

# INSTRUCTIONS FOR OPENING A SIMPLE IRA AT MAINSTAR TRUST

**Complete all REQUIRED and applicable OPTIONAL items, type or print legibly.**

**Note:** Mainstar Trust will not setup new accounts if required information is not provided.

Mainstar Trust recommends that accountholders review eligibility requirements with tax advisor or financial representative.

**Review the SIMPLE Account Agreement including Disclosures.**

**Required**

**Pay: One time Setup Fee and Annual Account Fee - Check payable to Mainstar Trust**

**Required**

**Note: Fees are not pro-rated**

**Complete and return the SIMPLE IRA Simplifier (3 page application).**

**Required**

*If you are opening a new SIMPLE, contact Customer Service for Plan Level Document*

Section 1 Plan Participant Information

<b>Name &amp; Physical Address</b>	<b>Required</b>	Home Phone Number	<b>Optional</b>
<b>Social Security Number</b>	<b>Required</b>	<b>Daytime Phone Number</b>	<b>Required</b>
<b>Date of Birth</b>	<b>Required</b>	Fax Number	<b>Optional</b>
<b>E-Mail Address (for electronic statements)</b>	<b>Required</b>		

A physical address (not P.O. Box) is required to open an account. If a different address is to be used for mailing, attach the mailing address on a separate sheet of paper.

Section 2 Custodian Information: INTERNAL USE ONLY

Section 3 Employer Information

<b>Employer Name &amp; Physical Address</b>	<b>Required</b>	Employer Phone Number	<b>Optional</b>
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Section 4 Contribution Information

Enter the dollar amount of your contribution in Contribution Amount	<b>Optional</b>
Enter the tax year for which the contribution is being made	<b>Optional</b>
Check the box of the type of contribution that will fund your account	<b>Optional</b>

Section 5 Statement Option

Check the frequency that you wish to receive a statement. If no box is checked, statements will default to be quarterly electronic. An email address is **required** for electronic statement delivery. An annual paper statement will be sent if the email address is incorrect or invalid.

Section 6 Invoice Option

Check the billing option you prefer. If no option is marked, your account will be charged.

Section 7 Beneficiary Designation

<b>Name &amp; Address</b>	<b>Required</b>	<b>Date of Birth</b>	<b>Required</b>
<b>Social Security Number</b>	<b>Required</b>	<b>Relationship</b>	<b>Required</b>
<b>Primary or Contingent</b>	<b>Required</b>	<b>Share %</b>	<b>Required</b>
		<small>(Enter in % form, must total 100% for Primary and 100% for Contingent)</small>	
<b>If Beneficiary is a Trust</b>		<b>First, last &amp; signature page of Trust</b>	<b>Required</b>

Section 8 Designation of Representative - (Complete ONLY if designating a Representative)

**Optional**

Accountholder marks if additional authority is granted to the representative.  
Representative signs form acknowledging the authorization given by the accountholder.

<b>Representative Name &amp; Address</b>	<b>Required</b>
Broker Dealer Name	<b>Optional</b>
<b>Representative Phone Number</b>	<b>Required</b>
Representative Fax Number	<b>Optional</b>
<b>Representative E-Mail Address</b>	<b>Required</b>
<b>Representative Signature</b>	<b>Required</b>

Section 9 Spousal Consent

**Check the appropriate box.** **Required**

If the accountholder is married but does not name the spouse as the sole primary beneficiary the spouse must sign this section.

Section 10 Signatures

**The accountholder must sign in the SIMPLE IRA Plan Participant field.** **Required**

**Customer Identification Program - Mainstar Trust must verify the identity of all new accountholders and we may contact the accountholder directly to verify information such as name, address, date of birth, and social security number.**

**Please return all forms to Mainstar Trust via email ([customerservice@mainstartrust.com](mailto:customerservice@mainstartrust.com)), fax (913-901-4190), or mail to address on Simplifier.**