INSTRUCTIONS FOR OPENING A TRADITIONAL 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 IRA 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 Traditional IRA Simplifier (3 page application). **Required**

Section 1 Accountholder Information

Name & Physical Address	**Required**	Home Phone Number	Optional
Social Security Number	**Required**	**Daytime Phone Number**	**Required**
Date of Birth	**Required**	Fax Number	Optional
E-Mail Address (for electronic statements)	**Required**		

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

Section 2 Custodian Information: INTERNAL USE ONLY

Section 3 Contribution Information

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

Section 4 Statement Option

Check the frequency that you wish to receive a statement. If no box is checked, statements will 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 5 Invoice Option

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

Section 6 Beneficiary Designation - (Enter in decimal form, must total 100%)

Name & Address	**Required**	**Date of Birth**	**Required**
Social Security Number	**Required**	**Relationship**	**Required**
Primary or Contingent	**Required**	**Share %**	**Required**
If Beneficiary is a Trust	**First, last & signature page of Trust**		**Required**

Section 7 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.

Representative Name & Address	**Required**
Broker Dealer Name	Optional
Representative Phone Number	**Required**
Representative Fax Number	Optional
Representative E-Mail Address	**Required**
Representative Signature	**Required**

Section 8 Marital Status

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 9 Signatures

The accountholder must sign in the IRA owner 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), fax (913-901-4190), or mail to address on Simplifier.

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