

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	Advanta IRA Account Number
Legal 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	

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 NAME OF ENTITY ESTABLISHING PLAN

Account Type	Tax ID Number of Business	Legal Name of Business
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4 ACCOUNT FUNDING (Check all that apply)

<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.
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Appointed Recordkeeper: <input type="checkbox"/> Advanta IRA Services, LLC <input type="checkbox"/> Advanta IRA Administration, LLC
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5 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 marked on the front page of this application to be the Record Keeper for my Individual 401(k) account with the employer listed on this application.

I acknowledge that I am (**Initial the appropriate status**):

_____ The employer and that I am the Trustee and Plan Administrator of the Individual (k) Plan and that I can appoint a successor Trustee or Plan Administrator.

_____ The spouse of the employer and I acknowledge that the employer is the Trustee and Plan Administrator of my account.

_____ A partner of the employer named in this application and that the employer is the Trustee and 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.

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 Plan Agreement offered by the Record Keeper. 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
- 2) 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.

Investment Direction: 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 or other account for which Record Keeper serves as record keeper. 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, 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 record keeper 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 Record Keeper.

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.

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.

[Continued on following page]

Participant Acknowledgement:

As the Employer, I acknowledge that I have received and reviewed a copy of the Plan and Trust document, Adoption Agreement, Employer Sponsored Plan Account Agreement, Fee Disclosure as well as the other documents contained in this Account Application Kit. If I am not the employer I will contact the employer who shall provide me with the appropriate information regarding my participation in this Individual (k) Plan. I understand that the terms and conditions which apply to this Account, and are contained in this application and I agree to be bound by those terms and conditions. I declare that the information provided in the accompanying documents is to the best of my knowledge and belief it is true, correct and complete. I agree to abide by the terms as currently in effect or as they may be amended from time to time. **I understand that Advanta IRA will not provide any investment advice.**

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

Account Owner's Signature: _____ Date: _____

6 EMPLOYER SPONSORED PLAN ACCOUNT AGREEMENT (ESPAA)

I _____ as the Individual representing _____ (name of employer) am establishing an Individual 401(k) account. 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 for my plan to perform record-keeping under this agreement.

Roles and Responsibilities:

Advanta IRA will provide the following:

- (1) Adoption Agreement (AA) – Employer Plan Establishment Form.
- (2) QP Defined Contribution Basic Plan Document (BPD) – The rules of how the plan must be maintained.
- (3) Amendments as required by regulatory agencies.
- (4) IRS Opinion letter – Internal Revenue Service letter on approval of the language of the BPD and AA.
- (5) Statements regarding the status of the account.
- (6) Fee disclosure.
- (7) Account Application – The application allowing Advanta IRA to establish an investment and record-keeping account

Responsibilities of Employer

The Employer shall have the following responsibilities with respect to administration of the plan:

- (1) The Employer shall be the Trustee of the Plan.
- (2) The Employer shall appoint a Plan Administrator to administer the Plan. In absence of such an appointment, the Employer shall serve as Plan Administrator. The Employer may remove and reappoint a Plan Administrator from time to time.
- (3) The Employer may in its discretion appoint an Investment Manager to manage all or a designated portion of the assets of the Plan. In such event, the Trustee shall follow the directive of the Investment Manager in investing the assets of the Plan managed by the Investment Manager.
- (4) The Employer shall, formally or informally, review the performance from time to time of person appointed by it or to which duties have been delegated by it, such as the Trustee, and Plan Administrator.
- (5) The Employer shall supply the Plan Administrator in a timely manner with all information necessary for it to fulfill its responsibilities under the Plan. The Plan Record Keeper may rely upon such information and shall have no duty to verify it.

Rights and Responsibilities of Plan Administrator

The Plan Administrator shall administer the Plan according to its terms for the exclusive benefit of Participants, former Participants, and their Beneficiaries.

- (1) The Plan Administrator's responsibilities shall include but not be limited to the following:
 - (i) Determining all questions relating to the eligibility of Employees to participate or remain Participants hereunder.
 - (ii) Computing, certifying and directing the Trustee with respect to the amount and form of benefits to which a Participant may be entitled hereunder.
 - (iii) Authorizing and directing the Trustee with respect to disbursements from the Trust Fund.
 - (iv) Maintaining all necessary records for administration of the Plan.
 - (v) Interpreting the provisions of the Plan and preparing and publishing rules and regulations for the Plan which are not inconsistent with its terms and provisions.
 - (vi) Complying with any reporting, disclosure and notice requirements of the Code and ERISA.
 - (1) Including, if required, the filing of the IRS Form 5500
 - (2) Including, if required, plan compliance testing and reporting
 - (3) including, if required, any withholding and tax reporting with the IRS

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

(2) In order to fulfill its responsibilities, the Plan Administrator shall have all powers necessary or appropriate to accomplish his duties under the Plan, including the power to determine all questions arising in connection with the administration, interpretation and application of the Plan. Any such determination shall be conclusive and binding upon all persons. However, all discretionary acts, interpretations and constructions shall be done in a nondiscriminatory manner based upon uniform principles consistently applied. No action shall be taken which would be inconsistent with the intent that the Plan remain qualified under section 401(a) of the Code. The Plan Administrator is specifically authorized to employ or retain suitable employees, agents, and counsel as may be necessary or advisable to fulfill its responsibilities hereunder, and to pay their reasonable compensation, which shall be reimbursed from the Trust Fund if not paid by the Employer within thirty days after the Plan Administrator advises the Employer of the amount owed.

(3) The Plan Administrator shall serve as the designated agent for legal process under the Plan.

Signature of Employer Representative: _____ Date: _____

Signature of Advanta IRA Representative: _____ Date: _____

7 Advanta IRA INDIVIDUAL(k) ADOPTION AGREEMENT - Profit Sharing with 401(k) Employee Deferral Feature

1. COMPLETE ALL PAGES AS APPROPRIATE
2. EMPLOYER SIGNS AND DATES BOTTOM OF PAGE 2
3. TRUSTEE SIGNS AND DATES BOTTOM OF PAGE 2
4. START FUNDING YOUR "EZ-K" PROFIT-SHARING PLAN

GENERAL INFORMATION

The undersigned Employer hereby adopts the Sponsor's Prototype EZ-K Profit-Sharing Plan in the form of a standardized Plan, as set out in this Adoption Agreement and the Prototype Defined Contribution Plan Document #02, and agrees that the following definitions, elections and terms shall be part of such Plan.

Name of Employer		Employer <input type="checkbox"/> is <input type="checkbox"/> is not part of a Controlled Group or Affiliated Service group. If yes, complete Attachment A.		
Name of Plan		Primary Phone	Trustee / Custodian	
Type of Business Entity <input type="checkbox"/> C Corporation; Date of Incorporation: _____ <input type="checkbox"/> Corporation; Date of Incorporation: _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other (must be a legal entity recognized under federal income tax laws): _____				
Employer's Taxable Year	401K PLAN EIN #: (Not Business EIN)	3-Digit Plan Number	Business Code	Plan Administrator <input type="checkbox"/> Employer, or <input type="checkbox"/> Other (Specify): _____
Sponsor			Depository	

This is a:

a. New plan with an effective date of: _____

b. Restatement of a plan previously adopted by the Employer with an effective date of: _____
(not earlier than 1/1/02), and an initial effective date of: _____

c. amendment of a plan with an effective date of: _____ and an initial effective date of: _____

d. merger, amendment and restatement of the _____ and the _____
into the _____. The effective date of the merger is: _____
The initial effective date of the surviving plan was: _____

e. restatement of the _____ effective, and a restatement of the _____
effective _____ and a merger of the _____ into the _____

Roth Elective Deferrals <input type="checkbox"/> shall <input type="checkbox"/> shall not be permitted	Loans to Participants <input type="checkbox"/> are <input type="checkbox"/> are not available
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Overriding Language for Multiple Plans

If the Employer maintains or ever maintained another qualified plan in which any Participant in this Plan is (or was) a Participant or could become a Participant, the Employer must complete this section.

- (a)** If the Participant is covered under another qualified defined contribution plan maintained by the Employer, other than a master or prototype plan:
- The provisions of section 6.02 of Article VI will apply as if the other plan were a master or prototype plan.
 - (Provide the method under which the plans will limit total annual additions to the maximum permissible amount, and will properly reduce any excess amounts, in a manner that precludes employer discretion): _____
- (b)** The Employer wishes to add overriding language to satisfy IRS section 416 in the case of required aggregation under multiple plans:
- Yes (Employer must attach overriding language, if elected.)
 - No
- (c)** If (b) is elected, complete the following:
- (i) Interest Rate: _____
Mortality Table: _____; or
 - (ii) The interest rate and mortality table specified to determine "present value" for top-heavy purposes in the defined benefit plan.

RELIANCE ON OPINION LETTER

The adopting Employer may rely on an opinion letter issued by the Internal Revenue Service as evidence that the Plan is qualified under § 401 of the Internal Revenue Code except to the extent provided in Rev. Proc. 2011-49.

An Employer who has ever maintained or who later adopts any plan (including a welfare benefit fund, as defined in § 419(e) of the Code, which provides post-retirement medical benefits allocated to separate accounts for key employees, as defined in § 419A(d) (3) of the Code, or an individual medical account, as defined in § 415(l) (2) of the Code) in addition to this Plan may not rely on the opinion letter issued by the Internal Revenue Service with respect to the requirements of § 415 and 416.

If the Employer who adopts or maintains multiple plans wishes to obtain reliance with respect to the requirements of § 415 and 416, application for a determination letter must be made to Employee Plans Determinations of the Internal Revenue Service.

The Employer may not rely on the opinion letter in certain other circumstances, which are specified in the opinion letter issued with respect to the Plan or in Rev. Proc. 2011-49.

This Adoption Agreement may be used only in conjunction with basic Plan Document #02.

The Sponsor will inform the adopting Employer of any amendments it makes to the Plan or of its discontinuance or abandonment of the Plan.

NOTICE: Failure to properly complete this Adoption Agreement may result in disqualification of the Plan. The Employer's tax advisor should review the Plan and Trust and this Adoption Agreement prior to the Employer adopting such Plan.

The undersigned Employer acknowledges receipt of a copy of the Plan, the Trust Agreement, and this Adoption Agreement and related Addendums and adopts such Plan on the date indicated below.

All of the above plan defaults have been selected by the Plan Sponsor. Any changes to these defaults may not be made without the prior approval of the plan sponsor.

Name of Employer

Signature Printed Name Date

Is the employer also the trustee? Yes No (if no, then trustee must sign below)

Name of Trustee

Signature Printed Name Date

PLAN DEFAULTS FOR ADVANTA IRA SOLO 401(K) PLAN

- (1) The Plan Year shall be the calendar year.
- (2) The Limitation Year shall be the calendar year.
- (3) The Valuation Date shall be the last day of the Plan Year.
- (4) Employees who have attained the age of 21, and either: a) have completed 1 year of service, *or* 2) have completed at least 500 hours of service in each of the last 3 years are eligible to participate in the plan. However, these eligibility requirements shall be waived for employees covered on the effective date of this plan.
- (5) All Employees included in a unit of Employees covered by a collective bargaining agreement as described in Section 14.07 of the Plan; Employees who are nonresident aliens as described in Section 14.25 of the Plan; and Employees who become Employees as the result of a "\$410(b)(6)(C) transaction" shall not be eligible to participate in this Plan. Employees excluded as a result of a "\$410(b)(6)(c) transaction" will be excluded during the period beginning on the date of the transaction and ending on the last day of the first Plan Year beginning after the date of the transaction and ending on the last day last day if the first Plan Year beginning after the date of the transaction. A "\$410(b)(6)(C) transaction" is an asset or stock acquisition, merger, or similar transaction involving a change in the Employer of the Employees of a trade or business, shall not be eligible to participate in this Plan.
- (6) Service under the Plan shall be computed on the basis of actual hours for which an Employee is paid or entitled to payment. A Year of Service shall mean a 12-consecutive month period during which an Employee completes at least 1000 Hours of Service. A Break in Service shall mean a 12-consecutive month period during which an Employee does not complete more than 500 Hours of Service. Contributions will be allocated to the account of each Participant regardless of the number of hours of service completed in a Plan Year. The contribution is not dependent on the Participant being employed on the last day of the Plan Year.
- (7) Entry Date for an eligible Employee who has completed the eligibility requirements will be the 1st day of the first month or the first day of the 7th month of the Plan Year after the Employee satisfies the eligibility requirements.
- (8) Vesting for all contributions under the Plan shall be full and immediate.
- (9) Compensation for any Participant shall be the 415 safe harbor definition as described in Section 14.39 of the Plan. Such Compensation includes such amounts which are actually paid to the Participant during the Plan Year and includes employer contributions made pursuant to a salary reduction agreement which are not includable in the gross income of the Employee under sections 125, 132(f)(4), 402(e)(3), 402(h)(1)(B) or 403(b) of the Code. For purposes of Article VI, the preceding sentence does not apply. Amounts earned but not paid during the Limitation Year solely because of the timing of pay periods and pay dates shall be included in Compensation for the Limitation Year, provided the amounts are paid during the first few weeks of the next Limitation Year, the amounts are included on a uniform and consistent basis with respect to all similarly situated employees, and no compensation is included in more than one Limitation Year. Deemed section 125 compensation in section 125 for purposes of the definition of compensation is included. Allocation Periods for contributions shall be determined by the employer.
- (10) In-service distributions are available. Once a Employee has participated in the plan for 60 months, nonelective contributions are available for withdrawal. Prior to the 60 month period, Employees may withdraw nonelective contributions which have been in the Plan for a period of 24 months or apply for a hardship distribution. In-Service distributions from nonelective contributions are available upon the Participant's attainment of age 55. Elective Deferrals are available for distribution upon attainment of age 59 1/2 and due to financial hardship.
- (11) A Participant may not elect benefits in the form of a life annuity. All other forms of benefit payments are available. Benefits are available to the Participant on such Participant's termination of employment.
- (12) The Plan is designed to operate as if it were Top-Heavy at all times.
- (13) The Normal Retirement Age under the Plan shall be age 55.
- (14) The Loan Provisions of Article XVIII shall apply.
- (15) The Required Beginning Date shall be the April 1st following the year the Participant attains age 72.
- (16) Rollover and Transfer Contributions are permitted.
- (17) Elective Deferrals are permitted up to the maximum permitted under section 402(g) of the Code. Timing of elective deferrals will be decided upon by trustee. If a Participant elects to stop his Elective Deferrals at a time other than on a Change Date, he will be permitted to start again on The Change Date next following the date Elective Deferrals were stopped. Amount of Elective Deferrals: A Participant may elect to have his Compensation reduced by the following percentage or amount per pay period, or for a specified pay period or periods, as designated in writing to the Plan Administrator as a percentage determined each year by the proprietor, partners, or board of directors of the Employer and communicated to the Participants on or before the pay period or periods in which such amount is deferred.
- (18) Catch-up Contributions are permitted.
- (19) Definition of a highly compensated employee does not apply.
- (20) This Plan will accept the following types of Contributions: Employer nonelective contribution, Employer matching contribution, Employee mandatory/voluntary contribution (after-tax, non-Roth contributions), Pre-tax elective deferrals, Roth Elective Deferrals.
- (21) The plan will permit In-Plan Roth Rollovers (in-plan Roth conversions).
- (22) Investments will be determined in the discretion of the Employer. The Trustee shall invest in accordance with the provisions of the Trust Agreement attached hereto.
- (23) **Allocation of Earnings and Losses:** To the extent that the Trustee maintains segregated accounts for Participants, the actual earnings and losses with respect to each segregated account shall be allocated to such account. To the extent that the Trustee does not maintain segregated accounts for Participants, the earnings and losses of the Trust shall be allocated pro rata among Participant's Accounts, on the basis of Participant's Account balance as of the preceding Valuation Date, less subsequent distributions, withdrawals, forfeitures from the account, and insurance premium payments.
- (24) **Matching Contributions:** If the employer elects to make Matching Contributions to the Plan, it will be on behalf of All Participants in this Plan. Such Participants will receive Matching Contributions with respect to Elective Deferrals and/or Employee Contributions to the Plan. The Employer shall contribute on behalf of each Participant a Matching Contribution equal to an amount, if any, determined by the Employer. If hardship distributions are permitted, Matching Contributions will be made with respect to Elective Deferrals withdrawn by the Plan Year end on a last in, first out basis. **Qualified Matching Contributions:** The Employer will make Qualified Matching Contributions to the Plan on behalf of All Participants. Such Participants will receive Qualified Matching Contributions with respect to Elective Deferrals and Employee Contributions to the Plan. The Employer shall contribute on behalf of each Participant a Qualified Matching Contribution equal to an amount, if any, determined by the Employer. If hardship distributions are permitted, Matching Contributions will be made with respect to Elective Deferrals withdrawn by the Plan Year end on a last in, first out basis.

Acceptance of Plan Defaults

<p>_____</p> <p>Signature</p>	<p>_____</p> <p>Printed Name</p>	<p>_____</p> <p>Date</p>
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EGTRRA Restatement effective Dates

Note: If this plan is not a restatement of an existing PLAN, this item does not apply.

General Restatement Effective Dates (If applicable enter the Item number):

Provision	Effective Date
<input type="checkbox"/> (a) Not applicable. This is not an amendment and restatement.	_____
<input type="checkbox"/> (b) The eligibility requirements under Plan Defaults	_____
<input type="checkbox"/> (c) The Employer Profit Sharing contribution provisions under Plan Defaults	_____
<input type="checkbox"/> (d) The Vesting Formula under Plan Defaults	_____
<input type="checkbox"/> (e) In-Service Distributions under Plan Defaults	_____
<input type="checkbox"/> (f) Definition of Required Beginning Date under Plan Defaults	_____
<input type="checkbox"/> (g) Enter Provision and Item Number, if applicable: _____	_____
<input type="checkbox"/> (h) Enter Provision and Item Number, if applicable: _____	_____
<input type="checkbox"/> (i) Enter Provision and Item Number, if applicable: _____	_____

Note: The effective date(s) above may not be earlier than January 1, 2002 and not later than the last day of the Plan Year in which the Adoption Agreement is signed.

ATTACHMENT A

Name of Employer

- Controlled Group; or
 Affiliated Service Group

List all "affiliated" employers with the above listed Employer.

Name	Address	EIN

8 BENEFICIARIES DESIGNATION

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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ENTER DESIGNATED BENEFICIARIES

Select Beneficiary Type: Primary Contingent

Name	Social Security Number	Relationship	Date of Birth	Share %

Address	City	State	Zip

Select Beneficiary Type: Primary Contingent

Name	Social Security Number	Relationship	Date of Birth	Share %

Address	City	State	Zip

Select Beneficiary Type: Primary Contingent

Name	Social Security Number	Relationship	Date of Birth	Share %

Address	City	State	Zip

Select Beneficiary Type: Primary 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 Participant: _____ 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, NV, NM, 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: _____

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:** _____

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

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 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 (optional)	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 Two: 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: _____

ACCEPTANCE OF RECEIVING CUSTODIAN

Pursuant to a limited written delegation Mainstar Trust, 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. Mainstar Trust 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, Mainstar Trust

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:** _____

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 No.	Deposit Amount
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2 REASON FOR DEPOSIT*

<input type="checkbox"/> Contribution 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"/> Rental Income For: _____ (Property Address)
<input type="checkbox"/> Mortgage/Loan Payment <input type="checkbox"/> Interest Only <input type="checkbox"/> Amortized For: _____ (Property Address or Borrower)	<input type="checkbox"/> Other Income 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:** _____