best of my knowledge and belief, it is true, correct, and complete. I acknowledge I have read the *Fee Disclosure*, the *Employer Sponsored Plan Account Agreement* and agree to abide by their terms as currently in effect or as they may be amended from time to time.

PLEASE PRINT, SIGN AND MAIL THIS FORM TO YOUR Advanta IRA OFFICE. DO NOT EMAIL THIS FORM AS IT CONTAINS SENSITIVE FINANCIAL INFORMATION.

\_\_\_\_\_  
Authorized Owner's Signature

\_\_\_\_\_  
Date

**5 EMPLOYER SPONSORED PLAN ACCOUNT AGREEMENT (ESPAA)**

I \_\_\_\_\_ as the Individual representing \_\_\_\_\_ (name of employer) am establishing the following type of account \_\_\_\_\_ (account type).

I understand the terms of the agreement, the responsibilities defined in all the documents and disclosures I have received and I acknowledge receipt of all the information as follows. I have selected Advanta IRA as Record Keeper to perform record-keeping under this agreement.

**Roles and Responsibilities:**

**Advanta IRA**

Advanta IRA will provide the following to the named plan representative:

- (1) Statements regarding the status of the account.
- (2) Account Application – The application allowing Advanta IRA to establish an investment and record keeping account

NOTE: Advanta IRA WILL NOT provide Plan Establishment Documents

**The Employer**

The Employer shall have established and will maintain a qualified retirement plan that permits self direction and describes the permitted investment options.

- (1) The employer will provide a copy of the qualified plan to Advanta IRA
- (2) The employer will provide the name and contact information for the Plan Administrator:

Plan Administrator	Contact Person	Phone

**Assets in the Account**

Asset vesting shall be in the name of: \_\_\_\_\_ FBO: \_\_\_\_\_  
(Trustee Name and Plan Name) (Plan Participant)

**Signatures**

Signature of Employer Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Advanta IRA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Plan Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

**ANNUAL RECORDKEEPING** (Please choose an option)

**Option One: Fee Based on Number of Assets:**

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

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:** \_\_\_\_\_

### 1 GENERAL INFORMATION

<b>Account Holder's Name</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____	<b>Advanta IRA Account Number</b>
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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.*

<b>Name of Interested Party</b>		<b>Relationship</b>
<b>Interested Party Street Address</b>		<b>City, State, Zip</b>
<b>Phone Number</b>	<b>Fax Number</b>	<b>Email Address</b>

Check here to allow this IPD to have online access to your account or to receive statements for your account.

<b>Name of Interested Party</b>		<b>Relationship</b>
<b>Interested Party Street Address</b>		<b>City, State, Zip</b>
<b>Phone Number</b>	<b>Fax Number</b>	<b>Email Address</b>

Check here to allow this IPD to have online access to your account or 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:** \_\_\_\_\_

**1 GENERAL INFORMATION**

<b>Account Holder's Name</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. _____	<b>Advanta IRA Account No.</b>	<b>Deposit Amount</b>
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**2 REASON FOR DEPOSIT\***

<input type="checkbox"/> <b>Contribution</b> For Tax Year: _____ Type of Account: <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> ESA <input type="checkbox"/> Simple <input type="checkbox"/> HSA <input type="checkbox"/> Employee or <input type="checkbox"/> Employer	<input type="checkbox"/> <b>Rental Income</b> For: _____ (Property Address)
<input type="checkbox"/> <b>Mortgage/Loan Payment</b> <input type="checkbox"/> Interest Only <input type="checkbox"/> Amortized For: _____ (Property Address or Borrower)	<input type="checkbox"/> <b>Other Income</b> For: _____ (Asset Name/Description)

*\*If the funds to be deposited are for a rollover, direct rollover, IRA transfer, or the sale of an asset, please do NOT use this form. Instead, please use the Rollover/ Direct Rollover Certification Form or Sale Authorization Form as appropriate.*

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_